

Central Cancer Network (CCN) Work Plan 2007/08

Contents

Executive Summary

The Central Cancer Network (CCN) is one of the four regional cancer networks across New Zealand. Regional cancer networks were proposed as a model to enhance co-operation and collaboration of organisations involved with or contributing to cancer control in the *New Zealand Cancer Control Strategy Action Plan 2005-2010*.

The CCN has developed its structure and

Introduction

Background

The Ministry of Health document, *The New Zealand Cancer Control Strategy Action Plan 2005-2010* proposed the development of regional structures to enhance co-operation and collaboration of organisations involved with or contributing to cancer control.

The aim of regional cancer networks is to link cancer services across District Health Board areas, strengthening existing collaborative arrangements and developing new ones where necessary. In the Action Plan implementation of regional cancer networks is to be shared by the MoH, DHBs and NGOs.

The purpose of regional cancer networks is to provide a framework that supports the linkages of DHB planners, DHB specialist service providers, NGOs, PHOs and consumers to co-ordinate implementation of the cancer control strategy action plan across DHB regional areas. The networks are intended to provide a formal structure that supports improvement in co-ordination of population programmes for prevention and screening and the quality of treatment and support to families and patients on the pathway of cancer care.

The four regional cancer networks are based on the following DHB regions:

- **Northern** – Auckland, Waitemata, Counties-Manukau, Northland
- **Midland** – Waikato, Bay of Plenty, Lakes
- **Central** – *Taranaki*, Whanganui, Midcentral, Hawkes Bay, *Tairawhiti*, Wairarapa, Hutt Valley, Capital & Coast, *Nelson/Marlborough*
- **Southern** – Canterbury, Otago, West Coast, Sth Canterbury, Southland

To note those DHBs in italics (*Tairawhiti*, *Taranaki*, *Nelson/Marlborough*) will participate in two adjacent networks due to patient flows in both directions.

It is intended that the cancer networks will have a strong operational support focus, aimed at improving the patient and family pathway of cancer care by facilitating co-ordination of services across primary, secondary and tertiary level through the enhancement of collaboration and integration across provider and consumer organisations. The network structure will provide a framework for linking groups responsible for funding, planning, primary prevention and screening to ensure improved co-ordination of district and regional implementation across the continuum of the cancer control strategy objectives. The networks will also provide a mechanism for the realistic engagement and input of consumers, NGOs Maori and other ethnic groups.

The Central Cancer Network (CCN)

The Central Cancer Network brings together nine DHB districts – *Tairawhiti*, *Taranaki*, *Whanganui*, *MidCentral*, *Hawkes Bay*, *Wairarapa*, *Hutt Valley*, *Capital & Coast* and *Nelson/Marlborough* and covers a population of approximately 959,562 people.

To improve co-ordination across planner, provider and consumer groups within a network requires a formal structure to lead and support the communication and information sharing by these groups in their respective, planning, decision making or service provision roles.

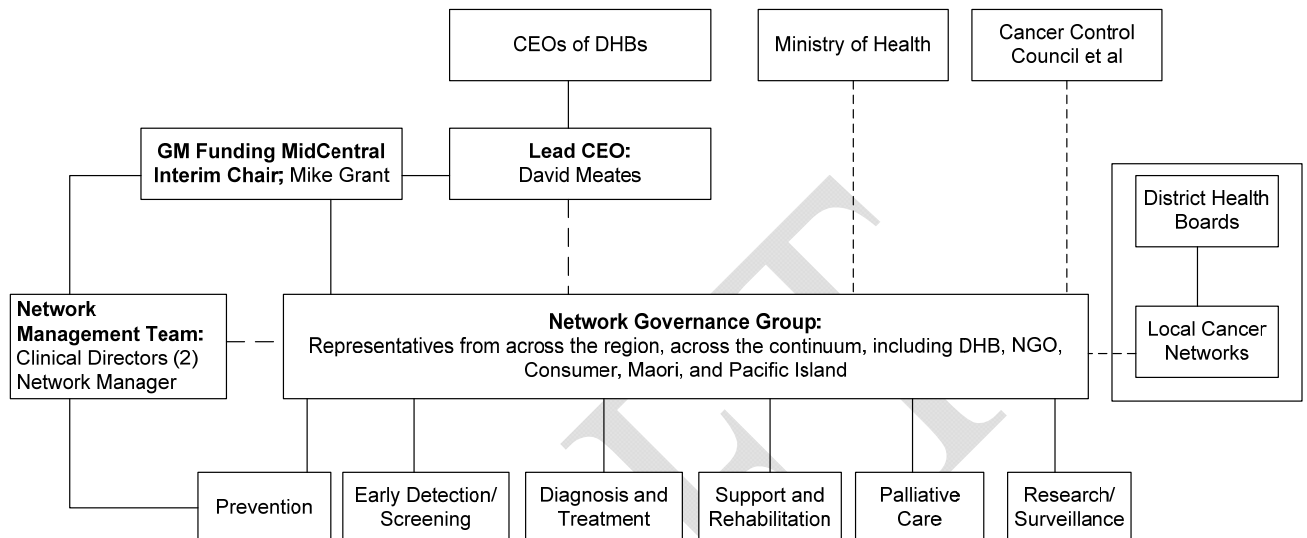
The structural framework is not intended to be an additional management hierarchy and does not replace the responsibilities or accountabilities of individuals, groups or organisations within the network for decision making or performance service provision.

International experience and the local projects have established the need for four core structural components:

1. an executive governance group accountable to regional DHBs
2. a network management group
3. a structure to facilitate involvement and overview by NGOs, consumers
4. multidisciplinary cancer streams and generic service groupings.

The Central Cancer Network's structure below encompasses these four core structural components and illustrates the connectivity between CEOs, Network governance group, network management team, local cancer networks and the six work streams.

Cancer Control Network (CCN)



To date the governance group and management team have been established. Expressions of interest have been called for the work streams and the aim is to have the groups appointed and functioning by November 2007.

