



Cancer Services Mapping, Workforce Stocktake and Gaps Analysis for the Taranaki Region:

A Consultation Report

August 2007

A Cancer Services Mapping, Workforce Stocktake and Gaps Analysis for the Taranaki Region: A consultation report	Responsibility: Portfolio Manager for Strategic Health Gain	Version: Final fa1.0
Date Issued: 21 January 2008	Review By Date: 04 February 2008	Authorised By: General Manager, Planning, Funding and Population Health

Cancer Services Mapping, Workforce Stocktake and Gaps Analysis for the Taranaki Region:

A Consultation Report

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July 2007

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DISCLAIMER

This report was prepared for Taranaki district Health Board by Velma McClellan, Director of Research & Evaluation Services Ltd, New Plymouth. Every effort has been made in the following service mapping, workforce stocktake and service gaps analysis to accurately reflect the data collected from those service providers who took part in the community consultation process. Following circulation of the draft of this document in August 2007 a number of changes suggested by stakeholders have been incorporated into this document.

ACKNOWLEDGEMENTS

The author would like to thank the following people for their assistance and contributions during the course of the consultation for the Taranaki District Health Board's forthcoming Five-Year Cancer Action Plan:

- The cancer service providers who contributed their valuable time, thoughts and ideas based on their professional experience
- The five participants who also contributed their valuable time and insights into their personal cancer journey experiences.

REPORT SUMMARY

This consultation report aims to assist the Taranaki District Health Board (TDHB) to develop a five-year cancer action plan for the Taranaki Region. Once completed the proposed action plan will provide a blueprint that the TDHB will use to steer its planning and development of the Region's cancer services over the next five years. The action plan will concomitantly support the overall purposes of *The New Zealand Cancer Control Strategy* and its associated 2005-2010 action plan, namely to:

- Reduce the incidence and impact of cancer
- Reduce inequalities with respect to cancer (Ministry of Health, 2003).

The information in this report comes from three main sources:

- Consultation with key people and organisations with a professional knowledge, experience and an interest in how cancer services are delivered in the Taranaki region
- Available regional cancer statistical data
- Information drawn from the *National Cancer Control Workforce: Stocktake and needs assessment* (Ministry of Health, 2006b).

The consultation report identifies what consultation participants considered were:

- Key issues with and gaps in the Region's cancer service provision
- Possible approaches that could be used by the TDHB to address the identified issues and service gaps.

Results from the community consultation

A total of 44 predominantly face-to-face interviews were completed with participants from both government and non-government services from across the cancer control service continuum, namely cancer prevention, screening, early detection and diagnosis, treatment, support and rehabilitation and palliative care. The 44 interviews included eight group interviews. Overall, 57 individuals took part in the consultation (refer to Section 2 for further information about how the data was collected and Appendix 2 for a list of the organisations consulted).

The service gaps/issues and solutions most frequently identified by the consultation participants are listed in Table 1 below. Other less commonly identified gaps are presented in Sections 4 and 5 of this report.

Table 1: key issues, gaps and possible solutions identified by the consultation participants

Category of gaps/ issues	Issue/ Gaps	Suggested solutions
WorkForce		
Primary health care workforce	<p>GPs - not prepared to provide palliative care because of 24/7 nature of the service, or alternatively because some do not meet current competency requirements</p> <p>GPs require telephone contact with TDHB oncology specialists</p>	<p>Continue funding GP palliative care training programme</p> <p>Provide '24/7' phone contact between GPs and oncology specialists</p>
Diagnostic/ detection workforce	<p>Unacceptably long waiting times for colonoscopies/melanoma assessments - potential risk for patients involved</p> <p>Base Hospital paediatrics nursing staff lack Online access to Stratford lab blood results</p>	<p>Additional funding to increase capability and capacity</p> <p>Procure Online access to Stratford laboratory results</p>
	Difficulties attracting and retaining laboratory scientists due to cyclical and short-term nature of contracting environment (seen to undermine professionalism and career development)	Develop regional workforce strategy
Treatment/ surgical workforce	Surgeons' heavy workloads have led to increased waiting times for specialists visits	Develop regional workforce strategy
	Aging nursing workforce - succession issues for stomal therapists/future increased workloads anticipated	Develop regional workforce strategy
	Shortage of oncology trained nurses eg in surgical wards, District Nursing Service and Aged Care	Develop regional workforce strategy
Support and rehabilitation workforce	Require clinical coordinator/s to ensure seamless cancer journey for patients, including children and adolescents and patients treated in both public and private systems	Establish clinical navigators/case manager positions in community service settings
	Limited access for patients to psychosocial counselling	Procure access to general health psychologists/ grief counsellors
Palliative care workforce	<p>Difficulty recruiting palliative care medical specialists for Hospice</p> <p>Shortage of nurses with palliative care accreditation in hospital settings</p> <p>Some GPs lack competency/unwilling to provide palliative yet National Cancer Strategy expectations that GPs will be come more involved in delivery</p> <p>Lack of satellite clinics on the Coast</p>	Develop a regional palliative care strategy, that includes workforce approaches

Category of gaps/issues	Issue/ Gaps	Suggested solutions
Māori workforce	Shortage of Māori health professionals Require Māori clinical coordinator/s to ensure seamless cancer journey for patients	Develop cancer workforce strategy Establish Māori clinical navigators/ case manager positions in existing Māori community health service settings
Service Issues		
Unacceptable waiting times	eg Radiologists/ radiotherapy strikes eg Time between GP referrals and patients being seen by specialist	None suggested Increase local specialist workforce capacity ?test ordering at time of prioritisation would this help??
Booking office appointment setting	Missed outpatient appointments due to booking office's failure to take into account out-of-town bus/ travel timetable	Develop booking system strategy that takes into account patients' distance from Taranaki Base Hospital
Support and rehabilitation	Government funded travel and financial assistance criteria considered unfair and inequitable Inequitable/ lack of access to psychosocial counselling	None suggested.
Information resources	Require basic introductory cancer service directory resource for Region's cancer services Require local service directory for parents of children receiving treatment at Starship Require brochure/ leaflet that provides a 'lay-language' explanation of clinical trials for parents of children receiving treatment at Starship Require Māori focused, cancer specific resources Need to alert parents of adolescents to the implications of choices regarding adult versus paediatric wards	Establish subgroup to advise and oversee development of resources
Linkages	Teens 'often get lost' to support systems following discharge from Regional Cancer Treatment Centre	Establish formal linkages between Regional Cancer Treatment Centre and Child Cancer Foundation, Canteen and other support services
Palliative care	Closure of coastal satellite centres for palliative care patients Possibility of Hospice losing previously ring-fenced funding for palliative care training funding Uncertainty around the continuation of funding for palliative care training for GPs.	Develop a regional palliative care strategy

1 INTRODUCTION

This consultation report aims to assist the Taranaki District Health Board (TDHB) to develop a five-year cancer action plan for the Taranaki Region. The development of regional cancer plans is a key requirement of *The New Zealand Cancer Control Strategy: Action Plan 2005-2010* (Ministry of Health, 2005).

The information in this report was collected and collated by Research & Evaluation Services Limited, an independent company based in New Plymouth, under contract to the Taranaki District Health Board.

Background

Cancer is a significant cause of ill health and death in New Zealand as it is in other developed countries. In 2002 cancer was the second leading cause of death in New Zealand. Each year around 17,000 new cancer cases are registered, with most cases occurring in the middle and older age groups (information accessed from the Ministry of Health's website, 23 June 2007: www.moh.govt.nz/cancercontrol). While recent reports show cancer to be decreasing in the non-Māori population, in the Māori population it is increasing. Significant inequities are also evident between the two population groups in terms of survival rates (Robson and Cormack, 2006). Māori survival rates are poorer than those of non-Māori. Early diagnosis of cancer among the non-Māori population is more common whereas the cancers experienced among Māori are more likely to be diagnosed at a later stage when the cancer has spread. Earlier detection of cancer in Māori would help to reduce some of the current inequities between the two population groups.

Recent cancer control activities in New Zealand

The New Zealand Cancer Control Strategy was launched by the Minister of Health in 2003. The Strategy is a high level framework, developed by expert working groups drawn from the professional cancer control community. Extensive consultation was also undertaken by the Ministry of Health within the wider health sector and community.

The overarching purposes of the Cancer Control Strategy are to reduce the incidence and impact of cancer and to reduce inequalities with respect to cancer. The New Zealand Cancer Control Action Plan provides practical detail as to how the Cancer Control Strategy and its six strategic goals along with their associated objectives can be achieved.

The continuum of cancer control services

The continuum of care for cancer, as defined in the New Zealand Cancer Control Strategy and its associated Action Plan, covers all categories of cancer service provision; prevention, screening (where feasible and appropriate), early diagnosis and detection, treatment, rehabilitation and support and palliative care). The strategic direction at both national and regional levels includes identifying, examining and addressing problems arising from inequitable access to services, workforce capacity and developmental issues, the collection, monitoring and analysis of local cancer data and the identification of cancer research needs (Minister of Health, 2003).

Implementation of the Cancer Control Action Plan

In 2006, under the oversight of the Ministry of Health, 23 implementation projects were carried out by individuals and groups from various health sector organisations, including DHB's and consumer groups, with a view to gaining better understanding of the factors underlying many of the issues identified through the cancer control strategic development process and to identify solutions. The first group of projects were largely focused on tracking cancer patients' journeys across the cancer service continuum, from early diagnosis through to rehabilitation or palliative care. These projects sought to better identify cancer patients and their families' needs at various points along the service continuum. The second group of projects examined ways in which service provision at the national and regional levels might be managed and improved. The implementation projects provided considerable insight and knowledge. Some of the projects have since been further developed and have served to inform the first phase of the implementation of the Cancer Control Action Plan (Ministry of Health, 2006b).

District Health Boards (DHB's) have a statutory obligation to effectively fund and manage health services in their regions. The DHB's are currently working collaboratively with the Ministry of Health to jointly manage an implementation programme under the umbrella of the Cancer Control Steering Group led by the Principal Advisor for Cancer, Dr John Childs. DHB's, as part of this implementation programme have either completed, or are in the process of developing their five-year district cancer plans with a view to implementing the national Cancer Action Plan's goals and objectives in their respective districts. The suggestions and information collected from this particular consultation will be used by TDHB to inform its cancer service work programme over the next five years.

The Taranaki DHB's strategic aims for cancer control

The TDHB's strategic aims for cancer control in the Taranaki Region as expressed in its 2006-2007 District Annual Plan are:

- Fewer people are developing those cancers whose risk can be minimised by healthy lifestyles
- Early detection of cancer has increased due to systematic screening
- Fewer people are dying of cancer due to effective treatment
- A coordinated approach to cancer is well established covering prevention, screening, early detection, diagnosis, treatment, rehabilitation and palliative care.

The scope of the Taranaki DHB's Cancer Action Plan consultation programme

The consultation was required to:

1. Identify and describe cancer specific services, in the primary health care/community, secondary and tertiary settings in the Taranaki Region
2. Identify existing linkages between the various cancer services, outline how these operate and any associated relationship and linkage issues
3. Identify any gaps in the Region's current service provision

4. Identify any additional issues that exist for the services that are perceived to have an impact on the level and quality of services currently provided
5. Identify any potential access barriers for cancer patients, or particular groups of patients and their family/whānau
6. Determine the potential for new service delivery models
7. Conduct a workforce stocktake that identifies staff numbers, positions held, FTEs and current vacancies in all cancer services
8. Provide an information platform to inform the development of the TDHB's five-year action plan
9. Provide a summary of the key current service issues and recommendations arising from the research.

The structure of the report

This introductory section is followed by a description of the approaches used to collect data for the consultation. Section 3 presents a summary of the Taranaki Region's cancer statistics. These data are part of a larger report prepared for the TDHB by HealthSearch Limited of Auckland (Hodges and Maskill, May 2007). Section 4 provides an overview of the Region's workforce stocktake and issues and gaps arising from that stocktake data. Section 5 presents the results of the service gaps analysis, while Section 6 provides an inventory of the Region's cancer services, their key functions and roles and their linkages to other services as identified through the consultation's mapping exercise. A full list of the services consulted is presented in Appendix 2 of this report.

2 RESEARCH METHODS AND DATA SOURCES

The information presented in this report comes from three main sources:

- Consultation with key people and organisations with a professional knowledge, experience and an interest in how cancer services work in the Taranaki region
- Available regional cancer statistical data
- Data presented in the national cancer control workforce stocktake and needs assessment (Ministry of Health, 2006b).

The community consultation data collection approaches

An initial interview sample of 17 service providers/stakeholders was identified by the Taranaki District Health Board's Project Manager. Using a 'snowballing' technique, in which those interviewed were asked to identify the names of other relevant participants, an additional 27 services/individuals were subsequently identified. A total of 44 interviews, involving 57 individuals, were completed over the period 12 April - 9 July 2007. The interviews included eight group interviews.

Most of the 44 interviews (39) were conducted face-to-face, including the group interviews. A further three interviews were completed via telephone. Pinnacle Taranaki and Hauora Taranaki primary health organisations (PHOs) each organised group responses from general practitioners (GPs) under their respective ambits. Three separate, collective responses were subsequently emailed to the researcher.

Development of data collection schedules

An interview schedule was designed to collect data from the various cancer service providers. The schedule was developed by the researcher in consultation with the TDHB's Project Manager (see Appendix 1). Topics covered in the service provider schedule sought to describe and identify:

- Service parameters
- Current workforce capacity and related issues
- Linkages with other cancer services
- Service linkage issues
- Patients' access to services issues
- Māori specific access issues
- Overall gaps in the Region's cancer service provision, including information gaps.

A formal interview schedule was not used to collect information from the participants experiencing cancer or their family members who participated on their behalf. Instead, these five participants were asked to tell their personal story in their own time with regard to their particular 'cancer journey'. The researcher intervened at points within the interview where the patient or their family member appeared to be indicating an issue or a gap in cancer service

provision. At this point in the interview the researcher probed for further information asking the interviewee to further describe the issue or the gap they had raised. All five participants were interviewed by the principal researcher in either the patients' homes or at venues of their choice. The interviews took between 45 minutes and one hour to complete.

A formal interview schedule was not developed for the general practitioners (GPs). The researcher was advised by two of the regions PHOs to keep questions for their GPs to a minimum. Two questions specific to gaps and issues in the Region's cancer service provision were subsequently circulated by the two PHOs to practices under their respective ambits. The responses of two group medical practice interviews were subsequently emailed to the researcher for analysis.

The consultation population

As noted earlier, a total of 44 separate interviews were conducted. Five of the interviews were conducted with groups of staff from particular service provider organisations, for example the Taranaki branch of the Cancer Society and Hospice Taranaki. The five groups ranged from two to six in number.

Three people currently living with cancer were also interviewed. The three interviews included two females (one Māori and one non-Māori) and one male (Māori). The mother of a child living with leukaemia was also interviewed as well as the spouse of a woman who had recently died from cancer. These latter interviews were arranged with the help of the local Cancer Society Centre and the Child Cancer Foundation's local coordinator.

Specifically the interview sample included:

- 25 TDHB services' staff members whose work involved working with cancer patients/their family and whānau (includes two Māori Health Service employees)
- 6 non-government organisations (NGOs) whose work involves providing support for people experiencing cancer, their family and whānau
- 4 Māori service providers (including 1 Māori PHO manager)
- 2 other PHO managers
- 2 GP group responses
- 5 cancer patients/their family/whānau members.

Response rates

Of the 44 services/individuals contacted by the research company to arrange interviews, just one service provider was not subsequently interviewed. Two attempts were made to follow-up with two separate individuals from this particular service. While both indicated they would call back later, neither did. A reason for the non-response was not provided.

