

Developing the national plan for gynaecological cancer services



What we were asked to do	<p>The New Zealand Ministry of Health asked us to develop a national plan for gynaecological cancer services, providing guidance on the most efficient and effective ways to deliver gynae-oncology services across the continuum of cancer care.</p>
How we approached the project	<p>We worked in close collaboration with the sector and under guidance from a working group nominated by the New Zealand Gynaecological Cancer Group (NZGCG) to provide an impartial review of current services and identify the best way to deliver services into the future.</p> <p>The process was participative and a combination of empirical fact finding / analysis involving regular contact with the expert working group, key stakeholder workshops and an electronic survey to elicit feedback from the wider sector. The analysis has both informed, and been informed by the NZGCG nominated working group to identify the key principles for the Plan.</p> <p>Our approach included:</p> <ul style="list-style-type: none">• Describing current demand and provision of gynae-oncology services• Modelling future demand for gynae-oncology services• Identifying methods and recommending options to improve equity, access, effectiveness and efficiency of gynae-oncology service delivery• Describing the preferred model of care and associated clinically and financially sustainable service delivery configuration, and• Establishing high level goals, activities and targets/measures to reach the preferred model of care. <p><i>continued over</i></p>

Our findings

There is strong evidence that the surgical care of women with ovarian cancer is best directed by a gynaecological oncologist. We also found increasing evidence that the same may be true for endometrial and cervical cancer patients, particularly those with advanced stages of disease.

We found that in New Zealand, access to evidence-based multidisciplinary care is patchy, with workforce shortages and lack of formal referral protocols resulting in many women receiving surgical treatment from local gynaecologists rather than through a specialist centre.

We identified the following challenges with current service provision:

- Building a sustainable workforce
- Achieving equitable access to evidence based services
- Developing a supportive infrastructure
- Aligning the funding and purchasing framework with optimal provision, and
- Collecting data on quality and outcomes

For the future, we proposed a national gynaecology service based on local centres, regional hubs, and an overarching national gynaecological cancer steering group. Regional Multidisciplinary Teams (MDTs) would provide comprehensive gynaecology care and link into a hub-and-spoke model to local units. There would be strong cooperation between hubs and spokes to ensure all women have equal access to comprehensive care for gynaec cancer in their locality where possible. Lead gynaecologists in local units would act as the link to regional centres and to Multidisciplinary Meeting (MDM) planning.

Read the final report

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