Process to develop the CCN Work Plan 07/08

The process undertaken to develop the CCN Annual Plan 07/08 included:

- February 2007 – wide consultation across the region on the proposed structure for the CCN and work stream activities
- May – July 2007 – appointment of the network governance group and management team
- August 2007 – a stocktake of cancer control activities planned for within the region and nationally was undertaken.
- Late August 2007 – CCN met to review the stocktake information and draft annual plan
- September 2007 – work plan disseminated for consultation and feedback reviewed at CCN meeting. incorporated into plan
- October 2007 – changes incorporated into the plan and plan agreed by CCN

Context for the Plan

The CCN Annual Plan 07/08 has been developed to compliment, co-ordinate and expand on planned cancer control activities within the region and nationally. A stock take of cancer control activities planned for 07/08 has been undertaken using the following documentation:

Local Plans (DHB wide)

- DHB District Annual Plans and Cancer Plans
- Hospice Service Plans
- Cancer Society Centre plans
- Laboratory / Medical imaging initiatives relating to cancer
- PHO service plans

Regional Plans (central region)

- Cancer Society of NZ – Central Districts and Wellington Divisional plans
- Regional Cancer Treatment Service (RCTS) service plan
- Wellington Blood and Cancer Centre (WBCC) service plan
- Regional Cancer Plan 2006

National Plans

- Cancer Control Steering Group plan
- Cancer Control Action Plan 2005-2010 – activities that have regional networks identified as one of the key stakeholder -
- National Screening Unit Annual Plan
- Other regional network initiatives

Focus of the plan

The CCN work plan for 07/08 will focus on the following areas to ensure that the network concept is nurtured to evolve over this period:

Developing the regional cancer network concept, including:

- Supporting the maturation of the CCN governance and management teams
- Developing internal relationships with service providers and stakeholders across the region
- Developing external relationships with the Ministry of Health and other regional cancer networks
- Developing and promoting a shared understanding of roles and responsibilities of all stakeholders

Understanding the needs of the region, including:

- Identifying all of the cancer service providers across the region and how they contribute to cancer control

- Identifying cancer control initiatives which are planned across the region and where appropriate work to compliment, co-ordinate or expand on these
- Identifying additional cancer control initiatives which will add value
- Linking with existing local cancer networks and developing work streams to progress initiatives

Priority initiatives for 2007/08

Adult focussed

Future workplans driven more by the work streams

Acknowledging that work is already underway in a number of areas and CCN just linking into it

Prioritisation and Decision Making Principles

The CCN's task is to make decisions about what cancer control initiatives to engage with, for the benefit of the people of the central region, within the resources available. These initiatives must compliment, co-ordinate and/or expand on cancer control activities already planned, either locally (DHB wide), regionally (central region) or nationally.

The agreed principles on which prioritisation decisions must be based are:

- Linkages the activity complements, co-ordinates and/or expands on current planned activity
- Inequalities addresses inequalities with specific focus on Maori and Pacific Island
- Patient journey seeks to improve the patients journey
- Resource utilisation seeks to improve resource utilisation across the region
- Consistency with the New Zealand Cancer Control Strategy 2003 and subsequent Action plan 2005-2010.
- Cost the cost of the proposal can be accommodated within the CCN budget or funded by alternative funding sources

Risk assessment ?SWOT analysis

Risks

Risk	Risk Mitigation Strategy
<p>Project not delivered on time due to:</p> <ul style="list-style-type: none"> • Health Needs Assessment (HNA) data not ready • Work required more than anticipated • Requirement for consultation 	<ul style="list-style-type: none"> • Use previous HNA reports • Reduction in scope (keep plan at high level) or additional resourcing for the project • Ensure consultation plan fits with project deliverables. Steering group signs off on consultation plan. Public consultation occurs post project.
<p>Lack of clinical and management buy in impedes the progress of the project and willingness to use plan</p>	<ul style="list-style-type: none"> • Obtain early sign off from all parties for the project to proceed. • Engage senior manager and clinicians throughout the project. • Inform unions and seek support for engagement with DHB staff.
<p>Exclusion of primary care from project scope limits opportunities for change across the continuum</p>	<ul style="list-style-type: none"> • Primary care is involved as a stakeholder. • Note limitations in the final report and address with future phases/projects.
<p>Lack of capacity in the DHBs to participate in project activities (e.g. working group participation)</p>	<ul style="list-style-type: none"> • Project Team mindful of potential disruption to DHB staff. Plenty of advanced notice of meetings will be given. • Input from DHB staff will be carefully targeted to obtain best value for time investment.
<p>Community views and changes at the DHB Board level (upcoming elections) impede project</p>	<ul style="list-style-type: none"> • Robust communication plan in place. • Engage communities and new Boards in the process as early as possible • Include regional service planning material in Board member induction packs.
<p>Insufficient resource to implement</p>	<ul style="list-style-type: none"> • Identify likely resources required and make commitment prior to commencement

How we report against our activities

Method of reporting	Frequency	Recipient
Quarterly report	Quarterly	DHB CEOs
	Annual	

Copies of minutes and reports will also be available on the following website:

www.cancercopntrolcouncil.govt.nz

Dissemination of report – this report will be sent to the following stakeholders:

- CEOs of the District Health Boards in the central region
- Divisional Managers of the NZ Cancer Society – Wellington and Central Districts
- Managers and Clinical Directors of the cancer services – RCTS and WBCC
- CEOs of the Hospices in the central region
- Cancer Control Steering group – Ministry of Health
- Dr John Childs, Principle Advisor Cancer Control, Ministry of Health

Annual report

The CCN is required to produce an annual report

How we measure our success

The measure of success is the ability to meet the overarching outcomes of the Cancer Control Strategy which are:

- Reduce the incidence and impact of cancer
- Reduce inequalities with respect to cancer

The CCN is only one of many providers / organisations in the central region and nationally who are working towards achieving these outcomes.

Key Network Milestone Indicators

DHB performance indicators relating to cancer control

DHBs are required to report against the following indicators:

- DHB performance indicators – see **appendix ?** for a list of indicators most relevant to cancer control
- Health targets as set by the Ministry of Health – the health target most specific to cancer control is:
 - Reducing cancer waiting times – All patients wait less than 8 weeks between first specialist assessment (FSA) and the start of radiation oncology treatment (excluding category D)

Monitoring key central region indicators

CCN will be able to collate information from DHB sources to monitor some indicators within the screening, diagnosis and treatment part of the continuum. This information will be used by the Network

Specific measure	Providers	Data source	frequency
Radiation Therapy waiting times (POP-10): Target:	RCTS WBCC	monthly waiting time reports to the MOH	Monthly
Medical Oncology waiting times (POP-10): Target:	RCTS WBCC	monthly waiting time reports to the MOH	Monthly
BreastScreening waiting times: Target: Breastscreening coverage by ethnicity: Target:	BSCC BSC BSS	NSU reporting database	Monthly 6mthly
?surgical			
?radiology			
?pathology			

CCN budget for 07/08

Financial situation

The budget for each of the four regional cancer networks is currently:

- \$250,000 for each of the next three years for operational funding for the network. **?plus \$\$ from 06/07**

- \$250,000 for each of the next three years for addressing inequalities – the four networks will work together to prioritise projects

MidCentral DHB is the designated banker for the CCN.