Data analysis

Data collected from the consultation interviews were entered into a Microsoft Excel database for the purposes of analysis. The data were subsequently subjected to content analysis to identify common themes within the data.

Individual participants' names are not included in any part of this report to protect their anonymity.

3 CANCER REGISTRATIONS IN THE TARANAKI REGION

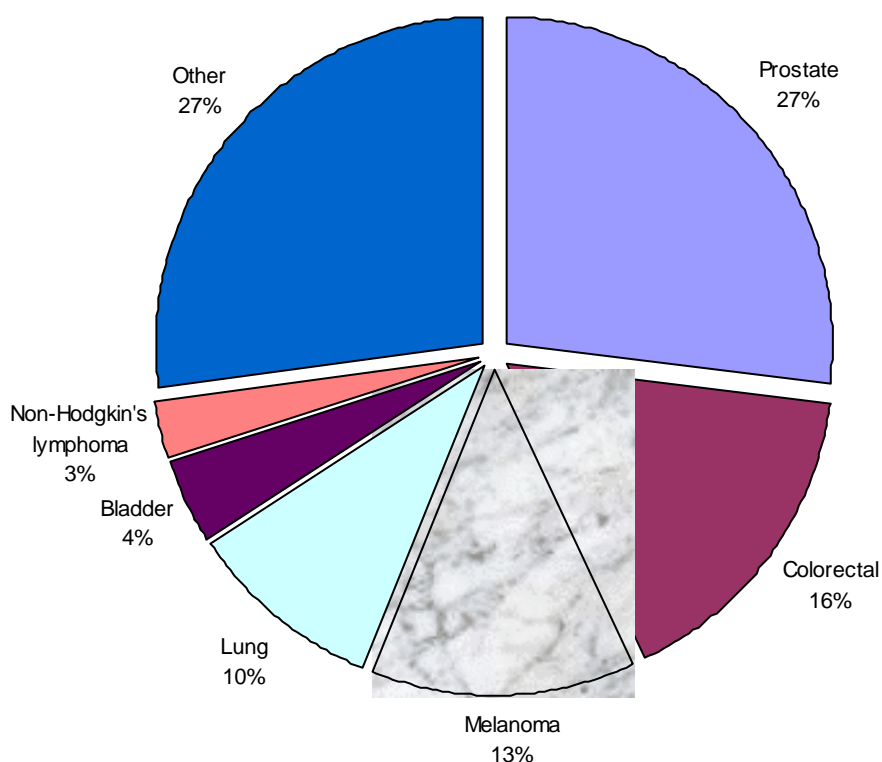
All cancer registrations in Taranaki

In the four years from 2000 to 2003, a total of 2346 new cancer cases were recorded in the Taranaki District Health Board population. This was an average of 587 new cancer cases each year.

Males comprised 53% and females 47% of these new cancer cases.

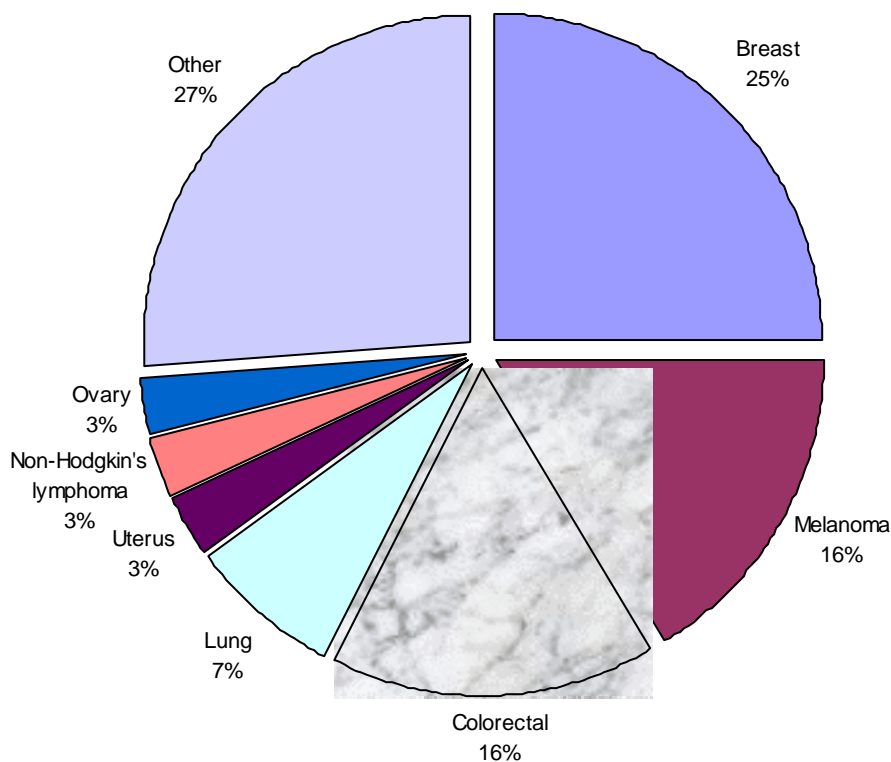
The most common cancer in males was prostate cancer (27% of all male cancer registrations), followed by colorectal cancer (16%), melanoma (13%), lung cancer (10%) and bladder cancer (4%).

Taranaki males: Most common cancers (n=1233)



The most common cancer in females was breast cancer (25% of all female cancer registrations), followed by colorectal cancer (16%), melanoma (16%) and lung cancer (7%).

Taranaki females: Most common cancers (n=1113)



Age and cancer registrations

The table below shows the average number of cancer cases recorded per year in each age group. Most people diagnosed with cancer were in the older age groups.

Average number of cancer registrations per year, by gender and age - Taranaki DHB 2000-2003

	Age in years at registration																		
	Total	0-	5-	10-	15-	20-	25-	30-	35-	40-	45-	50-	55-	60-	65-	70-	75-	80-	85+
All cancers																			
Annual Average																			
<i>Total</i>	587	3	0	2	2	2	5	7	16	22	29	36	44	67	78	95	73	60	47
<i>Male</i>	308	1	0	1	1	1	3	3	6	8	10	15	22	33	48	59	45	35	21
<i>Female</i>	278	1	0	1	1	1	3	4	10	14	19	21	23	34	30	36	29	25	27

Note: Because of rounding, averaged figures in this table may not always sum to give stated totals.

Ethnicity and cancer registration

In the four years from 2000 to 2003, a total of 132 new cancer cases were recorded for Māori in Taranaki. This was an average of 33 cases a year and comprised 6% of all new Taranaki cancer cases.

The most common cancer in Māori males was prostate cancer (20% of all Māori male cancer registrations) followed by lung cancer (17%), colorectal cancer (12%) and stomach cancer (9%).

The most common cancer in Māori females was breast cancer (27% of all Māori female cancer registrations), followed by lung cancer (22%) and colorectal cancer (11%).

Colorectal cancer

An average of 94 new cases of colorectal cancer were recorded each year in Taranaki.

Males comprised 53% and females 47% of these colorectal cancer cases. Most of the cases were recorded in older people and it was rare for people under 45 years of age to be diagnosed with colorectal cancer.

Average number of colorectal cancer registrations per year, by gender and age - Taranaki DHB 2000-2003

	Age in years at registration																		
	Total	0-	5-	10-	15-	20-	25-	30-	35-	40-	45-	50-	55-	60-	65-	70-	75-	80-	85+
Colorectal cancer																			
Annual Average																			
<i>Total</i>	94	0	0	0	0	0	0	0	0	1	4	5	7	9	13	23	13	12	9
<i>Male</i>	50	0	0	0	0	0	0	0	0	1	2	4	3	4	8	12	8	6	4
<i>Female</i>	44	0	0	0	0	0	0	0	0	1	2	1	4	5	5	11	5	6	6

Note: Because of rounding, averaged figures in this table may not always sum to give stated totals.

In Taranaki, nearly all the people diagnosed with colorectal cancer were Non- Māori (96%). An average of 4 Māori people per year were diagnosed with colorectal cancer.

Melanoma

An average of 86 new cases of melanoma were identified each year in Taranaki. There were slightly more female (53%) than male (47%) cases of melanoma.

Melanoma cases spanned the age groups from 20-24 through to 85+, although most were people in the older age groups.

Average number of melanoma registrations per year, by gender and age - Taranaki DHB 2000-2003

		Age in years at registration																		
		Total	0-	5-	10-	15-	20-	25-	30-	35-	40-	45-	50-	55-	60-	65-	70-	75-	80-	85+
Melanoma																				
Annual Average																				
<i>Total</i>		86	0	0	0	0	1	2	2	4	9	8	7	6	12	10	12	7	5	4
<i>Male</i>		40	0	0	0	0	0	1	1	2	3	3	3	4	6	5	6	3	2	2
<i>Female</i>		46	0	0	0	0	1	1	1	2	6	5	5	2	5	5	6	4	3	2

Note: Because of rounding, averaged figures in this table may not always sum to give stated totals.

Virtually all melanoma registrations in Taranaki were for Non- Māori (99%).

Prostate cancer

From 2000 to 2003, a total of 333 new cases of prostate cancer were identified in Taranaki men. This was an average of 83 new cases each year.

The majority of new prostate cancers were identified in men aged 60 years and over.

Average number of prostate cancer registrations per year, by age - Taranaki DHB 2000-2003

		Age in years at registration																		
		Total	0-	5-	10-	15-	20-	25-	30-	35-	40-	45-	50-	55-	60-	65-	70-	75-	80-	85+
Prostate cancer																				
Annual Average																				
<i>Total</i>		83	0	0	0	0	0	0	0	0	0	0	2	6	10	18	18	13	11	6

Note: Because of rounding, averaged figures in this table may not always sum to give stated totals.

Ninety-six percent of the Taranaki men diagnosed with prostate cancer were Non- Māori.

Breast cancer

In the four years from 2000 to 2003, a total of 279 new cases of breast cancer were identified in Taranaki women. This was an average of 70 new cases a year.

New cases of breast cancer were found in all the age groups from 30-34 onwards, with the highest numbers in the 60-64 year age group.

Average number of breast cancer registrations per year, by age - Taranaki DHB 2000-2003

	Age in years at registration																		
	Total	0-	5-	10-	15-	20-	25-	30-	35-	40-	45-	50-	55-	60-	65-	70-	75-	80-	85+
Female breast cancer																			
Annual Average																			
<i>Total</i>	70	0	0	0	0	0	0	1	4	5	8	7	7	11	8	5	6	4	6

Note: Because of rounding, averaged figures in this table may not always sum to give stated totals.

On average, 4 Māori women were diagnosed with breast cancer each year. This was 7% of all new cases of breast cancer in Taranaki women.

Lung cancer

An average of 51 new cases of lung cancer were identified each year in Taranaki. Fifty-nine percent of these cases were men and 41% were women.

People as young as 35-40 were diagnosed with lung cancer, although the majority of cases were people over the age of 60.

Average number of lung cancer registrations per year, by gender and age - Taranaki DHB 2000-2003

	Age in years at registration																		
	Total	0-	5-	10-	15-	20-	25-	30-	35-	40-	45-	50-	55-	60-	65-	70-	75-	80-	85+
Lung cancer																			
Annual Average																			
<i>Total</i>	51	0	0	0	0	0	0	0	0	1	1	3	4	6	8	11	7	7	3
<i>Male</i>	30	0	0	0	0	0	0	0	0	0	1	1	3	3	5	7	5	5	1
<i>Female</i>	21	0	0	0	0	0	0	0	0	0	1	2	1	3	3	4	3	3	2

Note: Because of rounding, averaged figures in this table may not always sum to give stated totals.

Māori comprised 13% of all new lung cancer cases in Taranaki. This was an average of seven new cases a year.

Cervical cancer

From 2000 to 2003, a total of 15 new cases of cervical cancer were identified in Taranaki women. This was an average of four new cases a year.

Average number of cervical cancer registrations per year, by age - Taranaki DHB 2000-2003

	Age in years at registration																			
	Total	0-	5-	10-	15-	20-	25-	30-	35-	40-	45-	50-	55-	60-	65-	70-	75-	80-	85+	
Cervical cancer																				
<i>Annual Average</i>																				
<i>Total</i>	4	0	0	0	0	0	0	0	0	0	1	0	0	0	1	0	0	0	0	

Note: Because of rounding, averaged figures in this table may not always sum to give stated totals.

Other cancer

Ovarian cancer

A total of 32 new cases of ovarian cancer were identified in Taranaki from 2000-2003. This was an average of eight new cases a year.

Non-Hodgkins lymphoma

From 2000 to 2003, a total of 30 new cases of Non-Hodgkins lymphoma were identified in Taranaki. This was an average of eight new cases a year. Males comprised 61% of the Non-Hodgkins lymphoma cases.

Mouth cancer

A total of 21 Taranaki people were diagnosed with mouth cancer over the four-year period. This was an average of five people a year.

Head and neck cancer

Ten Taranaki people were diagnosed with head and neck cancer over the four-year period.

4 WORKFORCE STOCKTAKE REPORT

The workforce stocktake data presented in this section were gathered as part of the consultation interviews. The following data mainly cover the government-funded services provided in the Taranaki Region. However, agencies like the local Cancer Society Centre, Canteen and the Child Cancer Foundation, that provide significant support for cancer patients, their family and whānau in the Taranaki Region are covered primarily under headings relating to support services but in a few cases under other relevant headings. This section does not include workforce data specific to the out-of-region regional specialist treatment centres, such as the MidCentral Regional Cancer Treatment Centre and Auckland's Starship, which provides specialist care for children who have cancer.

Attempts have been made to rectify obvious gaps in the workforce data. However, despite these efforts some data remain incomplete. It is hoped that once the TDHB distributes this draft consultation report for comment further information will come forward to fill in the obvious gaps.

The key variables considered in this section cover all categories of cancer service provision, for example primary prevention, treatment, support and rehabilitation and palliative care, the numbers of staff in each category, full-time equivalents (FTEs) and reported vacancies where these existed. The key regional workforce issues identified by consultation participants are also reported.

This section also draws on findings from the recently completed national cancer workforce stocktake report (Ministry of Health, 2006a). (The Ministry of Health will be overseeing the development of a cancer control workforce development plan with a view to correcting the deficits and issues identified through the national stocktake report.)

Primary cancer prevention services and activities

Population-based health promotion activities

Primary cancer prevention as described in the New Zealand Cancer Control Strategy includes health promotion and health education activities and programmes (eg Smokefree and Aukati Kai Paipa, a smoking cessation programme targeted to Māori women, the Healthy Eating/Healthy Action (HEHA) programme and SunSmart health promotion activities. Primary prevention programme responsibilities also include health protection regulatory and enforcement activities that operate to safeguard the public's health (eg Smokefree Environments).

Agencies such as the local branch of the New Zealand Cancer Society and the National Heart Foundation of New Zealand are also significant providers, as are general practitioners and practice nurses.

General practices are also funded by government to provide population health promotion services. Their activities include many of the cancer prevention activities outlined above. In Taranaki two Primary Health Organisations (PHOs) made reference to various jointly-funded PHO-TDHB initiatives that general practices, within their operational ambit, were contributing to. These initiatives included a 'proactive child nutrition programme' targeted to parents and providing smoking cessation training for GPs and practice nurses.

