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Tēnā koe Professor Sarfati

Quality Performance Indicators for Pancreatic Cancer Care

Thank you for giving The Royal New Zealand College of General Practitioners the opportunity to comment on the draft Quality Performance Indicators for Pancreatic Cancer Care.

The Royal New Zealand College of General Practitioners is the largest medical college in New Zealand. Our membership of 5,500 general practitioners comprises almost 40 percent of New Zealand's specialist medical workforce. Our kaupapa is to set and maintain education and quality standards for general practice, and to support our members to provide competent and equitable patient care.

Submission

We note that Te Aho o Te Kahu, the Cancer Control Agency, and the National Pancreatic Cancer Working Group (the Working Group) have collaborated to develop a set of 17 potential quality performance indicators (QPIs) for pancreatic cancer. The College is represented on the working group by Dr Janet Hayward.

The College would like to comment on the following indicators:

- Indicator 1: Timeliness to treatment
- Indicator 16: Palliative care

Indicator One Timeliness to treatment

The indicator description is time from first histological diagnosis to first definitive treatment.

The College recommends that measurement should start earlier, from the time of referral for specialist assessment or referral for ultrasound.

We are aware of significant barriers to access to ultrasounds for diagnosis and to first specialist assessments. We consider that delays due to these barriers contribute significantly to inequity of outcomes and therefore should be captured in the QPIs. The ability to compare access to diagnostic ultrasounds and first specialist assessments between DHBs will enable the identification of DHBs where action to address these barriers is most needed.

Indicator 16: Palliative care

The indicator description is the proportion of advanced pancreatic cancer patients referred to palliative care services.

The College considers that all patients who require it should have access to palliative care, but we are aware of parts of New Zealand, particularly rural areas, where this service is not available. Measuring the proportion of advanced pancreatic cancer patients referred to palliative care services will help identify these locations as health practitioners are unlikely to refer if they are aware the service is not available.

The College considers that information is also required on the proportion of advanced pancreatic cancer patients who receive palliative care services. This information may provide insight into the capacity of services and into their acceptability to patients and their whānau.

Conclusion

The College congratulates Te Aho o Te Kahu and the National Pancreatic Cancer Working Group on their work and we look forward to receiving the final Quality Performance Indicators.

Please don't hesitate to contact the College if you have any questions, or seek additional information at policy@rnzcgp.org.nz

Nāku noa, nā

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