An expenditure report is provided to the governance group on a regular basis

Other funding sources to be investigated and engaged with during the period of this plan:

- Central Region Planning and Funding
- Ministry of Health RFP processes
- Genesis Oncology Trust – special purposes grant, research grant – closes around end of August, decision early December
- NZ Cancer Society grants
- Other organisations as identified

Budget

DRAFT

Central Cancer Network (CCN) - initiatives for 07/08

CCN Leadership Initiatives

The following initiatives support the continuing development of the regional cancer network concept

Outcomes / results	Specific actions	Milestones	Timeframes	Who will do the work	Funding source	Linkages
CCN's structure is further developed to enable the network to function appropriately and maximises its ability to deliver against its objectives	1. CCN develops a strong partnership with Maori across the region <i>Ensure linkages with local cancer networks</i>	Consultation occurs to identify an appropriate partnership model Partnership model implemented	Oct 07 Dec 07	CCN Management Team CCN Management Team	CCN CCN	National Groups: <ul style="list-style-type: none"> • Cancer Control Council • Ministry of Health • Cancer Control Implementation Steering group • NZ Cancer Treatment Working Party • National Screening Unit Regional Cancer Networks: <ul style="list-style-type: none"> • Northern • Midland • Southern Regional Stakeholders: <ul style="list-style-type: none"> • DHBs • PHOs • Iwi providers • Hospices • Cancer Society • Other NGO and Consumer groups • Regional Plastics Network
	2. CCN develops a strong partnership with Pacific Island across the region <i>Ensure linkages with local cancer networks</i>	Consultation occurs to identify an appropriate partnership model Partnership model implemented	Oct 07 Dec 07	CCN Management Team CCN Management Team	CCN CCN	
	3. CCN develops strong relationships with DHB based local cancer networks	Guidelines for the establishment of local cancer networks are developed CCN works with areas to implement guidelines as appropriate	Sep 07 Sep 07 ongoing	CCN Management Team CCN Management Team	CCN CCN	
CCN develops strong relationships with stakeholders in the region and contributes to achieving the goals encompassed in the NZ Cancer Control Strategy	4. CCN develops strong partnerships with providers and promotes open and regular communication	Identification and engagement with key contact people within organisations Communication plan developed and implemented. Includes website development,	Aug 07 ongoing Aug 07 ongoing	CCN Management Team CCN Management Team	CCN CCN	Cancer Control Council's report re the development of regional cancer networks (2007)

2003		newsletter, Quarterly DHB CEO reports and DHB Board reports CCN explores opportunities for meeting in different DHB areas to assist with building relationships	May 07 ongoing	CCN	CCN	Cancer Control Workforce Stocktake and Needs Assessment
CCN manages its activities within available resources	5. A work plan is developed which identifies and prioritises activities	Work plan developed, stakeholders consulted and plan approved by CCN	Sep 07	CCN Management Team	CCN	
	6. CCN engages with additional / alternate funding sources to maximise the funds available to it	Identification of sources, application processes and timeframes Identification of initiatives and development of applications for funding undertaken	Sep 07 ongoing Aug 07 ongoing	CCN Management Team	Various	
CCN utilises learnings and resources from other networks to maximise its effectiveness	7. Develop strong relationships with the other 3 regional networks in NZ	Network Managers and CDs meet regularly	Aug 07 ongoing	CCN Management Team	CCN	
	8. Develop a 'Sister Network' relationship with an established overseas network	Identification of and engagement with a 'like' overseas network	Jan 08 ongoing	CCN Management Team	CCN	
CCN influences cancer control initiatives undertaken within the region to maximise outcomes for patients and utilisation of resources	9. Engage with the DHB annual planning processes	CCN brings together the DHB cancer plan managers annually to develop a shared direction for the evaluation of current initiatives and the implementation of new initiatives	Oct 07 Annually	DHB Cancer Plan Managers / CCN Management Team	CCN	

		CCN works with DHBs to develop common DAP initiatives	Oct 07 Annually	DHB Cancer Plan Managers / CCN Management Team		
	10. Engage with the TAS led Regional Clinical Service planning process <i>(incl Hawkes Bay, Wairarapa, Hutt Valley, Capital & Coast, MidCentral, Whanganui DHBs)</i>	CCN receives regular updates and contributes as required	Sep 07 ongoing	CCN	TAS	
	11. Be pro-active in identifying and working with stakeholders to address workforce issues	Workforce planning is incorporated into all projects identified or undertaken by CCN	Oct 07 ongoing	CCN / Work Streams	CCN	
	12. Network Manager attends Cancer Control Implementation Steering Group meetings	Quarterly meetings attended	Oct 07 ongoing	Network Manager	CCN	
	Clinical Directors attend NZCTWP meetings	Quarterly meetings attended	Oct 07 ongoing	Clinical Directors	CCN	
CCN develops a long term view of how cancer control services should be provided and supported in the region	13. Development of a regional strategic plan	Framework for regional network strategic plans developed	Oct 07	Cancer Networks and MOH	CCN	
		CCN strategic plan developed	Jun 08	CCN Management Team	CCN	

Primary Prevention

Goal 1: Reduce the incidence of cancer through primary prevention

Objective 1: Reduce the number of people who develop cancers due to tobacco use and second-hand smoke

Objective 2: Reduce the number of people developing physical inactivity and obesity-related cancers

Objective 3: Reduce the number of people developing nutrition-related cancers

Objective 4: Reduce the number of people developing skin cancer due to UV radiation exposure

Objective 5: Reduce the number of people developing infectious diseases-related cancers

Objective 6: Reduce the number of people developing alcohol-related cancers

Objective 7: Reduce the number of people developing occupational-related cancers

Note: Objectives 2,3,6 are difficult to measure and a population health perspective needs to be taken