The government-funded TDHB regional health promotion/health protection workforce reportedly includes:

- 4 Smokefree health promotion workers (2 FTEs) – 3 of the team are Māori
- 1 Smokefree co-ordinator is about to start work on bringing in the second phase of the TDHB's regional hospitals Smokefree programme and policy
- 2 nutrition and public health dietitians (2 FTEs) provide input into the region's nutrition and physical activity programme and the 'Fruit in Schools' programme
- 2 qualified health protection Smokefree regulatory and enforcement officers. An additional 2 newly trained officers are about to commence work (FTEs component not stated)
- 2 nutritionists (2.2 FTEs) work on the SPARC-funded 'Mission in Schools' programme and provide additional educational services
- 1 manager recently appointed to manage and coordinate the HEHA programme (FTEs not stated).

Other TDHB public health service provider contracts that incorporate a cancer prevention/health promotion component include:

- 'Future Taranaki Smokefree Project'
- the 'Parental Guidance Required' nutrition-focused project (contractor Manaaki Oranga)
- Tui Ora Limited, Taranaki's Māori Development Service provider contracts a number of Māori service providers (eg Toi Ora Lifestyles, Ruanui Health and Piki Te Ora Nursing Services) to provide health promotion programmes that include an element of cancer prevention.

Melanoma and skin cancer prevention activities

The Cancer Society Taranaki Centre, under the ambit of the Society's national school-based SunSmart accreditation programme, is the primary provider of prevention and health promotion activities in the Taranaki Region. The national programme aims to reduce the risk of children developing skin cancers, particularly melanoma in the future. SunSmart is one of the core health promotion activities undertaken by the Centre's one health promoter/ coordinator (0.75 FTEs).

Primary care workforce activities

Primary care services are often the first point of contact in the health system at which people with suspicious cancer-like symptoms are first picked up and referred on for further investigation and diagnosis. As noted earlier, GPs and practice nurses are involved at a number of points across the cancer continuum, commencing with their primary prevention role with regards to cancer (see earlier discussion) through to providing palliative care services for patients terminally ill with cancer. Data were not specifically gathered about the primary health care workforce in Taranaki as it applies to cancer service provision. However,

consultation participants from the Region's three PHOs and the group GP email responses collected by two of the PHOs on behalf of this consultation do provide some insight into particular projects currently being undertaken in general practices that include a focus on cancer service provision.

The Ministry of Health's 2007 National Cancer Stocktake Cancer makes the observation that:

Perhaps the most urgent area for primary care is addressing inequalities in access to early detection. There is evidence that some of the inequalities in cancer outcomes for Māori relate to a later stage at diagnosis, indicating possible delays in accessing treatment and poorer uptake of screening programmes. (Ministry of Health, 2006a: 32)

The establishment of Māori PHOs and the implementation of the Primary Health Care Strategy are concerted attempts by government to address access inequalities by reducing barriers for population groups with the greatest health needs at a primary health care level. Funding for specific services that aim specifically to reduce access inequalities was also made available to PHOs, over and above the main PHO capitation funding for general practice services servicing high health need populations. Each of these various initiatives is currently operating in the Taranaki Region.

Other cancer service (prevention, screening, palliative care) focused projects reportedly operating at primary health care level in Taranaki included:

- Smoking cessation - Hauora Taranaki PHO indicated that staff from several of its GP practices had completed training in smoking cessation. The PHO had also encouraged practices not trained in smoking cessation to refer patients who smoked to the Smokefree mobile health bus for education and smoking cessation advice and support
- The 'Green Prescription' and Healthy Eating/ Healthy Action activities
- Screening programme activities, mainly cervical cancer and breast cancer as well as early detection of potential cancer symptoms - for example Pinnacle Taranaki PHO's Waitara-based 'Lumps and Bumps' project
- General practices making referrals of cancer symptomatic patients to specialists and secondary care
- Coordinating support and rehabilitation for their cancer patients within the community
- The Hauora Taranaki PHO supporting general practice palliative care project, whose objectives included upskilling GPs in palliative care and providing free GP and/ or practice nurse home visits for terminally ill patients, including cancer patients (for further detail see later discussions regarding regional workforce issues below and on palliative care workforce issues later on in this section).

National workforce issues

The key workforce challenges confronting general practices identified through the Ministry of Health's national cancer workforce stocktake (2006a) included:

- Addressing inequalities in the early detection of cancer and improving the uptake of screening programmes
- Improving the involvement of the general practices in the coordinated care of cancer

- Developing Māori and Pacific community-based services
- Ensuring a palliative care approach is available in the community.

Regional workforce issues

Hauora Taranaki GPs' group response email indicated that a '24/7' telephone coverage service for GPs between oncology specialists and GPs and the Hospice and GPs 'would be ideal and particularly important during normal GP opening hours'.

Pinnacle Taranaki PHO's GP responses highlighted what were considered lengthy delays between GPs' referrals to secondary care services for further investigation of cancer symptoms and patients being seen by a specialist.

Pinnacle Taranaki PHO indicated that some of its affiliated GPs will not provide palliative care as part of their general practice service given that 'it's a 24/7 job'. GPs are also reportedly wary and nervous 'these days' because of the competency issues involved'.

A Hauora Taranaki PHO participant expressed concern about what was going to happen to their 'very successful' GP practice palliative care project when the 'conserved resource pool' of funding that has supported the project's continuation runs out at the end of 2008.

Cancer screening programmes

The two national screening programmes - BreastScreen Aotearoa and the National Cervical Screening Programme are both operational in the Taranaki Region.

BreastScreen Aotearoa

The national breast screening programme aims to reduce breast cancer mortality rates through early detection of curable cancers. While the screening programme initially targeted women between the ages of 50 to 64 years the age range was subsequently increased in 2004 to cover women ages 45 to 69 years. Eight lead providers are currently funded to administer screening services throughout the country. The Taranaki Region's screening services are provided as part of a subcontract with the MidCentral provider based in Palmerston North.

At a national level, the BreastScreen Aotearoa clinical workforce includes health promoters, diagnostic medical radiation technologists (MRTs), radiologists, breast physicians, specialist breast care nurses and laboratory cytologists.

The Taranaki Region's breast cancer workforce includes one Breast Care specialist nurse who currently has oversight of around 70 cancer patients per year undergoing treatment and follow-up. The nurse maintains a regional Intranet breast cancer database that is accessible to all members of the Base Hospital's multidisciplinary team providing care for breast cancer patients. The nurse specialist's roles include patient advocacy, providing patient information, liaising between the medical staff and patients, organising the multidisciplinary teams' monthly meetings, preparing summaries of each patients' treatment and generally supporting and following-up patients for between 3-4 years post-treatment.

BreastScreen Aotearoa Health Promotion services as provided in Taranaki by Ngati Runau who hold a Taranaki wide contract with the National Screening Unit of the Ministry of Health

The Taranaki Region's cancer services workforce does not include any specialist breast physicians. Most breast surgery in the region is carried out by general surgeons. The surgeons biopsy all lesions identified and refer on to specialist medical and radiation oncology services as appropriate. Visiting specialists from MidCentral's Regional Cancer Treatment Centre conduct assessment clinics at Taranaki Base Hospital outpatient clinics prior to patients travelling to the Treatment Centre for radiotherapy. The majority of chemotherapy treatment is given at Taranaki Base Hospital

Overall the current workforce providing services for breast cancer in the Taranaki Region includes:

- 1 specialist breast care nurse (.5 FTE)
- 4 surgeons
- 29 diagnostic medical radiation technologists (MRTs) (Total FTE for Breast Cancer Diagnostics)
- 5 radiologists
- 3 laboratory cytologists (Non Gynaecological Cytology is read by the three Pathologists at Taranaki Medlab)

National workforce issues

The recruitment and retention of medical radiation therapists (MRTs) for imaging was identified as the major challenge currently confronting the national BreastScreen programme. The recent extension of the age range for breast cancer screening has created increased demand for MRTs (Ministry of Health, 2006a). The National Screening Unit estimates that an additional 130 new MRTs are needed to meet predicted demand between 2004 and 2007. Less than half (46%) of the current MRT workforce at this time complies with national quality standards in mammography. The current radiologist workforce is also seen as having reached its capacity limits to achieve over and above what it is achieving currently.

Regional workforce issues

A brief telephone discussion with one of the managing partners of the Fulford Radiology Service, which provides radiology services for Taranaki's hospitals, indicated there were 'no real issues' with the provision of radiological services in the region. However, five consultation participants indicated that recent workforce strikes had increased waiting times for diagnosis and radiotherapy treatment services.

The breast care specialist nurse indicated few workforce issues other than having no fixed permanent office space.

Another participant (a surgeon) indicated that some breast cancer patients were choosing to have mastectomies in order to either avoid treatment delays caused by the recent radiologists' and radiotherapists' strikes or to circumvent the need for patients to travel outside the Region for specialist treatment, particularly radiotherapy and chemotherapy.

National Cervical Screening Programme

The National Cervical Screening Programme (NCSP) aims to reduce the incidence of and mortality from, cervical cancer.

The Taranaki Region is one of 13 regional sites throughout the country. The NCSP like the BreastScreen Aotearoa screening programme comes under the ambit of the National Screening Unit. Taranaki was reported as having the highest percentage of women in the NCSP's target group who had smears taken in the last three years - 83 percent compared to the next nearest region at 75.5 percent. Taranaki was also described as having 'one of the cleanest datasets' in the country.

GPs, practice nurses, the Region's NCSP service providers and Māori health service providers undertake much of the programme's smear taking, while colposcopies are performed by gynaecologists. Laboratory cytology services also play an important part in the screening and diagnosis of cervical cancer.

The TDHB's NCSP's service is supported by:

- 1 regional manager (0.4 FTEs)
- 1 NCSP coordinator/community liaison (1.0 FTEs)
- 1 NCSP administrator (1.0 FTEs)
- 4 NCSP smear takers (0.6 FTEs).

As of July 2007, there were 200 active smear takers operating in the TDHB Region, this included all smear takers, for example specialists, GPs, nurses and NCSP smear takers (report prepared by NCSP at TDHB and reported to the author by telephone 17 July 2007).

All Gynaecological laboratory cytology is read outside the Taranaki region with the bulk of smears processed by Southern Community Laboratories (SCL) in either Christchurch or Dunedin.

The Piki Te Ora Nursing Service is contracted to provide health promotion services to encourage Māori women to have regular cervical smears and employ three accredited cervical smear takers and two Health Promoters undertaking cervical screening health promotion.

Other specialist services in terms of laboratory staff are the same as those reported in the previous section for breast screening. The Taranaki Region also has four resident obstetrician/gynaecologists (FTEs 3.0) who perform most of the diagnosis and treatment for gynaecological malignancies. Some of the more complex gynaecological cancer cases are reportedly treated by tertiary care providers in Wellington.

National workforce issues

Key challenges identified at a national level with regard to the delivery of the NCSP programme include: a general shortage of appropriate smear takers, but particularly Māori and Pacific female smear takers. The smear taker shortage is thought to be more acute in rural areas. A training programme has been established to address the ongoing need for updating of training and education for all cytology laboratory practitioners. Shortages of new graduates in

medical laboratory science programmes were also reported, however some new graduates have been unable to find placements due to the training requirements of some laboratories (Ministry of Health, 2006a: 39).

Regional workforce issues

The Taranaki Regional NCSP provider reported no real problems or issues with the delivery of the service here in Taranaki, although the National Screening Unit has indicated that 'a funding cut is likely when the new NCSP register comes in'. It was reportedly unclear whether the reduced funding would have any impact on the workforce here in Taranaki.

Colorectal cancer surveillance and screening

New Zealand currently does not have a national screening colorectal programme to screen for bowel cancer. The National Screening Unit managed the development of guidelines for health professionals involved in the surveillance, treatment and management of suspected and diagnosed colorectal cancer. Key issues currently confronting the colonoscopy workforce at a national level include a shortage of colonoscopists and trained nursing staff and the management of services in the absence of a standardised training programme.

- The Taranaki colonoscopy workforce currently includes a total of 4 endoscopists providing services equivalent to 0.5 FTE.

National workforce issues

The National Cancer Workforce Stocktake reported capacity shortfalls of colonoscopists and trained nurses. Ensuring quality standards in the absence of a standardised training programme were also reported (Ministry of Health, 2006a: 41).

Regional workforce issues

Funding for and capacity to undertake endoscopies in Taranaki currently do not match current demand for this service. Waiting lists were considered unacceptably long. Attempts to get additional funding to tackle the waiting list issue have to date proven unsuccessful. The impression is that Taranaki has a high number of bowel cancers. The mortality risk for Māori with colorectal cancer was considered high due to their presenting later than non-Māori. As a consequence prognosis for Māori with colon cancer was reportedly poorer than non-Māori. One participant suggested data was necessary to help build a convincing business case for additional funding (see Section 3 for regional cancer statistics. Also refer to the 2006 report *Unequal Impact: Māori and Non-Māori Cancer Statistics 1996-2001* which supports the claim that while Māori are less likely to be diagnosed with colon cancer compared to non-Māori. However, when diagnosed, colon cancer in Māori is more likely to be at an advanced disease spread stage, and they are more likely to die from the cancer even if the cancer is diagnosed in the early cancer growth stage (Robson B, Cormack D. 2006:99).

The long waiting times to see specialists were seen as potentially risky for patients referred with colorectal bleeding. It was said to be difficult to gauge whether the bleeding presents a relatively minor or a major risk without a full colonoscopy investigation.

Diagnostic services

Radiology

Radiology plays a number of significant roles with regards to screening for cancer, diagnostic imaging, determining the stage of the cancer growth as well as appropriate treatment (Ministry of Health, 2006a: 40).

In Taranaki radiology services are delivered by Fulford Radiology a privately owned, limited liability company managed by a group of Taranaki-based radiologists. The arrangement is considered relatively unique in the sense that radiology services are administered through a joint venture, contractual arrangement between the Fulford Company directors and the TDHB. Fulford radiological services operate from both the Taranaki Base and Hawera hospital sites. Government funded BreastScreen Aotearoa screening mammography's are also conducted at the Company's New Plymouth Fulford Clinic site.

Fulford Radiology staff includes:

- 4 radiologists (4.0 FTE)
- 1 locum radiologist (0.6 FTE)
- 29 medical radiology technologists (MRTs) (FTE unavailable)
- 2 staff providing radio isotope (1.2 FTE)
- 5 nursing staff (2.6 FTE)

National workforce issues

There is perceived shortage of both radiologists and MRTs nationally, which contributors to the recent national cancer workforce stocktake believe is an influencing factor underpinning the longer waiting times for radiotherapy. While the Royal Australian and New Zealand College of Radiology bi-annual reports suggest that the number of radiologists increased between 1998 and 2004, New Zealand's radiologist population ratio is nevertheless lower than that reported in Australia. It is thought that the introduction of new technologies into the field may play an increasing role in future cancer care. Such developments will require a workforce skilled in these new techniques (Ministry of Health, 2006a: 44).

Regional workforce issues

A telephone conversation in May 2007 with one of the Fulford Radiology directors indicated that the Company was in the final phase of tidying up a restructuring of radiological service. No workforce issues were reported.

Pathology

At a national level; anatomical pathologists are reportedly the largest and most important group involved in the diagnosis of cancer, it's grading and staging (Ministry of Health 2006a: 46). This is also the case in the Taranaki Region.

Histopathology and cytology services are provided regionally on behalf of Taranaki DHB by Medlab Taranaki as part of a contract for services.

Taranaki Medlab laboratory services director is also the clinical director of the TDHB's laboratory services. The bulk of the pathologist's work in Taranaki involves anatomical pathology. Two of the following laboratory pathologists also work in clinical laboratory management.

