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Melanoma Network of New Zealand

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Tēnā koe

Draft Quality Statements to Guide Melanoma Diagnosis and Treatment in New Zealand

Tōpūtanga Tapuhi Kaitiaki o Aotearoa, New Zealand Nurses Organisation (NZNO) welcomes the opportunity to provide feedback on the draft statements that were released for consultation.

NZNO is the leading professional nursing association and union for nurses in Aotearoa New Zealand, representing 51,000 nurses, midwives, students, kaimahi hauora and health workers on professional and employment matters. NZNO embraces te Tiriti o Waitangi and contributes to the improvements of the health status and outcomes of all people of Aotearoa New Zealand through influencing health, employment, and social policy development.

Furthermore, we share the intent of the Ministry of Health's definition of equity which equally applies to NZNO work across professional, industrial and member activities.

NZNO has consulted its members and staff in the preparation of this submission including Perioperative nurses who are involved in the care pathway of melanoma patients from diagnosis to treatment and long-term review. Our responses are based on the perspective of nursing care for patients and their family and whānau.

Aotearoa New Zealand enjoys the unenviable distinction of having an extremely high incidence of melanoma. Like many organisations our preference would be to prevent melanoma, and we acknowledge the work being undertaken by many organisations including the Ministry of Health, the Cancer Society of New Zealand, and the Melanoma Foundation of New Zealand.

NZNO supports the development and implementation of Quality Statements to guide melanoma diagnosis and treatment in New Zealand.

The Quality Standards have been structured using the description, rationale, good practice points and references. Furthermore, the Quality Standards recognise and incorporate the themes of consistency and equity of care across New Zealand/Aotearoa.

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The following are specific areas that NZNO considers important:

- **Quality statement - Section 1.2:** Training of primary health care professionals
In the rationale section it is noted that training using a dermatoscope is part of the GPR training. In *Good practice points* it would be beneficial to identify that advanced nurses working in primary health care have dermatoscope training included as part of their educational pathway. This would facilitate the monitoring of the large pool of patients identified in Quality Statement 1.3 at increased risk of melanoma.
- **Quality Statement - Section 2.1** Patient access to trained health care professionals
Equitable access across New Zealand to melanoma detection, assessment and treatment services is a necessity. There is also *health care by post code* – where you live determines access to health care. What contingency plans are there to ensure that individuals with melanoma can access publically funded dermatologists and plastic surgeons?
- **Quality Statement - Section 2.4** Time to diagnosis
While the goal to ensure all individuals have a confirmed melanoma diagnosis within 10 days is admirable. This does not address the wait time to first access a primary care General Practitioner and / or Dermatologist / Plastic Surgeon in secondary care. The wait times can be months, not to mention being able to access these services from a rural perspective. The Melanoma Quality Statement does not address these issues, as they are predicated on the *once you are in the health care system*.
- **Quality statement - Section 3.1.1** Multidisciplinary care
The inclusion of Nurse Practitioner in *Other* Multidisciplinary Team (MDT) members should be considered. Nurse Practitioners are now becoming the key primary care providers for many patients. Therefore, they should be identified as key members to be involved in the MDT where appropriate.
- Mention should also be made of the need for, and methods of communication between private or public health providers when it comes to managing a patient requiring MDT input. Patients and their family and whānau being managed by both public and private providers need clarity and transparency around who is managing their care and subsequent care pathway once there is disease progression.
- **Quality statements 4 - Treatment**
Timely access to treatment services where both health professionals and technology are available is imperative and in a timely manner. Contingency and succession planning are also a consideration.
- **Quality statements 4 – Treatment 4.18**
Patients undergoing surgery are offered the choice for their tissue to be disposed of by standard methods or with appropriate tikanga. The statement re: tikanga should be extended to tikanga processes as they are variable across District Health Boards.

Thank you for the opportunity to contribute to your consultation process.

Nāku noa nā



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