Complex Cancer Pain MDM Audit 2024–2025

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Background/ Introduction

Access to interventional pain procedures in the Northern Region of New Zealand has been historically informal and very variable. There are no specific pathways for patients and whānau to access services or for clinical staff caring for these patients to identify and refer patients appropriately for interventions in a timely way. This is likely leading to inequitable access to care.

The CCP MDM was therefore setup to address this issue and to improve access to advanced treatments whilst ensuring patients with very complex pain are treated using a multimodal approach and that inappropriate interventions are avoided. The MDM began Aug 2024.

Aim

Prospective audit of the new Complex Cancer Pain (CCP) Multidisciplinary meeting (MDM) that has been setup by Waitematā staff and started August 12th, 2024.

The key objectives:

- To assess the overall effectiveness of the MDM in managing complex cancer pain cases.
- To identify any inequities in access to the MDM.
- To evaluate whether the MDM influences changes in patient management.
- To ensure MDM outcomes are promptly provided following MDM discussions.

Method

Retrospective and prospective data collection reviewing all referrals to the CCP MDM from Aug 2024 – July 2025.

- Prospective data collection: Data regarding meeting attendance collected prospectively using a Microsoft Excel Spreadsheet for patients discussed at the MDM during the study period.

- Retrospective data review: Data elements collected automatically as part of the routine clinical care and MDM processes. This included via the referral forms, meeting agendas and outcome forms.

Results

Strong Multidisciplinary Engagement:
100% of meetings met quorum; no cancellations due to attendance.

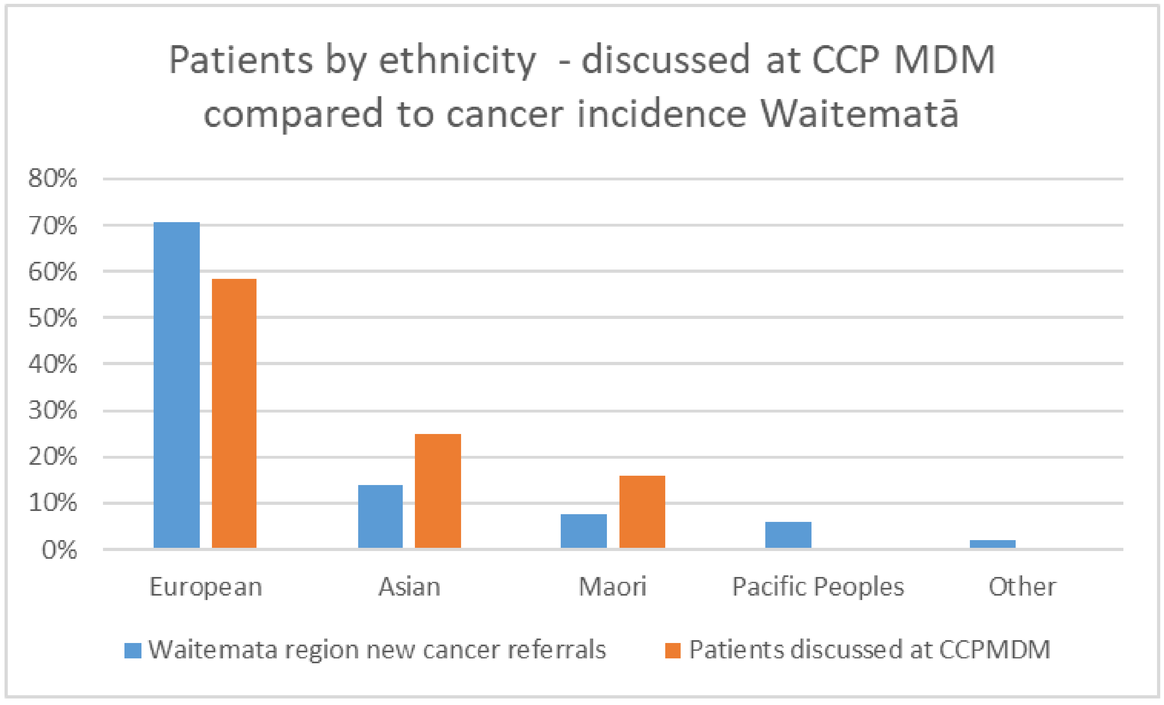
Clinical Impact:
91% of cases resulted in a change or recommendation for management.