The Region's clinical laboratory workforce includes:

- 4 consultant pathologists (3.2 FTEs)
- 1 haematologist

During the consultation, it was pointed out that a lot of cancer-related laboratory work is generated and occurs at a community level, with a comparatively small percentage occurring in hospitals. Laboratory services were described as the bridge between the hospital and the community, especially general practices. Ongoing discussions concerning the clinical management of patients' cancer were said to be another important component of local consultant pathologists' workload.

National workforce issues

Most stakeholders contributing to the national cancer control workforce stocktake were of the opinion that New Zealand currently faces a shortage of pathologists. However, the available data were considered insufficiently robust to substantiate this claim. The retention of the existing workforce was identified as a key challenge confronting the management of cancer in this country. Trainee numbers were also reportedly less than projected requirements. The reasons for the trainee shortage, was stated as unknown, although contributors to the stocktake suggested that resourcing barriers may exist at DHB level (Ministry of Health 2006a: 46).

Regional workforce issues

Consultation feedback here in Taranaki indicated that recruitment and retention of laboratory service scientists has been and remains a continuing problem for both the local private and public service providers. It was suggested that the cyclical and short-term nature of contractual negotiations and arrangements between DHB's and pathology scientists in this country serves to undermine professionalism and continuity of career pathways and is generally seen as having a destabilising effect. Cost, it was argued should not be the paramount consideration, certainty of tenure is equally if not more important. However, locally the current DHB Board and management were described as 'providing good direction'.

Isolated events were reported where Taranaki Base Hospital staff has failed to give local GPs 'all the laboratory diagnostic results'. The laboratory was described as having been 'the first port of call' in these instances. However information sharing between the hospital and community health practices was seen as having 'got better'.

Treatment: Cancer surgical and oncology services' workforce

The following table outlines the surgical and oncology services workforce at the Taranaki Base Hospital. Few of these roles/positions work exclusively with cancer patients, apart from those

operating in the Base Hospitals' Oncology Department. Table 2 below identifies key workforce issues for each of the service categories. Some of the workforce positions were discussed earlier in this section while issues relating to the various categories of the workforce are discussed in the followings gaps analysis section.

In addition Taranaki District Health Board also has a ongoing relationship with MidCentral DHB's cancer treatment services. This includes hosting clinics from visiting specialities such as Haematology - at Taranaki Base and Hawera (2 specialist monthly with a registrar every 2nd month), Radiation Oncology (2 specialists monthly plus a registrar every 2nd monthly) and Medical Oncology (two specialists monthly - plus a registrar every 2nd month). Each of these visits includes two days of clinics.

Table 2: Workforce roles that specifically include a cancer treatment component at Taranaki Base Hospital

Workforce roles/ positions	Specific workforce issues
General surgeons	Surgeons report heavy workload. Ideally need 6 surgeons. Cancer patients have priority on surgical list. Considered unfair to patients requiring hip and knee replacements and other elective surgery.
Gynaecologists	None stated.
Colposcopy nurses	Not interviewed.
Physicians	None stated.
Gastroenterologist	Extra funding needed for colonoscopies to reduce waiting list and related risk for patients. Difficulties assessing risk without colonoscopy.
Endoscopists	Not interviewed.
Stomal therapists	Shortage of nurses. Increasing service demand. Aging workforce. A very specialised field but perceived by some as a less desirable speciality. Succession planning an issue.
Oncology Unit. Medical Officer	None stated.
Oncology Unit. Clinical Nurse Leader	Not interviewed.
Oncology Unit. Staff Nurse	Planning in the pipeline to train one staff nurse for relieving purposes. Level 2 chemo training is only available through regional specialist centre. One nurse is currently working towards level 2.
District Nursing service	See many cancer patient in the community post surgery, ongoing care post Radio Therapy treatment and post chemo support and supplies.
Paediatrician (oncology component)	None stated.
Paediatric oncology nurses	Job share position. No workforce issues stated.
Community paediatric case manager (oncology component)	Community work involves some treatment, support and palliative care.
Clinical Nurse, Ward 4	Nurse is hospice trained.

Source: Consultation interviews. Please note that the above table does not include all TDHB staff working in the area of cancer treatment. The numbers of interviews were limited by time constraints.

Systematic linkages reportedly work well between Taranaki Base Hospital's oncology services and its various, out-of-region specialist cancer services, for example the MidCentral Regional

Cancer Treatment Centre in Palmerston North and Starship in Auckland. Multidisciplinary teams were also seen as well-established and generally working well in services where the treatment of cancer is carried out.

National issues

Key challenges in the surgical treatment area included enabling greater opportunity for sub-specialisation where appropriate and ensuring surgeons are linked to multidisciplinary teams (Ministry of Health 2006a: 48). Other national issues included a need to:

- Increase the recruitment and retention of medical oncologists (Ministry of Health, 2006: 60)
- Build up a small workforce of oncology (Ministry of Health, 2006a: 65)
- Increase the number of oncology nurses (Ministry of Health, 2006a: 71).

Regional issues

In addition to the workforce related issues outlined in Table 2 above, a number of general workforce issues were perceived to impact on service delivery for cancer patients in Taranaki. One issue - accessing coverage for medical and nursing personnel working in specialised positions - was described as a continuing problem for clinical managers in Taranaki Base Hospital. The lack of professional collegial support for specialist personnel was identified as one of the associated downsides for specialist staff working in smaller provincial centres.

Support and rehabilitation services' workforce

There are currently no formal guidelines, or official policy guiding the delivery of support and rehabilitation services to people with serious life-threatening illnesses such as cancer. What is known about workforce requirements in this area is largely anecdotal and the result of recently undertaken patient treatment journey mapping pilot studies (Ministry of Health, 2006b). The National Cancer Control Workforce stocktake found very little workforce data specific to support and rehabilitation. However, the support and rehabilitation services' workforce was described in the Ministry's report as covering the following broad categories:

The professional allied workforce, namely social workers, physiotherapists, occupational therapists, nutritionists, district and community nurses, care coordinators, psychologists, speech and language therapists and various other professional groups

The non-regulated workforce, for example community health and home support workers

Māori kaupapa service workforce, including both Māori health professionals and non-regulated hospital-based Māori health service providers. This category of service providers also includes other culturally specific groups (Ministry of Health, 2006a: 83).

The consultation findings suggest that most of the broad workforce categories identified above operate in Taranaki. As discussed earlier the current workforce stocktake does not provide the whole workforce picture. Physiotherapists, nutritionists, occupational therapists and speech and language therapists were not consulted this time around due to time and budget constraints. However, those members of the workforce that were consulted indicated that most

of the allied professional groups (social workers, physiotherapists, occupational therapists, nutritionists and district and community nurses) do indeed work within TDHB services to support and rehabilitate cancer patients. Furthermore, most of these allied professional groups are integral members of multidisciplinary teams that contribute to the care, support and rehabilitation of cancer patients, namely the oncology, paediatric, surgical and medical multidisciplinary teams.

The consultation findings suggest that social workers provide considerable support for cancer patients, their family and whānau while in hospital. Social workers, as members of the various multidisciplinary teams, also continue to support patients receiving treatment out of the Region. Core social work activities reportedly include:

- Identifying all forms of practical assistance to support patients (including cancer patients)
- Establishing and maintaining internal and external support linkages in order to harness all available support to meet patients, for example accessing psychological counselling support (mainly through external agencies, such as GPs and the Cancer Society)
- Developing and distributing written information
- Supporting patients' and their families' applications for financial assistance through Work and Income New Zealand.

Non-government support and rehabilitation services

In addition to the publicly funded workforce, the Cancer Society, Canteen and the Child Cancer Foundation all operate in the Taranaki Region to support people experiencing cancer, their families and whānau. The Leukaemia and Blood Foundation's regional support services coordinator also visits Taranaki four times a year to meet with patients and their family. However, the coordinator is accessible by telephone at all other times. In addition to general education, linking people to support groups, arranging accommodation, giving one-to-one practical support and linking patients to professional services such as counselling, the Cancer Society, Child Cancer Foundation and Leukaemia and Blood Foundation also provide financial assistance by way of capped financial grants to cover treatment-phase associated costs, namely travel, accommodation and subsistence.

National issues

The 2006 national cancer workforce stocktake found a need to better identify agencies and services providing support and rehabilitative roles in order to determine each agencies capacity and capability issues (Ministry of Health, 2006a: 87).

There was also a call for the sector to commence developing the 'patient navigator' role to coordinate and harness all relevant clinical and non-clinical support services, including information resources to assist and support cancer patients' rehabilitative needs (Ministry of Health, 2006a: 87).

Regional issues

The most commonly identified gaps in the Taranaki Region's publicly funded cancer support and rehabilitation workforce were the lack of or need for:

- general health psychologists for grief and general psychological counselling
- community care coordinators or navigators.

Further detail about both these workforce gaps are discussed under relevant headings in Section 5 of this report.

Palliative care services' workforce

Table 3 below presents the Te Rangimarie Hospice's workforce numbers, FTEs and outlines workforce issue specific to the various workforce's roles and positions.

Table 3: Palliative care service provision at Te Rangimarie Hospice

Workforce roles/ positions	No. of staff	FTEs	Specific workforce issues
Medical officers	5	1.2	Hospice has experienced 'extreme difficulty' recruiting specialist medical palliative care. Regional shortage of GPs with specific palliative care experience. No longer able to provide satellite clinics.
Registered nurses	17	8.5	Essential that Hospice can continue to pay hospice nurses remuneration competitive with that paid to public hospital nurses. Two nursing vacancies on interview. Hospice no longer able to provide satellite clinics.
Enrolled nurses	6	3.8	As above.
Counsellors	2	1	None stated.
Complementary therapist	1	.2	None stated.

Source: The data presented in the above were provided by the Chief Executive Officer of Te Rangimarie Hospice

A number of other workforce issues raised in the Hospice group interview and by other contributors with an interest in palliative care were identified in addition to those listed in Table 3 above. These workforce-specific issues are discussed under a number of separate headings immediately following.

Palliative care in public hospitals and district nursing and home support services

Taranaki Base Hospital was reported as having two beds designated for palliative care patients. However, two hospital-based participants considered that hospitals were generally an unsuitable environment for terminally ill patients.

Palliative care for children is managed by the Taranaki Base Hospital Child and Adolescent Service with the support of Te Rangimarie Hospice. The community paediatric case manager provides regular back up and support for children dying of cancer and their families. The support is available '24/7 in the last week of life'. The paediatric community case manager has a postgraduate diploma in advanced nursing care, which includes palliative care.

The TDHB's Stratford District Nursing Service's four district nurses also provide palliative care services for patients with terminal cancer in the Stratford- Opunake District. Three of the four district's nurses have completed palliative care training modules. All four nurses are trained to manage and administer syringe driven pain relief. Their service is supported by the Te Rangimarie Hospice. The Patea District Nursing Services provides Palliative care services in the Patea - Waverly area in liaison Te Rangimarie Hospice and the Wanganui Hospice.

National workforce issues

The key workforce challenges identified in the national cancer workforce stocktake included the need to better understand specialist palliative care nursing needs across the hospice, hospital and community settings and a need to develop clinical nursing leadership roles at the national level and in community settings. Palliative care training programmes was also required for generalist nurses (Ministry of Health, 2006a: 82).

Regional issues

Taranaki Base Hospital reportedly lacks specialist nursing palliative care in its adult surgical and medical wards although support for dying patients is readily accessible through Te Rangimarie Hospice.

The lack of specialised palliative care input into the hospital's multidisciplinary teams was also considered a major gap in the hospital's current palliative care service provision.

While it was indicated that 'distance learning' palliative care training for nurses is available through AUT, no nursing staff to date had reportedly taken this option up. However, one clinical nurse manager indicated she was thinking of doing a palliative care paper herself.

The Region's palliative care service providers perceived a gap between local providers and Ministry of Health expectations that GPs will be providing more palliative care services than they have done in the past (as expressed in the New Zealand Cancer Control Strategy, 2003). Some palliative care service providers saw some local GPs as lacking the competency requirements to provide palliative care services. One of the GP group participants expressed similar concerns around current day competency requirements. There were also reportedly many GPs who do not want to work in palliative care given the '24/7' nature of the work and its perceived incompatibility with a GP's usual daily practice workload.

Māori cancer-related workforce

The current consultation identified a number of Māori health service providers currently delivering services with a cancer-related component, but none specific to cancer. These services covered the broad spectrum of cancer services - health promotion, primary health care, general practice, screening, treatment, mainly general practice nursing services, support and rehabilitation and palliative care. In addition to the Māori specific service providers, the TDHB provides hospital-based Māori health support services. These services' clientele include cancer patients and their whānau. No attempt was made in the TDHB's stocktake to identify all Māori health professionals working with Māori living with cancer. However, the *National Cancer Control Workforce: Stocktake and Needs Assessment* notes the lack of a national comprehensive Māori workforce dataset (Ministry of Health, 2006a: 95).

Specific Māori provider services operating in Taranaki include those operating and affiliated to the following lead providers.

Tui Ora Limited

Tui Ora Limited is the Taranaki Region's key Māori service development agency. Its affiliated service providers currently delivering cancer-related services include:

Toi Ora Lifestyles – a provider of health promotion services that cover areas such as Auahi Kore/ Smokefree and Healthy Eating - Healthy Action programme work. Toi Ora employs four health promoters.

Piki Te Ora Nursing Services – a small proportion of this service's clients are reportedly post-operative cancer patients (predominantly men with prostate cancer, women with breast cancer and children with leukaemia). The service provides health promotion services and general health checks, including checking 'lumps and bumps' as part of its early detection work to identify potential skin cancers. Piki Te Ora also holds a cervical screening contract.

As part of its holistic nursing care approach, the service provides and coordinates care and support for its clients, plays an advocacy role on their behalf as well as providing follow-up care for its post-operative cancer clients. The services currently provided by Piki Te Ora's nurse specialists bear some similarity to those of the envisaged patient navigator/ care coordinator outlined in Action 55 of the New Zealand Cancer Control Action Plan, in the sense that, the intention is to provide 'a coordinated and seamless cancer journey for the patient' (Ministry of Health 2006a: 86). Ideally, Piki Te Ora ideally would like their current navigating role formally recognised and incorporated into its future contractual arrangements with the TDHB.

Piki Te Ora staff currently includes:

- 2 (1.5 FTEs) working on its smoking cessation/ Auahi Kore programme
- 3 Nursing Staff

Te Tihi Hauora O Taranaki PHO

This Māori-specific PHO was established in 2003 and includes the following four affiliated general practices:

- Te Atiawa Medical Centre based in New Plymouth – with 2 GP's (.7 FTE)
- The Bell Block Family Health Clinic – 2 GP's (.7 FTE)
- The Waitara Community Medical Centre – 1 GP (.5 FTE)

- Ruanui Health Centre – 2 GPs (2 FTEs).

Both Te Tihi Hauora O Taranaki PHO and the Ruanui Health Centre were consulted in the TDHB's Cancer Action Plan consultation. Ruanui Health Centre, like the Piki Te Ora nursing services, covers all aspects of the cancer service continuum. Hospice Taranaki is the lead service provider responsible for overseeing palliative care service provision for its clients in Southern Taranaki. The service currently has a 'job-shared,' 1 FTE nursing staff responsible for working through Hawera Hospital to provide for patients requiring palliative care.

The Ruanui Health Centre's GPs work with cancer patients as do its 1.2 FTEs nursing staff as part of its whānau ora contract. The nurses' roles include working with clients living with cancer and their whānau and are very community focused. These same nursing staff coordinate and liaise with other relevant services on their cancer patients' behalf, provide post-operative follow-up care and support, including providing transportation to and from hospital appointments and playing a general client advocacy role. It is noted that Ruanui Health Centre does not currently have any contract related to cancer care or care of the terminally ill, therefore all services provided to clients and their whānau for cancer or palliative care are non-funded.

