MidCentral Health

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23 December 2010 *A division of MidCentral District Health Board providing specialist health and disability services*

To:

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John Gommans, Hawkes Bay DHB
John Doran, Taranaki DHB
Ros Iverson, Tairawhiti DHB

COOs
Jeanette Woltman-Black, Whanganui DHB
Warrick Frater, Hawkes Bay DHB
Joy Farley, Taranaki DHB
Robert Hunter, Tairawhiti DHB
Murray Georgel, MidCentral DHB

Copy to:
Peter Foley, CMO Primary Care, Hawkes Bay DHB

Dear Colleagues

You will be aware from recent media publicity of concerns across New Zealand about timely provision of medical oncological services. The Regional Cancer Treatment Service provided by MidCentral District Health Board is one of the regional services facing difficulties in meeting demand. Effectively we currently have three out of a complement of five Medical Oncologists and it is impossible to fully maintain a regional service of our size and complexity with this number. We are hopeful that we will have some success with recruitment in the New Year, based on interest from overseas that we are following through on, however I do not anticipate any improvement in our situation until the middle of next year. You can be assured that in the meantime we are vigorously pursuing all possible options for supporting our medical oncologists in order to sustain a safe service including exploring potential assistance from other providers, and transferring our non Hodgkin Lymphoma and stem cell transplant workload from medical oncology to the Clinical Haematology department.

We are, however, faced with a situation where we have insufficient clinical capacity to meet the clinical demands of the Regional Service, and we must either manage patients by waiting list, or devise alternate strategies to actively manage the demand. There are significant problems in managing patients by waiting list; and the previous Health and Disability Commissioner had advised against this as an appropriate strategy. We are also cognisant of our responsibilities under the Service Coverage Schedule and the National Service Specifications. We therefore have developed an alternate prioritisation strategy, which involves the rigorous triaging of referrals with a view to declining referrals of patients for whom there are very limited therapeutic benefits from the provision of chemotherapy. By consensus we have developed a list of clinical presentations for which we will decline referrals, with redirection back to the referring practitioner for ongoing support and care of the patient. This list is appended to this letter.

Due to insufficient clinical capacity and the need to prioritise referrals to ensure that patients with the greatest need and ability to benefit seen within the resources available, the Regional Cancer Treatment Service provided by MidCentral District Health Board is no longer able to accept referral for the following patients, unless there are active relevant clinical trials or overriding individual circumstances:

- all adenocarcinoma of the prostate
- all hepatocellular carcinoma, unless there is an indication that the patient is prepared to self-fund a tyrosine kinase inhibitor
- all cholangiocarcinomas
- all melanoma
- all squamous and basal cell skin carcinomas
- all adult soft tissue sarcoma
- all carcinomas unknown primary, unless the clinical presentation suggests a potentially chemo-sensitive primary
- all of the following unless there has been a clinically appropriate disease free interval (12 months for most of those listed:
    - relapsed non-small cell lung cancer following prior chemotherapy, unless the patient is a potential candidate for Erlotinib
    - relapsed health and neck cancer
    - relapsed endometrial carcinoma
    - relapsed cervical carcinoma
    - relapsed carcinoma of the oesophagus
    - relapsed gastric carcinoma following prior chemotherapy
    - progressive mesothelioma after prior chemotherapy