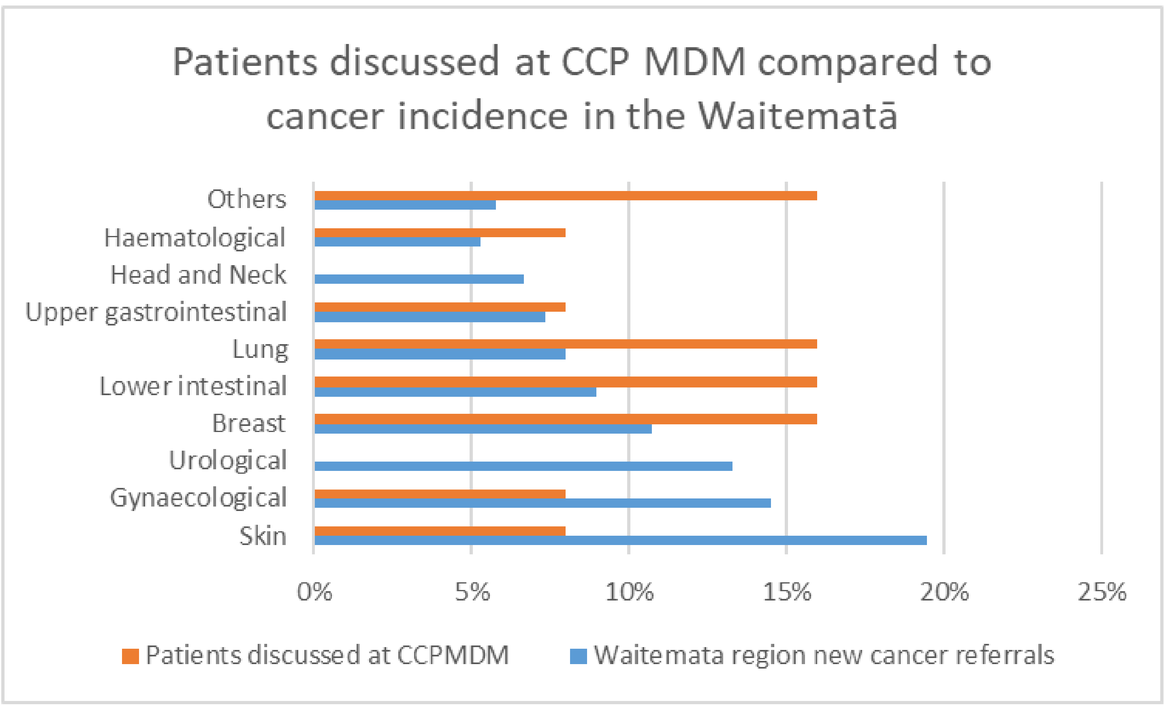
Timely Documentation:
100% of outcome forms completed; 83% uploaded within 1 week.