CCN initiatives for 07/08

Outcomes / results	Specific actions	Milestones	Timeframes	Who will do the work	Funding source	Linkages
CCN maintains an informed position with respect to cancer prevention activities across the region and works with stakeholders to address issues	1. Establish a work stream group to monitor, co-ordinate and identify issues with respect to prevention	Work stream appointments completed TOR developed	Oct 07 Nov 07	CCN Management Team Work Stream	CCN	Tobacco Control: <ul style="list-style-type: none"> • Smokefree Homes / Cars campaigns • Framework for reducing smoking Initiation in NZ • Maori focussed initiatives eg Auakati Kai Paipa • Pacific Island focussed initiatives • Smokefree coalition groups Physical Activity / Obesity / Nutrition: <ul style="list-style-type: none"> • Health Eating Healthy Action (HEHA) programme • Green Prescription and Active Families programme • Mission-On strategy • Push Play • Pulp Fiction survey • LiveSmart programme • Fruit in Schools • Health Promoting Schools • Maori focussed initiatives eg He Oranga Poutama
	2. Work with stakeholders to identify and address issues relating to inequalities	Projects scoped and presented to CCN for approval	ongoing	Work Stream / CCN Management Team	CCN inequalities funding	
CCN coordinates cancer prevention activities to support the following outcomes:	3. Collate information relevant to cancer control and the CCN region from the multiple stocktakes of prevention activities that have already been undertaken.	Identify sources of stocktakes and collate relevant information	Mar 07	Work Stream	CCN	
Best practice is adopted	4. Develop a strategic plan for the coordination,	Plan developed	08/09	Work Stream	CCN	

<p>Collaborative approaches are developed and supported</p> <p>Addressing inequalities is prioritised</p>	<p>implementation and monitoring of cancer prevention activities across the region</p>					<ul style="list-style-type: none"> • Food and Nutrition Monitoring report 06 • Guidelines to Support Healthy Eating Environments in NZ early Childhood Education Services and Schools • NZ Health Survey (NZHS) – results due 08 • NZ National Nutrition Survey (NZNS) – results due 09 • Physical activity / obesity / nutrition coalition groups
<p>CCN maintains an informed position with respect to cancer prevention developments</p>	<p>5. Monitor development of prevention programme for Dioxin exposed individuals (New Plymouth - Allen & Clarke Consultants project)</p>	<p>Regular reports are requested</p>	<p>ongoing</p>	<p>Work stream</p>	<p>CCN</p>	<ul style="list-style-type: none"> • UV exposure: • SunSmart Schools Accreditation programme • Surveillance and Control of Workplace Exposures report 06 • National Occupational Health and Safety Advisory Committee • National Sun Safety Survey 06 • Shade guidelines including funding for schools and shade audit tools • Dermatology groups • Infectious Diseases: • An Integrated Approach to Infectious Disease report • The Sexual and Reproductive Health Strategy: Phase 1 • HIV / AIDS Action plan • Alcohol: • National Drug Policy • National Alcohol Strategy • Occupational: • OSH Cancer Panel Research programme • Surveillance of Occupational disease and injury in NZ report 06

Screening and Early Detection

Goal 2: To ensure effective screening and early detection to reduce cancer incidence and mortality

Objective 1: Coverage rates for existing screening programmes are maximised and inequalities are addressed

Objective 2: Regional planning occurs to assist the implementation of new screening programmes or changes to existing ones

Objective 3: Early detection programmes are developed and promoted for cancers where this is appropriate

CCN initiatives for 07/08

Outcomes / results	Specific actions	Milestones	Timeframes	Who will do the work	Funding source	Linkages
CCN maintains an informed position with respect to cancer screening coverage across the region and works with stakeholders to address issues that arise	1. CCN monitors coverage rates for the BreastScreen Aotearoa and the National Cervical Screening Programme	Regular updates from the NSU are received (6mthly) <i>Data included in CCN regional indicators monitoring programme</i>	Sep07 ongoing	Work Stream	CCN	NSU Addressing inequalities service plan NSU national advertising programme Lead Provider health promotion / service plans
	2. CCN works with stakeholders to identify and address issues relating to inequalities	Projects scoped and presented to CCN for approval	ongoing	Work Stream / CCN Management Team	CCN Inequalities funding	DHB DAP reporting Cancer Control: Workforce Stocktake and Needs assessment 2007
Attain 70% coverage of the eligible population for the BreastScreen Aotearoa programme with a focus on reducing inequalities for Maori / Pacific	3. Undertake a project in Tairāwhiti to map the recruitment and screening process to identify the most effective ways to increase participation in the programme	Project scope developed and agreed	Oct 07	Stakeholders / CCN	CCN Inequalities funding	NZGG development of Breast Cancer Treatment Guidelines
		Project Manager appointed and project commenced	Oct 07	Stakeholders / CCN management team		
		Project completed	Dec 07	Project Manager		
		Work with regional DHBs / Lead Providers to adopt recommendations from project	Mar 08	CCN Management Team	DHBs	

Clinicians are supported with guidelines for managing early detection testing for cancers where there are currently not well established guidelines	4. Introduce GP/Patient show card to assist with consumer decision making on early detection testing for prostate cancer	Genesis application submitted Pilot 5 training sessions around the region Focus group reviews GP evaluation of tool / training Work with regional DHBs to adopt the project in their areas	Aug 07 Jan/Feb 08 Apr 08 May 08	Network Manager, MDHB clinicians – GP, Urologist, Psychologist CCN Management Team	Genesis Oncology Trust Application – outcome known Dec 07 DHBs	NZGG referral guidelines project Cancer Society's Men's Health programme
	5. Assess the need for and develop early detection guidelines for other cancers eg High risk GI, skin	Assess the need to develop guidelines for other cancers and how this links with activity at a national level Develop and/or implement guidelines in consultation with appropriate stakeholders	Jun 08 08/09	Work Stream	CCN	NZGG referral guidelines and melanoma protocol projects Early Diagnosis of Cancer in NZ report (2006) Early Detection Advisory Group report
CCN maintains an informed position with respect to cancer screening or early detection developments	6. Monitor development of colo-rectal screening programme and identify any work that needs to be undertaken across the region	Regular updates are requested	Sep 07 ongoing	Work Stream	CCN	Colo-rectal screening programme feasibility study – MOH Sector Capability and Innovation Directorate
	7. Monitor development of screening / early diagnosis programme for Dioxin exposed individuals - New Plymouth	Regular updates are requested	Sep 07 ongoing	Work stream	CCN	Allen & Clarke Consultants project
	8. identify and monitor the outcomes of current projects aimed at developing early detection processes for skin cancer	Regular updates are requested	Sep 07 ongoing	Work stream	CCN	NZGG referral guidelines and melanoma protocol projects DHB / PHO / Cancer Society Dermatology groups

Diagnosis and Treatment

Goal 3: Ensure effective diagnosis and treatment of cancer to reduce morbidity and mortality

Objective 1: Provide optimal treatment for those with cancer

Objective 2: Develop defined standards for diagnosis, treatment and care for those with cancer