Taranaki District Health Boards' Maori Health Services

TDHB-funded hospital-based Māori health services are fronted by kamahi hauora advisers. The advisers' primary role is to support Māori patients/outpatients and their whānau in both hospital and community settings. Their role also includes providing Māori tikanga/cultural, best practice training for TDHB staff.

There are currently three kamahi hauora advisers (2.9 FTEs) working in Taranaki Base Hospital and one (1 FTE) at Hawera Hospital.

National challenges and issues

The national cancer workforce stocktake identified a need to improve the quality of data specific to the Māori and Pacific cancer workforces, build these groups' workforce capabilities and develop workforce plans for their respective communities (Ministry of Health, 2006a: 95).

Regional gaps and issues

Three mainstream health professionals expressed frustration about the general shortage of trained Māori health professionals in the Taranaki Region. These participants considered that the TDHB, headed by its Chief Māori Advisor, should bring together the Region's key agencies to develop specific strategies to address what is seen as a major workforce gap.

There was also a perceived need for a Māori-specific clinical nursing navigator role to be developed to support cancer patients, their family/whānau through their cancer treatment journey. This was considered a significant gap in current service provision. The general consensus suggested that:

- The role/s would be best established in existing community-based Māori health services
- Those appointed to these positions should know their tikanga and have strong community networks

- The roles should be a component of existing services' chronic disease management work programme (refer to Section 5 for further detail about the role of the patient navigators).

5 GAPS IN CURRENT CANCER SERVICE PROVISION

This section of the report describes gaps and issues participants saw as currently impacting on cancer patients' access to and satisfaction with cancer services in the Taranaki Region.

Overall impressions about the quality of cancer services

Most of the 44 consultation participants, including the three cancer survivors and two significant others, appeared generally satisfied with the quality and responsiveness of the Region's cancer services. Several service providers indicated having received good feedback from patients about the local services and also those provided outside the Region, mainly Auckland's Starship, where children with cancer initially go for treatment and the MidCentral Cancer Treatment Centre in Palmerston North, where patients requiring radiotherapy and some chemotherapy travel to for treatment.

Issues impacting on patients' access to cancer services

Of the 34 participants specifically asked if they knew of any access issues or challenges facing cancer patients, their family/whānau with regards to their particular service, close to three-quarters (74%) knew of no access issues. Participants were also asked about access issues relating to services *other* than their own. Just over one-third (35%) of the 34 participants identified access issues to services other than their own. The issues resulting from these two separate access-related questions have been collapsed into one to avoid unnecessary repetition. The following were the most frequently mentioned access issues.

Unacceptable waiting times

A total of 11 participants (all service providers) identified unacceptable waiting times as an issue for some cancer patients that had come under their care. Extended waiting times to radiotherapy treatment at the Regional Cancer Treatment Centre was the most commonly identified service in which unacceptable delays were encountered. The recent radiotherapists' strikes were seen to have caused considerable distress and disruption for both patients and the Region's cancer service providers. The fact that some patients had to travel to Australia for their radiotherapy treatment was seen to have exacerbated the usual disruption that patients and their family/whānau experience when having to travel outside the Region for treatment. Two participants (including one surgeon) knew of female patients who had reportedly opted for mastectomies to avoid unnecessary disruption caused by travelling outside the Region for treatment and to avoid waiting times.

Similarly, five participants (2 GPs, 1 PHO respondent and 2 medical specialists) considered the delays some patients were experiencing between their GPs' referrals and their being seen by a specialist was unsatisfactory. GPs considered delays for patients with newly diagnosed melanoma and people with 'alarm symptoms' such as colorectal rectal bleeding as particularly worrisome (waiting times cited included between one to six months for semi-urgent and within one month for urgent cases). Both hospital medical staff considered that assessing the degree of risk with regards to colorectal rectal bleeding symptoms is open to error without colonoscopy. Both reported instances where presenting symptoms had been assessed as minor to moderate when in fact the risk had been rather more serious. A surgeon noted that some patients opt to go private to avoid any delay to see a specialist.

Taranaki Base Hospital's paediatric ward reportedly had experienced comparatively slow blood analysis reporting times from Stratford laboratory for patients residing in that district. This delay was linked to the Base Hospital's nursing staff not having Online access to the Stratford lab's results (only doctors reportedly currently have Online access), whereas nurses can readily access results online from the New Plymouth and Hawera lab centres.

One oncology outpatient clinic participant spoke of an intermittent courier delivery problem that had caused delays and frustration and distress for some patients scheduled to receive their chemotherapy treatment at Base Hospital. There had been several instances where the 'chemo drugs' had been delivered to the wrong region. There were also examples of delivery errors that had occurred several times in a row. While the courier company concerned had attempted to mollify affected patients by way of a gift, the gifts did not compensate for the distress caused to patients and the time wasted.

Unsuitable outpatient booking times

Two participants (1 Māori service provider and 1 TDHB service provider) knew of instances where patients travelling from outside New Plymouth for outpatient clinic visits had been given appointment times that took no account of the hospital bus' timetable. Patients with no other means of transportation had reportedly missed appointments because of unanticipated delays to the usual bus timetable.

Palliative care access issues

Two service providers raised issues around access barriers to palliative care services. The first provider was concerned about the lack of satellite palliative care clinics on 'the Coast' for terminally ill cancer patients. The second participant envisaged potential access problems arising from recent and possible future rest home closures. This participant considered that the small number of beds available at the Te Rangimarie Hospice means a reliance on rest home beds for some palliative care patients. Other palliative care issues are covered in the latter part of this section.

Other issues

Several of the issues raised by participants relating to questions about service availability and access were not access issues as such but rather gaps in existing service provision. Others were more about issues specific to linkages and communication gaps between services. Consequently, these issues are discussed under headings specific to gaps and linkages.

Māori specific access issues

The consultation participants were asked if they knew of any specific issues that impacted on Māori cancer patients' access to cancer services. Just over half of the 36 participants (54%) who responded to this question, including the two Māori participants living with cancer, indicated they knew of no physical barriers that impeded local Māori from using the Region's cancer services. Both of the Māori living with cancer considered the various services they had accessed, both state-funded and NGOs, provided 'excellent' services. Two mainstream hospital-based health professionals saw the Base Hospital's Māori Health Service kamahi hauora advisory staff as providing very good whānau/family support for Māori patients generally.

One of the latter participants saw the kamahi hauora advisers as 'bending over backwards' to support Māori patients and their whānau.

Participants consulted from the Māori specific health service providers and the three district nursing and home support service provider noted that Māori cancer patients also have access to community-based outreach nursing services, including those provided by Māori health service providers. Two of the NGO cancer support providers observed that Māori tend to remain in their agencies' support networks once accessed 'just the same as those who are not Māori'.

Despite the generally favourable feedback from Māori about the Region's cancer-related services in terms of accessibility and availability, three participants indicated that disparities between Māori and non-Māori in terms of mainstream primary health care services utilisation remain. For example, one Te Rangimare Hospice interview group participant observed that while 8 to 9 percent of the Hospice's clients are Māori that figure is lower than might be expected, given that Māori represent around 14 percent of the Region's population.

Four participants commented that many low income Māori cancer patients lack access to transport and telephones. Although the TDHB provides a free hospital bus service for people requiring transport, examples were cited of patients having missed appointments because their appointment times took no account of the bus' timetable or for possible delays. One participant recalled a case wherein the hospital bus was delayed and the patient, who had travelled a considerable distance for her appointment, missed her appointment through no fault of her own. It was suggested the booking office make allowance for travelling time when setting appointments for out-of-town patients.

One participant from Base Hospital's Child and Adolescent Service and another from the Hospital's Social Work Department indicated that limiting the out-of-town travel allowance to one whānau/family member was an issue for members of the wider whānau (this issue was similarly raised in relation to non-Māori family members). Examples were cited where financial hardship had precluded whānau members, other than the main carer, travelling to support their whānau member receiving treatment out of-town. Another Māori service provider saw a need to revise the Region's travel assistance criteria in order to better cater for low income, terminally-ill Māori cancer patients wanting to return to their turangawaewae.

The Māori service providers and three mainstream service participants identified late presentation of cancer symptoms as a particular problem among Māori. Mistrust of health services, whakamā (shyness and embarrassment), a fear of cancer treatment regimes, denial and acceptance of one's lot, given that so many other whānau members had died from cancer, were identified as reasons underpinning late presentation among Māori, especially among Māori males.

Gaps in service provision for Māori

Several health professionals expressed frustration about the shortage of trained Māori health professionals in the Taranaki Region. They saw a need for the TDHB to develop specific strategies to address what they considered is a significant workforce gap.

Four of the five Māori health service provider participants and both the Māori participants living with cancer saw a need for a specific community-based type navigator/case manager to coordinate and support Māori cancer patients' and their whānau's pathway through the continuum of cancer services. Some Māori service providers appeared to be already carrying out this role to some extent as part of their chronic disease management work (refer to previous

section for further detail about this issue). However, the point was made that they are not specifically contracted to provide this particular support role. Reportedly those Māori cancer patients unclear about who and where to go following their discharge from hospital, regularly call local Māori primary health care providers, as a first point of contact, for advice and support. It was suggested that formal acknowledgment and specific funding for this role would help reduce the pressure on those professionals who currently squeeze this role into an already heavy workload. Formal recognition of the role would also facilitate the establishment of more systematic support linkages across the cancer service continuum. It was suggested that the community-based navigator/case manager role would require clinical expertise as well as a sound knowledge of Māori tikanga.

Three participants perceived a need for Maori-focused information resources outlining the rudiments of cancer treatment approaches and a directory of cancer treatment and support service providers available locally. One participant considered the resource could be developed by the Cancer Society in consultation with local Māori service providers. Another suggested that a subgroup be established to generally scope Māori information needs with regards to cancer and cancer services. The participant suggested that the subgroup include relevant Māori providers, a Māori resource designer, and a representative of the local Cancer Society.

Three mainstream service health professionals voiced concern about the impact that colonoscopy waiting times and the restrictive risk assessment criteria for this procedure could have on Māori, who were perceived as being at greater risk of bowel cancer than non-Māori (data in Section 3 however suggests this is not in fact the case). Delays were seen as potentially raising the risk of a poorer prognosis, especially if the initial risk assessment was inaccurate. One physician suggested that mobile bus clinics could be held on the Region's marae to better address Māori health needs.

Gaps in local cancer service provision and suggested solutions

All but four of the 44 participants identified one or more gaps in current cancer service provision. While most indicated that the services provided in the Region were generally very good, efforts to address the identified gaps would help to streamline the care and support provided for cancer patients their family/ whānau.

Establish community-based patient navigators/ case managers

Just over half of the 44 participants (54%), including the group interview participants, identified a need for patient-focused, clinical navigators/case managers/care coordinators to coordinate the ongoing treatment and support needs of the Region's cancer patients, their family and whānau. Five health care providers and one woman living with cancer referred to instances where follow-up checkups following treatment cancer were missed. A lack of clarity around the procedural processes following diagnosis and out-of-town treatment appeared to be the main reason for these 'slip ups'. There were also two instances where cancer patients, whose initial diagnosis and treatment had been delivered through a mix of both public and private service providers, had subsequently 'slipped between the gap' of the two systems with regards to their ongoing follow-up. It was suggested that a formal system or procedural process needs to be established that clearly identifies who and which agency/ service provider is responsible for ensuring that follow-up checks and assessments occur.

Four Māori service providers and three NGO support services' participants indicated that it was not uncommon for recently diagnosed cancer patients to call on them to seek further explanation and clarification of treatment options, what those options involve and possible support entitlements. Participants based in Stratford considered that cancer patients' care and follow-up was well catered for through its District Nursing and Home Support Service.

The BreastCare specialist nurse currently operating at the Taranaki Base Hospital was cited as one possible patient navigator/case manager model (this model is also referred to in Action 55 of the New Zealand Cancer Control Action Plan (Ministry of Health, 2003: 57) and in the National Cancer Workforce Stocktake (Ministry of Health, .2006b: 89). Locally the preferred option was for the patient navigator/case manager to operate from a community-based rather than a hospital-based location. Most participants promoting the patient navigator concept saw those filling the role as needing to have their feet firmly planted in both camps with access to the appropriate clinical teams, social work departments, out-of-town specialist services and the cancer support NGOs. There was some consensus also around the idea that the role:

- Requires a clinical nurse specialist
- May require more than one navigator to provide the necessary '24/7' coverage
- Would be best established within an existing community service provider setting
- Be part of, or complement, the local chronic disease management care initiatives currently operating from primary health care settings.
- Direct link to community nursing roles supporting oncology patients in the community.

Provide professional psychosocial support

The lack of psychosocial support was similarly considered a significant gap in current cancer control services (the deficit was similarly noted in the national; cancer control workforce stocktake (Ministry of Health, 2006a: 85)). One third of the 44 participants, including hospital-based clinicians and community service providers, considered that many newly diagnosed patients with cancer would benefit from counselling from a psychologist or suitably qualified grief counsellor. A qualified health psychologist was, however, the preferred option. A surgeon and several nurse clinicians suggested that workload pressures meant most clinicians had little available time to comfort or reassure cancer patients under their care at the point when they are told they have cancer, are about to undergo treatment or in the worst case scenarios when told their cancer is terminal. Others knew of people who were informed of their cancer diagnoses in what they described as a 'highly inappropriate manner.'

Two participants from the Base Hospital's Social Work Department had referred some cancer patients to their GPs, where there was an obvious need for a patient to seek psychosocial support. GPs reportedly have the facility to give patients, deemed to require counselling, a voucher entitling those referred to three free counselling sessions. It was suggested that the voucher system be extended to include distribution through hospital's oncology departments.

For the most part, the system as it currently stands was perceived as generally assuming that if a patient requires counselling support then it is 'user pays'. It was, however, pointed out that many patients cannot afford to 'go private'. A cancer diagnosis and the subsequent treatment regime were seen as causing considerable financial pressures and hardship for many cancer patients, their family and whānau, especially during the initial phase of their cancer journey.

Both the hospital-based psychologists consulted saw a definite need for a resident generalist health psychologist at Base Hospital. Psychological counselling in the hospital setting is currently limited to patients over the age of 65 years where their condition is diagnosed as impacting on their mental health and to those patients receiving care through the hospital's mental health service. Auckland Hospital's oncology service reportedly has access to a hospital-based generalist health psychologist. The set up there was seen as one possible service model to consider in any future scoping study that might be established here. Other counselling service provider models identified included those delivered through ACC and the Te Rangimarie Hospice. One of the NGO support providers for children with cancer and their families had chanced upon and had since accessed through the Family Court six grief counselling sessions for a family whose teenager had died of cancer.

Other support service gaps and inequities

The accommodation and support provided through Ozanam House and the Cancer Society's residential facilities was generally well regarded. However, one clinician indicated that some gynaecological cancer patients' significant family members had experienced difficulties accessing accommodation in Wellington.

The free shuttle bus service provided between the MidCentral Regional Cancer Treatment and Taranaki was also commended. The travel assistance support system was however perceived as less accommodating by those wanting to use their own transport for health and convenience reasons. The national eligibility criteria for travel assistance were considered by two of the larger cancer support NGOs as 'too arbitrary' and 'unfair'. One of these same NGOs recommended that all personal vehicle travel mileage to and from the various specialist treatment centres be covered, independent of need.