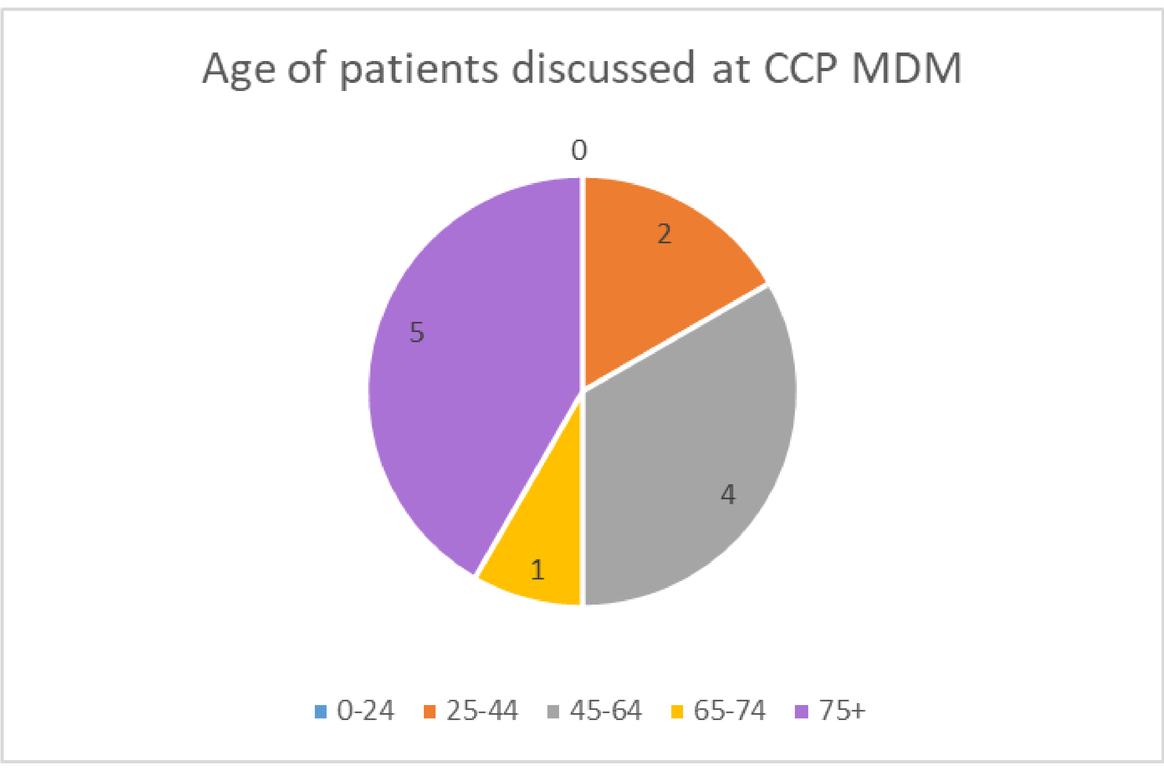
Referral Volume:
Average 1 case per meeting; 33% of meetings deferred due to lack of referrals.

Equity:
Māori and Asian patients proportionally well represented; no obvious inequities detected.

Geographic Access Gap:
Referrals only from Waitematā (75%) and Te Toka Tumai (25%); none from Counties Manukau or Te Tai Tokerau.







Conclusion

- Strong multidisciplinary collaboration and meaningful impact on patient management.
- While equity concerns were not evident, low referral volumes and lack of representation from some districts highlight areas for improvement.

Actions:

- Review referral criteria
- Continued operation of the MDM processes
- Consider exploring barriers to referral if no improvement over time

Review progress Aug 2026

Re-Audit Aug 2027

References: 1. Raphael J, Hester J, Ahmedzai S, Barrie J, Farqhuar-Smith P, Williams J, et al. Cancer Pain: Part 2: Physical, Interventional and Complimentary Therapies; Management in the Community; Acute, Treatment-Related and Complex Cancer Pain: A Perspective from the British Pain Society Endorsed by the UK Association of Palliative Medicine and the Royal College of General Practitioners. Pain Medicine. 2010;11(6):872-96. 2. Bennett M, Miller B, Weiss A, Wilkinson P, Davies A, Tillett T, et al. Framework for Provision of Pain Services for Adults Across the UK with Cancer or Life-limiting Disease 2019 [updated 25/02/2019. Available from: https://fpm.ac.uk/sites/fpm/files/documents/2019-07/Framework%20for%20pain%20services%20cancer%20and%20life%20limiting%20disease%202019.pdf.

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