Objective 3: Ensure patient-centred and integrated care for those with cancer, their family and whanau

Objective 4: Improve the quality of care delivered to adolescents with cancer and their family and whanau

CCN initiatives for 07/08

Outcomes / results	Specific actions	Milestones	Timeframes	Who will do the work	Funding source	Linkages
CCN maintains an informed position with respect to cancer diagnosis and treatment provision across the region and works with stakeholders to address issues	1. Establish a work stream group to monitor, co-ordinate and identify issues with respect to diagnosis and treatment	Work stream appointments completed TOR developed	Oct 07 Nov 07	CCN Management Team Work Stream	CCN	DHB District Annual Plans DHB Health Target for RO waiting times MOH reporting requirements for Radiation and Medical Oncology
	2. Develop and implement a set of indicators to monitor diagnosis and treatment provision across the region	Indicators developed, implemented and monitored <i>Data included in CCN regional indicators monitoring programme</i>	Feb 07	Work Stream	CCN	Regional clinical services plan (HBDHB, MDHB, WDHB, HVDHB, CCDHB, Wairarapa DHB)
	3. CCN works with stakeholders to identify and address issues relating to inequalities	Projects scoped and presented to CCN for approval	ongoing	Work Stream / CCN Management Team	CCN Inequalities funding	Cancer Control: Workforce Stocktake and Needs assessment 2007
Patients have appropriate access to a multidisciplinary team approach throughout their continuum of care	4. Support DHBs to establish local / regional multi-disciplinary meetings for the management of: breast, lung, complex GI, head and neck, gynaecological cancers	Undertake stocktake of current MDM activity across the region and identify issues	Dec 07	Project Manager	CCN	DHB CFA funding for MDM
		Develop a regional framework for MDM aimed at addressing issues	Feb 08	Project Manager		DHB / Cancer Centre activity Other regional cancer network activity
		Work with providers across the	Jun 08	CCN Management		Regional plastics network

		region to implement framework		Team		Sub-regional adolescent MDM
	5. Ensure processes are in place so patients are accessing supra-regional / national MDM appropriately	Include in MDM Stocktake	Dec 07	Project Manager	CCN	Supra-regional paediatrics and bone/soft tissue sarcomas MDM
A co-ordinated and seamless cancer journey for the patient.	6. Work with the MOH, other Cancer networks and all relevant groups to explore the national adoption of Patient Management Frameworks for common cancers <i>(What the patients journey should look like)</i>	Information circulated for discussion	Aug 07	CCN Management Team	CCN	Cancer Control Implementation Steering group
		Proposal presented at regional networks / MOH meeting	Oct 07	CCN Management Team	CCN	NZCTWP Overseas developed Patient Management Frameworks
	7. Promote consistent approaches to mapping the patients journey, a sequencing of work to maximise resources and identify what work should be undertaken at a regional level <i>(What the patients journey does look like)</i>	Discussion and decision at DHB cancer plan managers and CCN management team planning meeting	Oct 07	DHB Cancer plan Managers / CCN Management Team	DHBs / CCN	Various mapping models available – international and national Regional DHB mapping initiatives
	8. Identify and address access and co-ordination issues for people diagnosed with lung cancer in the CCN region <i>Ensure the entire continuum is addressed within tumour stream activities</i>	Establish linkages with Northern Cancer Network lung steering Group	Sep 07	CCN Management Team	CCN Inequalities funding	Northern / Midland lung projects and networks
CCN Lung Steering group formed		Oct 07	CCN Management Team	National decision on adoption of Patient Management Frameworks		
Project plan developed and signed off by CCN		Dec 07	Lung Steering group	Regional DHB mapping initiatives		

		Project commences	Dec 07 ongoing	Project Manager/ Lung Steering Group		
	9. Monitor the provision of High Dose Rate Brachytherapy services to ensure they are well co-ordinated and easily accessible	Monitor and work with service providers to address any issues identified	Nov 07 ongoing	Work stream	CCN	
There is regional and national consistency of cancer diagnosis and treatment service provision	10. Implementation of consistent Medical Imaging diagnostic and staging protocols for cancer patients across providers in the CCN	Stocktake of current protocols used and areas for action identified	Mar 08	Project Manager	CCN	NZGG referral and clinical guidelines projects
		Work with providers across the region to implement recommendations	Apr 08	CCN Management Team		
	11. Implementation of consistent Laboratory diagnostic and staging protocols for cancer patients across providers in the CCN	Stocktake of current protocols used and areas for action identified	Mar 08	Project Manager	CCN	NZGG referral and clinical guidelines projects
		Work with providers across the region to implement recommendations	Apr 08	CCN Management Team		
	12. Access to clinical trials is assessed to determine if recruitment can be increased and be more equitably available	Undertake an assessment and identify any areas for action	Apr 08	Project Manager	CCN	
Work with providers to implement recommendations		May 08	CCN Management Team			
13. Support the development and implementation of draft national guidelines for the use of PET imaging as a diagnostic and staging tool	Undertake a stocktake of current utilisation and identify any areas for action	Feb 08	Work Stream	CCN	Draft national PET imaging guidelines	
	Work with DHBs to implement recommendations	Jun 08	CCN Management Team			

	for specified cancers across the region	Develop an audit trail to monitor ongoing adherence to guidelines	Jun 08	CCN Management Team		
Radiation oncology services meet the needs of the regional population <i>The Health Target of all patients waiting less than 8 weeks between first specialist assessment (FSA) and the start of radiation oncology treatment (excluding category D) is achieved</i>	14. Explore in concert with stakeholders the radiation oncology capacity required within the region over the next 5 years and recommend options for delivering this capacity. <i>Eg numbers of linacs, positioning of the linacs, operational hours, work force, flexing of boundaries</i>	Monitor activity and identify opportunities to engage with key stakeholders to progress planning in this area	Oct 07 ongoing	Work stream	CCN	RCTS / WBCC service plans Regional Clinical Services Plan WBCC business case for a third linac Potential for private radiation therapy services in NZ Radiation Oncology Working Group (ROWG) recommendations MOH LECG report 2007
Medical oncology services meet the needs of the regional population	15. Explore in concert with stakeholders the medical oncology capacity required within the region over the next 5 years and recommend options for delivering this capacity. <i>Eg work force, service delivery models</i>	Monitor activity and identify opportunities to engage with key stakeholders to progress planning in this area	Oct 07 ongoing	Work stream	CCN	RCTS / WBCC service plans Regional Clinical Services Plan Medical Oncology Working Group recommendations
Paediatric oncology services meet the needs of the regional population	16. Contribute to the review of the CCDHB paediatric oncology service and monitor the implementation of any new service model	Input into TOR for the review Make recommendations on draft report Monitor implementation of agreed service model	Aug 07 Oct 07 Oct 07 ongoing	CCN CCN CCN	CCN CCN CCN	