Five participants considered that access to state-funded support and assistance as it stands is similarly 'unfair' and 'inequitable.' For instance, cancer is reportedly officially categorised as a personal health issue and not a disability as such. Access to assistance is perceived to be relatively straightforward for those with disabilities resulting from accidents compared to those with life-threatening health conditions such as cancer. Community service card holders diagnosed with cancer were similarly seen as having more immediate access to additional financial assistance and support, whereas families where one carer has had to give up work to support a family member receiving cancer therapy had to go through considerable red tape to prove their entitlement. Higher power, telephone bills and car fuel bills were considered the norm for families with a member experiencing cancer. Mortgages still had to be paid. Financial pressures and hardship following a cancer diagnosis were considered relatively common.

Dairy farming families, particularly sharemilkers, were seen as especially disadvantaged when one of the usual working partners had to give up work. Assistance did not stretch to bringing in a substitute locum milker. Parents, on learning their child had leukaemia, which required their immediate departure for a lengthy period of treatment at Auckland's Starship, were swamped with offers of help from their local farming community. However, that kind of support was seen as not always forthcoming in urban areas where neighbours and family members often worked away from home. The New Zealand Cancer Control Strategy Action Plan highlighted regional travel and accommodation costs and access to assistance inequities as a key issue for people with cancer who have to travel outside their region for specialist treatment (Ministry of Health, 2005: 67).

One of the PHOs suggested that the TDHB should play an advocacy role to obtain a fairer support deal for this Region's cancer patients and others with life-threatening diseases.

Cancer information/ resource gaps

Quality written information was generally seen as very important once the patient and their significant others have got over the initial shock of their cancer diagnosis. The Cancer Society, Child Health Foundation, Leukaemia and Blood Foundation and Canteen were all identified as agencies that provided good quality information resources. The specialist treatment cancer centres, mainly Starship and the MidCentral Cancer Treatment Centre were similarly identified as providing good quality written information for those using those services. Others, for instance, Base Hospital's Oncology Department, the Breast Care Nurse Specialist's co-ordinating service, Base Hospital's Social Work Department and Te Rangimarie Hospice also reported having developed cancer-specific information resources covering their specialist areas of cancer care.

A total of six participants identified information gaps. Four participants (two Māori service providers, a parent of a child living with leukaemia and one of the district nursing services) identified a need for a 'basic introductory', cancer service directory resource. The two Māori providers suggested that an easy-to-use, colour-coded service directory, with maps and essential cancer treatment information about various treatment forms would be useful. It was recommended that the resource include some 'te reo'. As noted earlier, one Māori participant considered the Cancer Society as best equipped to produce this type of resource guided by suitably qualified Māori health providers. Another suggested that a subgroup of relevant stakeholders, including a Māori health education resource design consultant and local Cancer Society representatives, be established to determine how best to address current information gaps.

The parent of the child living with leukaemia generally commended the support and written information resources provided through the Starship and the Auckland Cancer Society. However, the parent saw a need for a local service directory specifically for out-of-town family members accompanying children receiving treatment. It was suggested that the directory might be similar to those found in motels that give the location of potentially useful and recommended local services to meet parents' needs. Examples of useful services included the nearest pharmacy, general medical practice services and taxi services. This same parent also saw a need for an information resource explaining in lay terms what clinical trials involve. Although she had put her signature to the consent form, much of the explanation offered by the specialist had 'gone over her head' largely because the medical terminology and language used by the specialist was incomprehensible. She recommended that a readily understandable, printed information brochure/leaflet be developed to enable parents to better comprehend the procedure and which could be used for later reference.

Three Taranaki Base Hospital participants and one of the PHOs while commending the Cancer Society's resources indicated that their stocks had run low. They reportedly had not seen the usual Cancer Society contact person 'for a long-time'. This information was subsequently passed on to the Cancer Society. It is understood that the re-stocking service has since been recommenced at Base Hospital.

Gaps impacting on specific population and service provider groups

Several participants identified gaps specific to particular population groups, or particular groups of service providers, for example palliative care services and general practices.

Services for children and adolescents

Five service providers indicated that parents of older adolescents undergoing cancer treatments were not always given any, or sufficient, information to enable them to make informed choices about which hospital inpatient service (paediatric or adult) would best suit their adolescent's needs. Three participants in child and adolescent services had found that older adolescents' educational needs can get overlooked when admitted to an adult ward. It was suggested that a shared-care approach and better liaison between the adult and paediatric services would be one way to address this issue.

The patient navigator/case manager role described earlier in this Section was also identified as a gap in the current child and adolescent service and its multidisciplinary team. The service was considered to have potential value for parents of children and adolescents living with cancer especially those with complex needs.

The Child Cancer Foundation (CCF) had found that 'teens often get lost' following discharge from the Regional Cancer Treatment Centre following chemotherapy/ radiotherapy. Teens and their parents were reportedly often not made aware of their publicly-funded entitlements, for example home safety equipment (ie shower safety railings and hand held showers) and access to physiotherapy. It was suggested that a systematic linkage be established with the Regional Cancer Treatment Service and the Base Hospital's Social Work Department with a view to making parents and their adolescents aware of the financial and social support and advice that CCF offers.

Children and adolescents living with cancer and their siblings were seen as requiring access to the services of a child psychologist to address their psychosocial needs. The siblings reportedly often 'miss out' given their parents over-riding concern for the sick sibling.

The mother of the child treated for leukaemia expressed concern about an experience she had encountered at Base Hospital when drugs originally prescribed by Starship ran out. The registrar/houseman on duty at Base Hospital was apparently unfamiliar with the prescribed drug, nor was the drug available in New Plymouth. It was suggested that less experienced doctors should be mentored about the children's medication needs and that Starship and Base Hospital develop a formal mechanism for prescription renewals.

Palliative care service gaps and issues

Various participants from the palliative care service sector and provider organisation who work in collaboration with the sector's services identified a range of gaps and issues with regard to the provision of care for those terminally ill with cancer. However, in general palliative care services were well thought of and commended by service providers working with cancer patients and by people living with cancer or the consequence of cancer. Māori service providers in particular commended the Hospice's holistic approach as they saw this as most akin to the Māori 'whare tapa whā' model of health (Durie 1998), 'awhi manaaki tanga' and 'whanau'. As applied to hospice care, these concepts meant that the professional care is guided by the needs of the patient and their whānau not the other way around. In care provided by the hospice, according to one Māori palliative care service provider, 'professionals don't dictate the rules, there are no rules'.

Overall, five participants identified issues with, and gaps in palliative care service provision (the Hospice group interview is counted here as one participant). The identified gaps encompassed factors such as training, funding and supply and demand issues.

Lack of satellite palliative care on the Coast

Participants from the Stratford District, for instance, generally saw the District's palliative care service as working well. However, three participants from outside the district considered the lack of '24/7 coverage on the Coast' and the absence of satellite centres was potentially problematic. Coverage outside the hours of 9am and 5pm was perceived as largely dependent on the Stratford Health Centre's clinical staff. However it should be noted that 24/7 on call coverage is available on a "as required" basis from the TDHB District Nursing Service.

Funding issues

Concern was also expressed in the Te Rangimarie Hospice group interview about the prospect of its presently ring-fenced Ministry of Health distributed palliative care training funding being turned over to DHB's. The main issue with this possible change was that the TDHB may choose not to continue supporting the Hospice's external provider training programme and that the funding will be absorbed into the TDHB's general consolidated fund. However, judging by four Base Hospital participants' responses, the training provided by the Hospice for TDHB's hospital based service staff, private hospitals and rest home staff fulfils an important need and that need is ongoing. The Hospice group interview participants expressed a similar view.

In 2004, the Ministry of Health provided an additional \$268m to cover increases in State employed nurses' remuneration. However, funding was not allocated at that time to other service providers employing trained nursing staff. Hospice New Zealand subsequently compiled a business case for additional funding to cover salary increases for nurses providing care in the country's hospices. On the strength of that business case, the government allocated \$4m. That amount was subsequently distributed using a population-based formula. On the basis of the formula, Hospice Taranaki was allocated \$110,000. This, amount, however, represented a funding gap of \$117,000, which Hospice Taranaki calculated was needed to cover increases in their nurses' salaries.

General practice issues

As noted earlier in Section 3 of this report, Hauora Taranaki PHO would like to see the funding extended for its general practice palliative care funding initiative (for further detail see Section 3). At the time of the consultation interviews the PHO had yet to come up with a way to replace the funding required to maintain this initiative, once the one-off current funding supply was exhausted.

The Hauora Taranaki PHOs group general practice response indicated a need for 24/7 telephone cover with a palliative care medical specialist (and also a specialist oncologist). The 24/7 coverage was considered 'the ideal'. However, in the absence of the ideal, coverage during GPs' 'usual opening hours' would be the next best thing.

Shortage of palliative care beds

Two Base Hospital staff members identified a shortage of beds at Te Rangimarie Hospice. As noted earlier, this problem was seen as likely to be exacerbated by the recent closure of some

local rest homes - currently the overflow of terminally-ill patients requiring inpatient palliative care receive that care in designated rest homes or private hospitals. The care provided is supported and supervised by Te Rangimarie Hospice. Both Base Hospital participants considered the Hospice's current six-bed capacity was insufficient to meet local needs.

The 56 entitlement days to palliative care for terminally ill patients was also identified as another factor underpinning the shortage of palliative care beds. The 56 day criteria was considered too short and quickly used up, hence the need to set up alternative bed arrangements and ongoing need for training of care providers in the rest home and private hospital facilities.

Lack of qualified palliative care specialists

The Hospice group participants spoke of Te Rangimarie Hospice's as yet unrewarded efforts to attract trained palliative care medical clinicians. One PHO participant also saw the Hospice as 'struggling to attract medical staff'. National palliative care training requirements reportedly preclude the Hospice from employing trainee palliative care specialists given that it is not an accredited training facility. Participants raising this issue did not offer any specific solutions to address this problem.

Lack of a regional palliative care strategy

Both the Hospice group participants and one Base Hospital clinical nurse manager saw the lack of a regional, over-arching palliative care strategy as a major gap. The latter had found no reference to palliative care at all in the TDHB's current 2006 District Annual Plan. One of the Base Hospital participants saw the strategy as necessary to provide more formal and stronger links between hospices and hospitals. The Hospice movement because it had developed separately was seen as having become 'an exclusive club'.

The hospice environment

While the Te Rangimarie Hospice was generally seen by most Māori providers as providing an excellent palliative care service for Māori and non-Māori alike, one Māori service provider suggested that the Hospice's patients' rooms could do with some New Zealand-specific pictures/art work to make them more culturally appropriate (the landscapes currently hung at the Hospice were seen as having little relevance to New Zealanders or New Zealand ie 'home'). The Hospice was also seen as needing some te reo-specific signage to make it more Māori friendly.

Other gaps and issues

Two participants had encountered some distress among cancer patients who were told that new cancer treatment drugs available overseas had yet to be approved by Pharmac and were consequently not available in New Zealand.

In terms of breast care provision for patients with breast cancer, one participant considered that a breast outpatients' clinic was required at Taranaki Base Hospital. Patients with lumps referred by GPs for further investigation should, according to standards and guidelines, be seen within one month of referral. While urgent cases were seen within the recommended timeframes those assessed as less urgent were not. However, this same participant argued that

in reality it was difficult to judge which lumps were urgent and which were less urgent. Consequently an element of risk exists with the current grading procedure, which necessitates earlier investigation of all lumps with potential risk involved. Specific funding was also seen as needed to provide post-operative surgical bras for all women following breast surgery.

One Base Hospital participant from the Hospital's surgical department suggested that the MidCentral Regional Cancer Treatment Centre currently lacked the capacity to cater for patients on the waiting list; a situation perceived as likely to have been exacerbated by the recent radiologist/ radiotherapists strikes. It was suggested that more beds were needed at the Region's Cancer Treatment Centre.

Training needs

Five participants (3 TDHB employees and 2 external service providers) saw a need for more training opportunities to increase health providers' knowledge about cancer and oncology and cancer services generally. In-service training about cancer and cancer treatments was considered important as there is a need to keep up to date with new treatments and the side effects of drugs.

One of the Region's PHOs saw a need for the TDHB to establish an internal service training provision coordinator whose roles would include: identification of staff training needs, coordinating in-service training activities and inviting external providers to attend relevant in-service training sessions. The PHO noted a lack of invitations from the TDHB to its in-service training sessions.

Awareness of the proposed Regional Cancer Networks

The New Zealand Cancer Control Action Plan outlines a number of actions that specifically aim to address the widely held view that cancer service provision in this country has been, to some extent, fragmented, subject to duplication and lacking clear referral processes leading to avoidable treatment delays for cancer patients. The current exercise to identify issues, possible gaps in cancer service provision and determine practical solutions to address these is an explicit effort by the TDHB to ensure that local cancer patients' treatment and follow-up journeys are a positive and as seamless an experience as possible.

The establishment of regional networks is a key action (Action 50) in the government's cancer control plan Ministry of Health, 2005: 54). Regional cancer networks, as outlined in the Action Plan, are formal structures designed to improve the coordination of care for patients across DHB's, provide more equitable access to services, reduce service gaps and duplication and provide for better planning and delivery of cancer services generally. It is expected that the regional cancer networks' service representatives will play an important role in both the planning and decision-making with regards to how cancer services are provided in their particular regions.

Perceived effectiveness of proposed Regional Cancer Network

Of the 44 services consulted for input into the TDHBs five-year Cancer Action Plan, 30 were specifically asked if they were aware of the health sector's efforts to establish regional cancer network. Of the 30 participants, 70 percent were aware of this intention. Of this group:

- 10 participants considered the networks 'a good idea'
- 9 were unsure whether these would be of much benefit
- 2 medical consultants thought it would be difficult for physicians/ surgeons to be involved due to heavy workloads.

Perceived benefits

Participants who considered the regional cancer networks a good idea included one participant who saw the concept as already operating successfully among service providers in the palliative care sector. Interestingly, another participant thought that:

Anything that aims to improve the standard and quality of care is good – there are currently big gaps in some regions, especially in palliative care. (NGO participant)

Others liked the regional network concept because these would:

- help to establish what support agencies were out there for referral purposes
- help to improve dialogue between agencies
- provide opportunity to learn from each other and share ideas and learning
- hopefully, take some of the pressure off their service.

Perceived weaknesses

Doubts expressed about the likely effectiveness of the proposed regional networks largely sprang from concern about the small number, geographical layout and spread of the regions suggested to date.

It's a complex business. ... There are tensions around the idea of having just four regions. The one we would be in would include four district health board regions, including Wellington and the Wairarapa and two regional cancer treatment centres. (Taranaki Base Hospital service manager)

Another expressed similarly related concerns:

Taranaki is a unique area. It includes both rural and urban areas. It's very different from Wellington which is predominantly urban. Taranaki also has very strong Māori providers compared to other regions. The networks could also swallow up scarce resources. (Māori service provider)

One of the larger NGO service providers was similarly diffident about the size and dimensions of the proposed regional networks:

There is a mismatch between what the Ministry of Health wants and local thinking. The current proposal is too big – nine DHB's in the proposed Mid/Central/Wellington Region! It will require a lot of buy-in from a lot of providers. (NGO participant)

Some considered that the Ministry of Health really had no idea how the model would actually work. The Ministry was essentially seen as leaving it up to the regional cancer service providers to come up with a working model. This was considered inappropriate. Those questioning the approach argued that people need a concrete proposal in order to discuss the validity of the model or, put another way, a possible model is required as a starting point to get ideas rolling.

