



'Draft Suspected Cancer in Primary Care'

Collated comments from the College of Nurses

The feedback received from members of the College of Nurses was generally very positive and appreciative of the huge amount of effort and expertise demonstrated in the Draft document. The members commented that the Draft is a comprehensive document but agreed with the authors that additional work was necessary to situate this document within the New Zealand context.

As noted by the Guideline Development Team (GDT), the College members had concerns about the lack of high-level evidence for many of the recommendations but, on the majority of points, agreed with the recommendations or practice points contained in the Draft.

The use of the NICE guideline as a basis for the work was accepted as an appropriate and pragmatic choice, particularly as the GDT made alterations to more closely reflect the New Zealand environment. Also, the sections related to disparity and access to care were recognized as a key consideration in any New Zealand document.

Issues for comment:

1. Concern was expressed in relation to the disparity for access to specialised oncology and palliative health services for populations dwelling in rural and remote areas of New Zealand. Consideration to these issues was not highlighted within this document. Only note was made to geographic variations and to some potential solutions (in Box 2.2) in regard to rural settings and that further work force development and outreach services are required

Considerable research and published works dedicated to the New Zealand context are now available. Such works highlighting rural and remote isolation (given a rural ranking score – developed for funding for rural health practitioners could also be used as a template for rural populations re funding and staffing) from main centres, travel times, outreach services, community support, as well as ensuring the scope of practice of practitioners meets the health needs of rural populations as well as the geographical and professional isolation practitioners work within. I recommend a rural working party is developed to situate these considerations which can be included within this document.

References re published works may be obtained from:

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I agree to work alongside a working party dedicated to the above as well as setting up this party if necessary.

2. A suggestion for consideration for Pg 22 : Box 4.1 (Patients with a higher risk of developing lung cancer):

That 'breast cancer' should be added to 'head and neck cancer' as imposing an increased risk related to 'previous history of cancer'.

3. A suggestion for consideration for Pg 50-51(Recommendations and practice points around breast cancer):

That women who present with breast symptoms who have a first degree relative should be referred for more intense review.

4. A point of appreciation for Pg 105-106: (Recommendations and practice points around children and young people with cancer):

That 'parental concerns' were acknowledged as part of the 'picture' for children and young people presenting with symptoms that may be suggestive of a cancer diagnosis.

The members of the College of Nurses Aotearoa expressed their appreciation at the opportunity to contribute in this manner to the development of this guideline and extended their thanks and best wishes to the GDT.