Support and Rehabilitation

Goal 4: Improve the quality of life for those with cancer, their family and whanau through support rehabilitation and palliative care

Objective 1: Establish integrated programmes of supportive care and rehabilitation with defined leadership

Objective 5: Ensure optimal independence and function for those with cancer through systematic assessment and appropriate multi-disciplinary intervention for their social and vocational needs

Objective 2: Ensure people with cancer and their families and whanau are able to access the appropriate resources for support and rehabilitation that they need

Objective 3: Ensure all survivors of childhood and adolescent cancer receive timely and ongoing support and rehabilitation, including the early detection of, and intervention in, late effects

Objective 4: Ensure that those with cancer and their family and whanau have access to high-quality information on treatment and care, including complementary and alternative medicine (CAM)

CCN initiatives for 07/08

Outcomes / results	Specific actions	Milestones	Timeframes	Who will do the work	Funding source	Linkages
CCN maintains an informed position with respect to cancer support and rehabilitation provision across the region and works with stakeholders to address issues	1. Establish a work stream group to monitor, co-ordinate and identify issues with respect to support and rehabilitation	Work stream appointments completed TOR developed	Oct 07 Nov 07	CCN Management Team Work Stream	CCN	Development of a national supportive care expert advisory group and subsequent development of guidelines on supportive care and rehabilitation services (adapting the National Institute for Clinical Excellence (NICE) guidelines National Stocktake of Cancer Psychological Services in NZ 06 Late Effects Assessment Programme (LEAP) – child and adolescent Te Kupenga o Hotura PHO review of community based services for Maori 06
	2. Develop a database of services available in the region which is accessible to patients, families and professionals	Database developed and continually updated	Feb 07	Work Stream	CCN	
	3. Develop a set of indicators to monitor support and rehabilitation provision across the region	Indicators developed Data included in CCN regional indicators monitoring programme	Feb 07 ongoing	Work Stream	CCN	
	4. CCN works with stakeholders to identify and address issues relating to inequalities	Projects scoped and presented to CCN for approval	ongoing	Work Stream / CCN Management Team	CCN Inequalities funding	

Improved communication, integration and co-ordination of support and rehabilitation services to best support the patients journey	5. Identify current services available to patients and their families within the region and assess where there are gaps or access issues and assess the cultural competence of the services	Stocktake completed	Mar 07	Work Stream	CCN	Midland Cancer Network - cancer nurse co-ordinators forum National Networks meeting in Nov 07 – focus on co-ordinator / navigator roles Regional Plastics Network
	6. Different models of care and deployment options are identified <i>eg pscho-oncology services, survivorship care plans, lwi based co-ordinators</i>	Information and recommendations are circulated	ongoing	Work Stream	CCN	National Travel and Accommodation policy
	7. Opportunities for collaborative activity are identified <i>Eg. Workforce planning, shared policies, training programmes</i>	Information and recommendations are circulated	ongoing	Work Stream	CCN	
	8. A strategic plan for the provision of support and rehabilitation services across the region is developed	Plan developed	Jun 08	Work Stream	CCN	
	9. Ensure that the various co-ordinator positions (navigators, case co-ordinators, disease specific nurses) work in a complimentary way that best supports the patients journey	Establish a care co-ordinators forum Implement recommendations from national networks meeting in Nov	Feb 08	Work Stream	CCN	
	10. Develop operational guidelines to support appropriate and equitable implementation of the National Travel and Accommodation policy	Development of guidelines	Mar 08	Work stream	CCN	

High quality information on Complimentary and Alternative Medicines (CAM) is available to patients and their families across the region	11. Monitor the project which being undertaken at the Manawatu Centre, Cancer Society to develop resources	Regular updates are requested		Work Stream	CCN	
CCN maintains an informed position with respect to cancer support and rehabilitation developments	12. Monitor development of support and rehabilitation programme for Dioxin exposed individuals (New Plymouth - Allen and Clarke Consultants project)	Regular updates are requested	ongoing	Work Stream	CCN	

DRAFT

Palliative Care

Goal 4: Improve the quality of life for those with cancer, their family and whanau through support rehabilitation and palliative care

Objective 6: Continue to improve access to essential palliative care services that provide appropriate symptom relief and emotional, spiritual, cultural and social support for those with cancer and their families and whanau

Objective 7: Ensure an integrated and comprehensive service is provided to all those with cancer who require palliative care and their family and whanau

CCN initiatives for 07/08

Outcomes / results	Specific actions	Milestones	Timeframes	Who will do the work	Funding source	Linkages
CCN maintains an informed position with respect to palliative care services across the region and works with stakeholders to address issues that arise	1. Work with the existing Central Region Palliative Care Network Group to establish them as the work stream for CCN to monitor, co-ordinate and identify issues with respect to palliative care	Work stream establishment completed TOR confirmed	Nov 07 Nov 07	CCN Management Team Work Stream	CCN	Palliative Care Strategy Specialist palliative care services plans Development of a national peak body – Palliative Care NZ (PCNZ)
	2. Identify existing local palliative care networks across the region and develop a communication strategy	Register of local networks and communication strategy developed	Oct 07	Network Manager	CCN	Hospice NZ Local palliative care networks
	3. CCN works with stakeholders to identify and address issues relating to inequalities	Projects scoped and presented to CCN for approval	ongoing	Work Stream / CCN Management Team	CCN Inequalities funding	Palliative Care Service Specification – due late 07
Improved communication, integration and co-ordination of palliative care services	4. Different models of care and deployment options are identified <i>eg LCP, generalist, specialist</i>	Information and recommendations are circulated	ongoing	Work Stream	CCN	MOH Needs Assessment in Palliative Care project Cancer Control: Workforce Stocktake and Needs assessment 2007
	5. Opportunities for collaborative activity are identified <i>Eg. Workforce planning, shared policies, training programmes, information systems</i>	Information and recommendations are circulated	ongoing	Work Stream	CCN	National Framework for palliative care nursing education