6 SERVICE MAPPING REPORT

This section of the report gives brief descriptions of the organisations and agencies that were identified as providers of services for people living with across the cancer control continuum – prevention, screening, early detection and diagnosis, treatment, support and rehabilitation and palliative care. The service providers listed below do not represent every cancer-related service operating in Taranaki. For instance, the list is not inclusive of all the various district nursing and home support services operating under the umbrella of the TDHB. The list also does not include the specialist cancer treatment centres, namely the MidCentral Cancer Treatment Service (provider of radiotherapy and chemotherapy), Auckland’s Starship (provider of specialised treatment and surgical services for children with cancer) and Wellington Hospital (provider of specialised treatment and surgery, such as, cancer patients requiring neurosurgery or renal surgery). The descriptions are largely based on information supplied by the consultation’s participants.

Workforce gaps and issues identified by the following services are not stated below. Instead these gaps and issues have been incorporated into the discussion in the previous relevant sections.

Public Health Unit/ Health Promotion Services

Location: Taranaki Base Hospital grounds, David Street, New Plymouth

Categories of cancer-related services provided: Health promotion services, namely, Smokefree, nutrition and Healthy Eating/Health Action health promotion activities and Smokefree - regulatory and enforcement role are all part of TDHB’s Public Health Service.

Caseload: Not requested.

Linkages: TDHB health services, Ministry of Health, Māori community health promotion service providers, schools, NZ Heart Foundation, Cancer Society Taranaki Centre.

Funding sources: Government funded.

Pinnacle Taranaki PHO

Location: St Aubyns Street, New Plymouth

Category of cancer-related services provided: The 39 general practices under the ambit of Pinnacle Taranaki PHO reportedly provide services across the cancer control service continuum ‘to a greater of lesser degree’ (ie primary prevention, screening, early detection/ diagnosis, treatment, support and rehabilitation and palliative care). The one exception to this ‘rule’ is that of those 39 practices, 33 (85%) provide palliative care and support.

Caseload: Not stated, although it was noted that 79 percent of the caseload of the 33 practices providing palliative care is cancer-related.

Linkages: Not known. GPs are reportedly the actual service providers who maintain linkages with other service providers.

Funding sources: Government funded.

Hauora Taranaki PHO

Location: Tui Ora Complex, Maratahu Street, New Plymouth

Category of cancer-related services provided: Like Pinnacle PHO above, the 17 general practices under the ambit of Hauora Taranaki PHO similarly provide services across the cancer control service continuum to a greater or lesser extent (ie primary prevention, screening, early detection/diagnosis, treatment, support and rehabilitation and palliative care).

Caseload: Not requested. Hauora Taranaki has overseen the development and delivery of a general practice palliative care project that encompassed palliative care training for the GP participants. Of the 17 general practices, 15 (88%) provided palliative care services under this scheme. The participating practices provided services for 123 patients, involving an average of 5.3 consultations per patient over a 12-month period.

Linkages: Not stated. GPs are the reportedly the actual service providers who maintain the main linkages with other services.

Funding sources: Government funded.

Te Tihi Hauora O Taranaki PHO

Location: Fulford Street, New Plymouth

Categories of cancer-related services provided: Like the other PHOs above, the four Māori general practices under the ambit of Te Tihi Hauora O Taranaki PHO similarly provide services across the cancer control service continuum to a greater or lesser extent (ie primary prevention, screening, early detection/ diagnosis, treatment, support and rehabilitation and palliative care).

Caseload: Not requested.

Linkages: Not known. GPs are reportedly the actual service providers who maintain the main linkages with other services.

Funding sources: Government funded.

Ruanui Health Centre

Location: Hawera

Categories of cancer-related services provided: General practice service, Aukati kapai/smoking cessation, cervical and breast screening service, early detection/diagnosis, support and rehabilitation and palliative care (not officially contracted to provided this service but does it as part of its birth to death/whānau ora approach).

Caseload: Not requested

Linkages: TDHB health services, Te Rangimarie Hospice, Ministry of Health, relevant community service providers, and the Māori community.

Funding sources: Government funded.

National Cervical Screening Programme

Location: Taranaki Base Hospital, David Street, New Plymouth

Categories of cancer-related services provided: Cervical screening - cervical smear taking, health promotion and education specific to cervical cancer, maintains regional cervical screening programme database.

Caseload: Not requested.

Linkages: Colposcopy service in TDHB, National Screening Unit, Ministry of Health, local women's health clinics, Primary Health Organisations, General Practitioners, Midwives.

Piki Te Ora Nursing Services

Location: Tui Ora Limited Complex, Maratahu Street, Westown, New Plymouth

Categories of cancer-related services provided: Clinical nursing services that include health promotion, prevention work, screening and health checks, support and advocacy.

Caseload: A small percentage of clients reportedly have cancer. These clients are predominantly seen post-operatively.

Linkages: TDHB services, general practices, PHOs, pharmacist, Te Rangimarie Hospice, Māori community.

Funding sources: Government funded.

Oncology Services

Location: Taranaki Base Hospital

Category of cancer-related services provided: Early detection and diagnosis but predominantly treatment both inpatient and outpatient (Refer to Outpatients listing for further information). Provides some support but lacks resources to provide the level of support it would like to.

Caseload: Not requested.

Linkages: MidCentral Regional Cancer Treatment Centre's specialists including visiting specialists in Radiation Oncology, Haematology, Medical Oncology. The wider Midcentral Regional Cancer Treatment Centre multidisciplinary team includes input from several hospital departments, including social work, dietitians, physiotherapists. Direct linkage to District Nursing Services, Hospice and Primary Care providers

Funding sources: Government funded.

Speciality Clinical Nurse/ Breast Care Service

Location: Taranaki Base Hospital Outpatients' Clinic.

Category of cancer-related services provided: The clinical nurse/ Breast Care supports and coordinates follow-up activities for three to four years post-operatively for women diagnosed with breast cancer. The support provided includes the provision of printed information resources and educational advice, supporting psychosocial and physical needs, patient advocacy, liaison between medical staff and patients, organisation of monthly multidisciplinary meetings, administration of lists for medical staff and manages an Intranet database that includes all the Region's breast care data.

Caseload: The average caseload is approximately 70 breast care cases per annum. This number includes both public and private patients.

Linkages: Relevant hospital departments, Cancer Society Taranaki Centre, GPs and CC Wards regarding the supply of prosthesis.

Funding: Government funded.

Paediatrics Ward 2, Taranaki Base Hospital

Location: Taranaki Base Hospital

Categories of cancer-related services provided: Most surgery is performed at Starship in Auckland. Ward 2 provides treatment and support services for children and younger adolescents. All are followed up regularly at outpatients' clinics for up to 10 years post-treatment/surgery in order to monitor progress and check for the late effects of treatments. The paediatric multidisciplinary team also includes one fulltime paediatric community, clinical nurse case manager who supports patients and their families clinical and support needs.

Caseload: Not stated. Section 3, Table 1.4 does however provide a breakdown of all cancer registrations in the TDHB Region by age group for the period 2000-2003.

Linkages: Cancer Society Taranaki Centre, Starship oncologists (visits twice a year for 1 day at a time also links up via video-conferencing), Child Cancer Foundation, Te Rangimarie Hospice. Multidisciplinary team includes input from several hospital departments, including social work, dietitians, occupational therapists and physiotherapists.

Funding: Government funded.

Ward 3, Surgical, Taranaki Base Hospital

Location: Taranaki Base Hospital

Categories of cancer-related services provided: Full range of surgical treatment services for full range of cancers, including Gastroenterology and bowel surgery.

Caseload: Estimated 30-40 percent of surgery would be cancer related.

Linkages: Oncology Service, MidCentral Regional Cancer Treatment Centre, Te Rangimarie Hospice, Cancer Society Taranaki Centre. Multidisciplinary team includes input from several

hospital departments, including radiology and laboratory services, social work, dietitians, occupational therapists and physiotherapists.

Funding sources: Government funded.

Ward 4, Surgical, Taranaki Base Hospital

Location: Taranaki Base Hospital

Categories of cancer-related services provided: Two staff members identified as palliative care trained.

Caseload: Reportedly, a small percentage of surgery and post-operative surgery management in Ward 4 is cancer-related. This includes neurosurgery and gynaecology.

Linkages: MidCentral regional Cancer Treatment Centre, Te Rangimarie Hospice, Cancer Society Taranaki Centre, stomal therapists. Multidisciplinary team includes input from several hospital departments, including social work, dietitians, occupational therapists and physiotherapists.

Funding sources: Government funded.

Child & Adolescent Health Service

Location: Taranaki Base Hospital

Category of cancer-related services provided: Treatment, support and rehabilitation and palliative care via Paediatric Community Nurse.

Caseload: Not requested. Section 3, Table 1.4 does however provide a breakdown of all cancer registrations in the TDHB Region by age group for the period 2000-2003.

Linkages: Starship Hospital, Child Cancer Foundation, Canteen, Te Rangimarie Hospice. Multidisciplinary team includes input from several hospital departments, including social work, dietitians, occupational therapists and physiotherapists.

LabCare Pathology Services

Location: Taranaki Base and Hawera Hospital

Categories of cancer-related services provided: Majority of the laboratory service provided at the Base Hospital and Hawera Hospital involves anatomical pathology. Clinical laboratory management represents the second largest component of the laboratory service's work.

Caseload: Not requested.

Linkages: Inpatient and out patient services, general practices.

Funding sources: Government funded.

Hospital Social Work Department

Location: Taranaki Base Hospital

Categories of cancer-related services provided: Support and rehabilitation

Caseload: Not requested.

Linkages: TDHB inpatient and outpatient hospital and support services, MidCentral Cancer Treatment Centre, Starship, Auckland Hospital, Te Rangimarie Hospice, Child Cancer Foundation, Cancer Society Taranaki Centre, Work and Income NZ, general practitioners

Funding sources: Government funded.

Mental Health Services: Psychological counselling

Location: Taranaki Base Hospital

Categories of cancer-services services provided: Psychological counselling for a small number of inpatients with cancer, predominantly male. However patients have to fit Mental Health Services criteria ie over 65 years in those inpatients exhibiting cognitive problems that is impacting on their illness.

Caseload: Cancer patient meeting TDHB's Mental Health Services criteria 'few and far between'. Patients not meeting these criteria but whose mental health and wellbeing is being compromised by their cancer diagnosis and condition are expected to access private counselling. Those unable to afford private counselling are advised to go through their GPs or WINZ.

Funding sources: Government funded.

Taranaki Base Hospital Surgical Outpatients Service, including Oncology Outpatients' Service

Location: Taranaki Base Hospital

Categories of services provided: Early detection and diagnosis, treatment, support and rehabilitation. The Breast Care Nurse Specialist is stationed in the Outpatients Service as is the Oncology outpatients' clinical service. Administering of chemotherapy management through outpatient service has reportedly increased over recent years.

Caseload: Not provided.

Linkages MidCentral Regional Cancer Treatment Centre's specialists including visiting specialists in Radiation Oncology, Haematology, Medical Oncology. The wider Midcentral Regional Cancer Treatment Centre multidisciplinary team includes input from several hospital departments, including social work, dietitians, physiotherapists. Direct linkage to District Nursing Services , Hospice and Primary Care providers. Wellington, Waikato and Auckland District Health Boards for specialist surgical and medical services, Cancer Society Taranaki Centre, Te Rangimarie Hospice, Shuttle bus service.

Funding sources: Government funded.

Kaimahi Hauora / Māori Health Services

Location: Taranaki Base and Hawera Hospitals

Categories of services provided:

Provides support for Māori hospital inpatients, outpatients and their whānau. Also supports palliative care nurses where required. Assists hospital's inpatient/ outpatient staff to ensure services provided through hospital are safe for Māori. Accesses and provides most up-to-date information for patients and their whānau, where available. Provides advocacy service on behalf of Māori clients. Provides Māori tikanga/ best practice training, including regular refresher courses for nursing, medical and other health professional groups.

Caseload: Not requested.

Key linkages: Kaimahi Hauora have established extensive networks with all relevant TDHB's inpatient/ outpatient health services and the wider Māori community.

Funding sources: Government funded.

Taranaki Community District Nursing and Home Support Service

Service location: Taranaki Base Hospital. Coverage area extends from Mokau in the North through to Central Taranaki (encompasses the Stratford and Opunake districts) through to Patea and Waverley in the South. The Service also manages contracted providers who cover three rural areas (Mokau, Urenui and Inglewood).

Categories of cancer-related services provided: The service encompasses primary cancer prevention work during the course of home visits, post operative treatment, oncology support and treatment for radiation therapy burns and rehabilitation. The service provides specialised stoma therapy and continence nursing region-wide for cancer patients post-operatively. The Stratford-based nursing team also supports palliative care patients, as do the nurses in Patea (see following description of the Stratford-Opunake service).

Caseload: Information specific to cancer patients not provided. However stoma therapy is a significant part of caseload at around 150 visits per month. An estimated two-thirds of those receiving stoma therapy are reportedly cancer patients.

Linkages: Other hospital service, including medical and surgical wards, GPs, surgeons (private and public cases) Te Rangimarie Hospice, New Zealand Ostomy Society, local rest homes.

Funding sources: The district nursing and home support service is a government funded, TDHB service.

Home Support Service

Service location Taranaki District Health Board provides both Home Support and Meals on Wheels services. Clients can be referred to the Home Support Unit by a health professional - GP, District Nurse, Social Worker, Nurse Manager, Midwife, Occupational Therapist.

Categories of cancer-related services provided: Support services - **Meals on Wheels** are available for clients who are not able to prepare a nutritious hot meal and have nobody available to give the necessary assistance. Meals on Wheels can be provided for a number of reasons: · during illness or after a stay in hospital. **Home Help** is available for clients leaving

hospital who have nobody available to give the necessary help. The Home Help staff perform basic weekly tasks to keep the home running smoothly. Home Help is generally short-term..

Caseload: Information specific to cancer patients not provided.

Linkages: Other hospital service, including medical and surgical wards, GPs, surgeons (private and public cases) Te Rangimarie Hospice, New Zealand Ostomy Society, local rest homes.

Funding sources: The district nursing and home support service is a government funded, TDHB service.

Stratford and Opunake District Nursing and Community Support Service

Service location: Stratford Community Health Centre. The service extends over a large geographical area that includes both the Stratford and Opunake districts. The service is housed in the Stratford Health Centre. This service is part of the wider Taranaki District Nursing and Home Support Service (for further details refer to preceding listing).

Categories of cancer-related services provided: Carries out some one-to-one health promotion work during course of home visits; occasionally pick up a skin lesion, for example when providing treatment during the course of treatment for something else; treatments include dressing of post-radiotherapy burns, management of polycatheter; chemotherapy support provided for people when discharged from the Regional Cancer Treatment Centre for the weekend: palliative care forms the largest part of work. The nurses are supported by Te Rangimarie Hospice. The Hospice provides 24 hour backup for pain and symptom management/ control.

Patient supportive equipment is stored at the Stratford Health Centre, maintained by the TDHB and is lent out to patients as required.

Caseload: Approximately half of the nurses' clientele are cancer patients. Their current patient workload includes 16 people living with cancer.

Linkages: Te Rangimarie Hospice, Taranaki Base Hospital, MidCentral Regional Cancer Treatment Centre.

Funding sources: The district nursing and home support service is a government funded, TDHB service.

Leukaemia & Blood Foundation

Service location: The Leukaemia & Blood Foundation (L&B Foundation) is based in Auckland. The L&B Foundation is represented throughout New Zealand by three regional coordinators. The regional coordinator responsible for covering the Taranaki Region is based in Wellington. The position is a fulltime position.

Categories of cancer-related services provided: The L&B Foundation largely provides care and support for people experiencing particular forms of leukaemia, lymphoma, myeloma and related blood disorders. The Foundation provides capped financial assistance, counselling and support groups, medical equipment and advocacy services. The financial assistance is time-limited, usually until such time as government support comes into play. The Foundation also

provides a wide range of informative booklets covering all the various forms of blood cancers/ disorders.

Caseload: The Central Regional Coordinator reported having 18 cancer patients/their family and whānau from Taranaki on her books when interviewed. She estimated that she had supported about 30 local people over the previous 12-month period.

Linkages: Taranaki Base Hospital's Oncology Outpatient Service's Clinical Nurse Manager and its Social Work Department, the Taranaki Cancer Society Centre's Support Services Coordinator and haematologists at MidCentral's Regional Cancer Treatment Centre.

Funding sources: Non-government funded. Fund-raising activities, bequests and donations.

Child Cancer Foundation, Northern Division, Taranaki Branch

Location: National Office is based in Auckland. Family Support worker based in New Plymouth but services the Taranaki Region

Categories of services provided: In the Taranaki Region a Child Cancer Foundation (CCF) 0.3 FTE family support worker provides support for families of children with cancer through distribution of CCF introductory resources, family support groups, arranged outings and social events and one-to-one practical assistance and emotional support.

At national level CCF offers a scholarship programme for children with cancer, support groups, school re-entry books and resources, advocates and lobbies on behalf of children and teenagers with cancer, provides financial assistance (travel, food expenses and meal vouchers) and access to holiday homes.

Caseload: Family Support worker currently mails out support newsletters/ written information to 50 families based in the Taranaki Region.

Linkages with other organisation: Canteen, Cancer Society, Family Court, Base Hospital's Multidisciplinary Paediatric Team, Oncology Service, Te Rangimarie Hospice.

Canteen

Location: National office is based in Auckland. Local Taranaki branch based in New Plymouth supported by one member support coordinator 0.5 FTE.

Categories of cancer-related services provided: Operates under the ambit of the Child Cancer Foundation. Provides support for young people (ages 13-24 years) living with cancer. Also supports siblings of young persons experiencing cancer. The organisation is member-driven, backed up by volunteers who run peer support networks and activities eg weekend camps. Canteen provides education and information resources and training for peer supporters.

Caseload: 38 active members in Taranaki Branch

Linkages: Child Cancer Foundation, hospital wards where adolescents with cancer treated, Te Rangimarie Hospice, Red Cross, St Johns.

Funding sources: Canteen is a non-government organisation, receiving no government funding. Supported by national and local fund raising activities eg 'Buy a Bandanna Week,'

sale of Canteen Christmas cards, Monthly Giving Club, bequests and donations. In Taranaki the 'Round the Mountain' event used to fund raise.

Cancer Society of New Zealand Taranaki Centre Inc.

Location: New Plymouth - provides health promotion and support services throughout Taranaki.

Categories of services provided: Publicly-targeted primary cancer prevention work is mainly carried out by a health promotion and education advisor. Prevention is focussed in three main areas - Tobacco control / smokefree education, education around physical activity and nutrition, and 'SunSmart' education on the risks of UV exposure. High quality sunscreen, hats and sunglasses also sold at discounted rates. Advice also covers screening, early detection and diagnosis. The centre also provides extensive support services, patient advocacy, advice and general cancer information. Support activities include:

- Breast cancer support service & support groups (North & South Taranaki, monthly)
- General men's cancer support group (monthly)
- General support morning tea (north & south, monthly)
- PALS -prostate awareness is a life saver group
- General cancer support visiting service & carer relief
- Transport assistance - including twice weekly shuttle services to Palmerston North and volunteer drivers within region to transport patients to and from appointments
- Living with Cancer - 6 week education programme
- Support volunteer training programme
- One on one support, advocacy & advice
- Financial hardships grants & assistance
- Lymphoedema workshops
- Access to counselling sessions
- Hat, video & book Library

The Cancer Society is also actively involved in cancer research, education and skill development at a national, divisional and local level. At local level the Cancer Society offers scholarships in partnership with Taranaki Medlab for students undertaking courses in laboratory science, and more recently has launched a local capacity building fund which provides small grants for individuals and organisations towards skill development in the area of cancer control.

Caseload: The Cancer Society provides support to approximately 350 -400 individuals and families each year. General information is provided to many more. Prevention programmes focus on schools, workplaces, sports clubs and other organisations

Linkages: Canteen, Child Cancer Foundation, Lost Chord Club (Laryngectomy), Ostomy Society, Ozanam House, Hospice, other health promotion providers eg National Heart Foundation, Toi Ora, Sport Taranaki, Taranaki District Health Board services - Oncology ward, BreastScreen Aotearoa/ Cervical Screening and the Health Promotion Unit.

Funding sources: Fundraising focuses on campaigns/events, eg Daffodil Day and Relay for Life, as well as merchandise sales and general donations. No government funding is received other than for the Palmerston North shuttle service which is a MOH contract.

Hospice Taranaki Inc. Te Rangimarie Hospice

Location: Te Rangimarie Hospice, David Street, New Plymouth.

Category of cancer-related services provided: Palliative care hospice, community care and a day stay programme, support and rehabilitation and complementary health therapy. The Hospice is also a major provider of palliative care training and ongoing training for hospital and rest home/age care facilities staff. The Palliative Care Educator is also available to provide bedside mentoring for aged care facility staff. Other services provided include a Biography Service for terminally ill patients.

Caseload: Te Rangimarie Hospice's database showed that a total of 886 patients received palliative care services between the years 2004-2006, an average of 295 patients per annum. The Hospice estimates that approximately 70 percent of the patient caseload involved cancer.

Linkages: Taranaki Base Hospital's Oncology, Paediatrics, Physiotherapy Social Work, Occupational Therapy, Dieticians, Speech Therapy and Chaplaincy departments/services, the Cancer Society Taranaki Centre, Canteen, Child Cancer Foundation, MidCentral Regional Cancer Treatment Centre, rest homes and TDHB's district nursing and community services providing palliative care services.

Funding sources: Approximately 70 percent government funded, the remaining 30 percent (\$650,000) is raised by funding raising activities, including the Hospice Shops and donations.

Central Taranaki Hospice and Palliative Care Committee

Service location: The Central Taranaki Hospice and Palliative Care Committee is based in Stratford.

Categories of cancer-related services supported: The Committee was established in 1994 by a group of interested people in establishing hospice and palliative care in the Stratford district. The primary purpose of the Committee is to raise funds for the purchase of specialised equipment to support local patients requiring palliative care.

Caseload: Refer to preceding description of the Stratford District Nursing and Home Support.

Linkages: Te Rangimarie Hospice, Stratford District Nursing and Community Service, TDHB

Funding sources: Funding is predominantly raised through local fund raising activities. Grants to date reportedly have come from Taranaki Savings Bank, Taranaki Electrical Trust grants, the Lions and Rotary Clubs and the occasional Memorial Christmas Tree fund raising activity when funds run short and volunteers are available.

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APPENDIX 1: CONSULTATION INTERVIEW SCHEDULE

The information collected from this Regional Cancer Workforce Stocktake and Needs Analysis will assist the Taranaki District Health Board to develop its five-year cancer plan. My company, Research and Evaluation Services Limited, has been contracted by the District Health Board to independently conduct the study on its behalf.

The research aims to firstly, map the Region's cancer services across the cancer control continuum. The mapping will include the identification of the available services' main funding sources, their current workforce capacity and capability and their linkages with other primary, secondary, tertiary cancer services in the Region as well as other community service providers.

Secondly, the study aims to identify any gaps and issues impacting on the provision and the quality of cancer service provision in the Region.

No personal identifying information arising from the interview will be attributed to you personally. However, the information and issues relating to your organisation will be included in the report under its various headings. If you accept these conditions, could you sign my company's consent form?

Q1 Name of organisation

Q2 Location:

Q3 Name and position of interviewee

Q4 Which of the following service categories does your organisation currently provide to cancer patients? **Specify any details given on space provided**

Primary prevention

Screening

Early detection/ diagnosis

Treatment

Support and rehabilitation *Go to Q4a*

Palliative Care

Data information management

Culturally competent care *Go to Q4a*

Q4a Could you outline for me the types of services that your organisation provides to patients and their families and whānau.

Q5 Could you tell me what type and number of professional practitioners that you have, or have had, working in your organisation over the past financial year? We are also interested in knowing if your organisation is, or has, experienced any particular capacity or capability issues in relation to those positions. We'll deal with each of the types of professional practitioners one by one. *Prompt if necessary with list of cancer workforce practitioners.*

Types of practitioners currently working in your organisation?	2006/07 No of staff	FTEs	Vacancies	Any related workforce issues/key challenges ahead?
TOTAL				

Q6 Are there any additional workforce related issues that were not covered in the preceding question that you wish to raise here?

Q7 What is your organisation's main funding source or sources that currently support its provision of cancer services?

Government funding

Non-government funding

Q7a What are the main sources of this non-government funding? **Specify**

Q8 Around what proportion of your funding comes from government and what proportion comes from non-government sources?

Q9 Is your organisation currently experiencing or has it experienced any funding-related issues with regards to the delivery of its cancer-related services?

Q10 Are you able to give me an idea, or alternatively data, that indicates how many individual cancer patients your organisation has worked with over the past 12 months?

Q11 To your knowledge, are there, or have there been, any issues or challenges that have impacted on the availability or accessibility of your organisation's services for cancer patients and their family/ whānau?

Q11a What are, or were, these issues or challenges?

Q12 To your knowledge are there any other issues that have impacted, or are impacting on cancer patients' access to the Region's other cancer services?

- Q12a What were, or are, these issues?
- Q13 Are you aware of any issues that are impacting on any particular group of cancer patients, for instance Māori or Pacific patients' that are or have impacted on these groups' access to cancer services?
- Q13a What are those issues?
- Q14 Are you aware of any current service gaps in the Region's provision of cancer services for patients their family/whānau?
- Q14a What are those gaps exactly?
- Q15 What do you think could help to eliminate or close those gaps in service provision for cancer patients and their family/whānau?
- Q16 Which other cancer-specific organisations or agencies does your organisation largely link or work with during the course of providing its services for cancer patients' their family/whānau?
- Q17 Are there any particular issues that have arisen in relation to those linkages or working relationships that you would like to raise here?
- Q18 What might be done to rectify these particular issues?
- Q19 Are you aware of the health sector's efforts to establish a Regional Cancer Network of cancer service providers?
- Q19a Do you think the establishment of this Regional Cancer Network is likely to be an effective or ineffective mechanism to improve the quality and coordination of cancer services in the Region?
- Q20 Are you aware of the Multidisciplinary Taranaki Cancer Forum?
- Q20a Do you think the establishment of the Multidisciplinary Taranaki Cancer Forum is likely to be an effective or ineffective mechanism to help improve the quality and coordination of cancer services in the Region?
- Q21 Does your organisation make available any particular information resources that it has developed to its cancer patients and their family/whānau? If so would it be possible to give me copies of these resources?
- Q22 To your knowledge, are there any current cancer resource information resource gaps that you are aware of? If so what are these gaps?
- Q23 That's the end of the set questions, however are there any other issues that we haven't discussed earlier that you would like to raise before we finish the interview?

APPENDIX 2: LIST OF CONSULTATION PARTICIPANTS

Name of organisation/ group consulted	Interviewee's occupational role/ position	Individual or group interview	No. interviewed
1. Leukaemia & Blood Foundation	Support Services Co-ordinator	Individual	1
2. Central Taranaki Palliative Care Committee	Committee member	Individual	1
3. Outpatients Surgical Clinic, Taranaki Base Hospital	Speciality Clinical Nurse/ Breast care	Individual	1
4. Ward 2 Paediatrics, Taranaki Base Hospital	Mix of positions	Group	3
5. Hospice Taranaki Inc.	Mix of positions	Group	4
6. Pinnacle Taranaki, Primary Health Organisation	Chief Executive Officer	Individual	1
7. Hauora Taranaki, Primary Health Organisation	Operations Manager	Individual	1
8. Ward 4, Taranaki Base Hospital	Clinical Nurse Manager	Individual	1
9. Paediatrics, Taranaki Base Hospital	Medical & Surgical Case Managers	Group	2
10. Taranaki Base Hospital	Consultant gynaecologist	Individual	1
11. Outpatients, Taranaki Base Hospital	Clinical Services Manager	Individual	1
12. Child & Adolescent Service, Taranaki Base Hospital	Clinical Director	Individual	1
13. Canteen	Member Support	Individual	1
14. Department of Medicine, Taranaki Base Hospital	Head of Department	Individual	1
15. Mental Health Service, Taranaki Base Hospital	Consultant Psychologist	Individual	1
16. Oncology Service, Taranaki Base Hospital	Oncology Medical Officer	Individual	1
17. Community District Nursing Service (Mokau)/ Te Rangimarie Hospice/ Piki Te Ora	Clinical Nurse Specialist	Individual	1
18. Ward 3, Taranaki Base Hospital	Clinical Nurse Manager	Individual	1
19. Child Cancer Foundation	Family Support Worker, Taranaki Region	Individual	1
20. LabCare, laboratory Services, Taranaki Base Hospital	Clinical Director	Individual	1
21. Cancer patient	Mother of child with leukaemia	Individual	1
22. Te Tihi Hauora O Taranaki, Primary Health Organisation	Practice Manager	Individual	1
23. Ruanui Health Centre, Hawera	Manager	Individual	1
24. Cancer patient	Currently undergoing treatment for breast cancer	Individual	1
25. Cancer patient	Spouse of person who died from cancer	Individual	1

Name of organisation/ group consulted (continued)	Interviewee's occupational role/ position/ condition	Individual or group interview	No. of people involved
26. Social Work Department, Taranaki Base Hospital	Paediatric Social Worker	Individual	1
27. Piki Te Ora Nursing Services, Tui Ora service provider	Chronic Disease Nurse Specialist/ Advanced	Individual	1
28. Medical Oncology Outpatients Clinic, Taranaki Base Hospital	Clinical Nurse Coordinator	Individual	1
29. Cancer Society, Taranaki	Mixed, including Chief Executive Officer	Group	6
30. Surgical Wards, Taranaki Base Hospital	General Surgeon	Individual	1
31. TDHB Community District Nursing Service	Nurse Manager & Stoma therapist	Group	3
32. Mental Health Service, Taranaki Base Hospital	Professional Advisor, Senior Psychologist	Individual	1
33. Social Work Department, Taranaki Base Hospital	Social Worker - Adults	Individual	1
34. Māori Health Service, Hawera Hospital	Kaimahi Hauora Advisor	Individual	1
35. Mental Health Crisis Team, Taranaki Base Hospital	Consultation Liaison Nurse Manager	Individual	1
36. TDHB, Stratford & Opunake District Nursing Service	District Nurses	Group	2
37. Māori male cancer patient	Prostate cancer	Individual	1
38. Pinnacle Taranaki, general practice (1)	General practitioners	Group practice	1*
39. Pinnacle Taranaki, general practice (2)	General practitioners	Group practice	1*
40. Māori female cancer patient	Currently undergoing treatment for ovarian cancer	Individual	1
41. Hauora Taranaki, combined north & south Taranaki general practice response	General practitioners	Group practice	1*
42. Health Promotion Unit, Taranaki District Health Board	Health Promotion Unit Manager	Individual	2
43. Cervical Screening Programme, Taranaki District Health Board	Cervical Screening Manager	Individual	1
44. Māori Health Service, Taranaki Base Hospital	Kaimahi Hauora Advisor	Individual	1
Total individuals interviewed			57*

* It is not known how many GPs involved in the practices that responded to the request for input