National standards for palliative care service provision are implemented across the region which meet the outcomes of the Palliative Care Strategy	6. Information gained from providers in the region reviewing their specialist palliative care service against the Palliative Care Service Specification will be collated to identify any actions which could be worked on from regional basis	Information collated from individual reports and presented to the work stream for discussion	Jun 08	Work Stream	CCN	Liverpool Care Pathway for the Dying patient co-ordination cancer
	7. Key indicators are developed and monitored	Key indicators developed Key indicators monitored	Mar 08 Mar 08 Ongoing	Work Stream	CCN	

DRAFT

Service Delivery

Goal 5: Improve the delivery of services across the continuum of cancer control , through effective planning, co-ordination and integration of resources and activity, monitoring and evaluation

Objective 1: Develop a co-ordinated national cancer workforce strategy

Objective 2: Ensure programmes and service are accessible to Maori across the cancer control continuum

Objective 3: Ensure active involvement of consumer representatives across the spectrum of cancer control

CCN initiatives for 07/08

Outcomes / results	Specific actions	Milestones	Timeframes	Who will do the work	Funding source	Linkages
Current and future workforce issues are identified and addressed	<i>Actions incorporated within other sections</i>					
Services across the cancer control continuum are appropriately focused towards Maori priorities and reducing cancer related inequalities.	<i>Actions incorporated within other sections</i>					
Ongoing monitoring and evaluation that provides ongoing information about Maori access to cancer services and cancer related inequalities for Maori will be undertaken.	<i>Actions incorporated within other sections</i>					
All groups involved with cancer control and related work are committed to working with consumers and are able to demonstrate this in practice. They will also have Maori and Pacific expertise that is appropriately supported.	1. CCN ensures the there is consumer, Maori, Pacific Island representation on all of the groups directly associated with the Network and promotes the same for other stakeholder groups / networks across the region	Embedded in CCN structure	Jul 07 Ongoing	CCN Management Team	CCN	National networks meeting in Nov 06 – focus on consumer Cancer Society / CancerVoices consumer training programme NZGG consumer forum

No work stream required as these activities will be undertaken by work streams in other parts of the continuum

Research and Surveillance

Goal 6: To improve the effectiveness of cancer control in NZ through research and surveillance

Objective 1: Extend and enhance research across the continuum of cancer control

Objective 2: Improve the use, efficiency and scope of national data collection and reporting

CCN initiatives for 07/08

Outcomes / results	Specific actions	Milestones	Timeframes	Who will do the work	Funding source	Linkages
CCN maintains an awareness of research projects being undertaken within the region relating to cancer control and	1. Compile a stocktake of current research activity across the region and maintain a register of activity	Stocktake undertaken A register of research activity is developed and regularly updated	Jan 08 Jan 08 Ongoing	CCN Management Team	CCN	Research Developing a Strategic Plan for cancer control Research in NZ report 2007 CCC working group leading the development of a strategic plan for cancer control research
	2. CCN identifies opportunities to support or direct research to which contributes to achieving cancer control outcomes across the region	Proposals are presented to CCN for consideration and approval	Jul 07 ongoing	CCN	Various	Funders of research eg MOH RFP processes, Health Research Council (HRC), Cancer Society, DHBs, DHBNZ, Genesis Oncology Trust MOH / HRC joint venture in the Primary Prevention of Cancer and Other Chronic Diseases research programme – initial focus on tobacco control, nutrition, physical activity and obesity
CCN maintains an informed position on, and is responsive to, the changing health environment and needs of the region	3. CCN monitors key indicators across the region and engages with providers as required	Identification of indicators, data collection and reporting methods <i>(incorporated in each part of the continuum)</i>	Oct 07 ongoing	All Work Streams / CCN Management Team	CCN	Surveillance Cancer Collections Framework Final Report 06 National Cancer Management Dataview (NCMD) proposal National Cancer Dataset project to redevelop the NZ Cancer Registry

No Research and Surveillance Work Stream to be established at this stage – CCN Management Team will maintain an oversight in this area

Appendix 1

Central Cancer Network (CCN) Terms of Reference (TOR)

PURPOSE

Governed by the New Zealand Cancer Control Strategy and Action Plan, the Central Cancer Network (CCN), comprising of nine District Health Board regions – Tairāwhiti, Taranaki, Whanganui, MidCentral, Hawkes Bay, Wairarapa, Hutt Valley, Capital & Coast and Nelson/Marlborough, will:

- Exchange information to further the development and implementation of the New Zealand Cancer Control Strategy Action Plan and the Central Region Cancer Control Plan (2006).

OBJECTIVES

To actualise the Cancer Control Strategy's goals of:

- Reducing the incidence and impact of cancer in the Central NZ Network region; and
- Reducing inequalities with respect to cancer in the Central NZ Network region

To support the local delivery of effective, efficient and equitable cancer control services.

NETWORK GROUP RESPONSIBILITIES:

- Agree and prioritise strategic regional priorities and work programme with advice from the six workstreams:
 - Primary Prevention
 - Effective Screening and Early Detection
 - Diagnosis and Treatment

- Support and Rehabilitation
 - Palliative Care
 - Research and Surveillance
- Oversee the operational activities of the Network Management Team
 - Identify opportunities for mutual support and collaboration among regional cancer control services across the cancer continuum of prevention, screening, diagnostic and treatment, support and rehabilitation, palliative care and research and evaluation.
 - Support and encourage partnerships and collaboration across the Network.
 - Accountable to the Project Sponsor

GM Planning and Funding, MidCentral DHB will be interim chair for the Central Network.

OUTCOMES

- Strengthen cancer continuum services across the Central Cancer Network.
- Reduce inequalities for Maori and Pacific Peoples.

MEMBERSHIP

The Network will be represented by all Central NZ cancer control services. The Network will seek representation across the cancer continuum from each of the District Health Boards, NGOs, Primary Health Organisations, Consumer groups and Maori Providers.

MEETINGS

The Network will be a combination of full group sessions to be scheduled monthly and over time move to quarterly meetings with teleconference calls as required. Decisions will be reached by consensus.

- A quorum shall be agreed between all groups at the inaugural meeting.
- Voting rights shall be agreed between all groups at the inaugural meeting.
- A call for agenda items and distribution of the agenda will occur two weeks prior to the meeting.
- Minutes of the meeting are to be circulated no later than two weeks following the previous meeting.

NETWORK MANAGEMENT TEAM RESPONSIBILITIES:

The Network Management Team:

- Comprises of the **Network Manager** and the **(2) Clinical Directors**.
- Will operate under the principles of a clinical governance framework
- Will be accountable to the GM MidCentral DHB, Funding Division

The Network Management Team will:

- Facilitate delivery of the agreed work programme
- Coordinate, convene (where appropriate) and provide support to Network groups
- Support the site-specific and service delivery improvement work streams
- Facilitate active communication within and between Network groups, the wider network and national bodies; and
- Work with local DHBs on funding and implementation issues associated with the work streams

Appendix 2: Cancer Control related DHB performance indicators

Measure	Definition	Frequency	Targets, Expectations and Deliverables 2007/08
HKO - 01	Local Iwi/Māori are engaged and participate in DHB decision-making and the development of strategies and plans for Māori health gain	Six monthly (Q2, Q4)	<p>Ongoing partnership model with local Iwi and Māori and the implementation of the Māori Health Plan.</p> <p>Associated Deliverables</p> <p>DHBs to report providing the following information:</p> <ol style="list-style-type: none"> 1. Percentage of PHOs with Māori health plans that have been agreed to by the DHB 2. Report on the percentage of DHB members that have undertaken Treaty of Waitangi training 3. Provide a copy of the Memorandum of Understanding (MoU) between the DHB and its local Iwi/Māori health relationship/partner, and report achievements against key objectives in the MoU 4. Report on how local Iwi/Māori are supported by the DHB to participate in the development and implementation of the strategic agenda, service delivery planning, development, monitoring and evaluation (include a section on PHOs) 5. Report on how MHPs are being implemented by the PHOs and monitored by the DHB 6. Report on when Treaty of Waitangi training (including any facilitated by the Ministry has, or will take place for Board members 7. Identify at least two key milestones from your Māori Health Plan to be achieved in 2007 / 2008. For example in Q2, provide a progress report on the milestones, and in Q4, report against achievement of those milestones. <p>The performance report for measure 3 above has been endorsed by the local Iwi/ Māori health relationships.</p>
HKO - 02	Development of Māori Health Workforce and Māori Health Providers	Six monthly (Q2, Q4)	<p>Implementation of the Māori Strategic Health Plan, including workforce and provider development.</p> <p>Associated deliverables</p> <ol style="list-style-type: none"> 1. Report the number of (i) management (ii) clinical (iii) administrative and (iv) other FTEs held by Māori out of the total numbers of (i) management (ii) clinical (iii) administrative and (iv) other FTEs in the DHB respectively 2. Provide a copy of the DHB Māori Health Workforce Plan or the timeframe to complete the Plan 3. Report on achievements based on key deliverables in the DHB (or Regional) Māori Workforce Plan, or if the plan is being developed, describe at least two key DHB Māori health workforce initiatives that the DHB has achieved
HKO -	Improving	Six	To assist the ongoing monitoring and development of the capacity of mainstream and other providers to address Māori

03	mainstream effectiveness	monthly (Q2, Q4)	<p>health priorities</p> <p>Associated deliverables</p> <ol style="list-style-type: none"> 1. Report on the reviews of pathways of care that have been undertaken in the last 12 months that focussed on improving health outcomes and reducing health inequalities for Māori 2. Report on example(s) of actions taken to address issues identified in the reviews 																																																																
HKO - 04	DHBs will set targets to increase funding for Māori Health and disability initiatives	Annual (Q4)	<p>To increase funding for Māori health and disability initiatives</p> <p>Associated deliverables</p> <ol style="list-style-type: none"> 1. Actual expenditure on Māori Health Providers by GL code 2. Actual expenditure for Specific Māori Services provided within mainstream services targeted to improving Māori health by Purchase Unit 3. Total expenditure for Iwi / Māori- led PHOs 4. Actual expenditure for mainstream PHO services targeted at improving Māori health <p>Expenditure on Maori Health</p> <table border="1" data-bbox="741 815 1995 1161"> <thead> <tr> <th></th> <th></th> <th>2004/05 Actual</th> <th>2005/06 Actual</th> <th>2006/07 Actual (Est)</th> <th>2007/08 DAP Target</th> <th>2008/09 Target</th> <th>2009/10 Target</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>Mainstream PHO services for Maori</td> <td>70,000</td> <td>85,000</td> <td>195,155</td> <td>195,155</td> <td>195,155</td> <td>195,155</td> </tr> <tr> <td>2</td> <td>Maori providers (incl Mental Health Svs)</td> <td>1,227,500</td> <td>1,367,000</td> <td>1,322,906</td> <td>1,392,906</td> <td>1,392,906</td> <td>1,392,906</td> </tr> <tr> <td>3</td> <td>Maori specific in mainstream</td> <td>330,430</td> <td>414,000</td> <td>546,000</td> <td>563,000</td> <td>563,000</td> <td>563,000</td> </tr> <tr> <td>4</td> <td>Maori workforce development</td> <td>10,000-</td> <td>13,000</td> <td>50,000</td> <td>50,000</td> <td>50,000</td> <td>50,000</td> </tr> <tr> <td>5</td> <td>Iwi PHO</td> <td>-</td> <td></td> <td></td> <td>-</td> <td>-</td> <td>-</td> </tr> <tr> <td>6</td> <td>Funding increase</td> <td></td> <td></td> <td></td> <td></td> <td>70,000</td> <td>70,000</td> </tr> <tr> <td></td> <td>TOTAL EXPENDITURE</td> <td>1,637,944</td> <td>1,879,000</td> <td>2,114,061</td> <td>2,201,061</td> <td>2,271,061</td> <td>2,341,061</td> </tr> </tbody> </table>			2004/05 Actual	2005/06 Actual	2006/07 Actual (Est)	2007/08 DAP Target	2008/09 Target	2009/10 Target	1	Mainstream PHO services for Maori	70,000	85,000	195,155	195,155	195,155	195,155	2	Maori providers (incl Mental Health Svs)	1,227,500	1,367,000	1,322,906	1,392,906	1,392,906	1,392,906	3	Maori specific in mainstream	330,430	414,000	546,000	563,000	563,000	563,000	4	Maori workforce development	10,000-	13,000	50,000	50,000	50,000	50,000	5	Iwi PHO	-			-	-	-	6	Funding increase					70,000	70,000		TOTAL EXPENDITURE	1,637,944	1,879,000	2,114,061	2,201,061	2,271,061	2,341,061
		2004/05 Actual	2005/06 Actual	2006/07 Actual (Est)	2007/08 DAP Target	2008/09 Target	2009/10 Target																																																												
1	Mainstream PHO services for Maori	70,000	85,000	195,155	195,155	195,155	195,155																																																												
2	Maori providers (incl Mental Health Svs)	1,227,500	1,367,000	1,322,906	1,392,906	1,392,906	1,392,906																																																												
3	Maori specific in mainstream	330,430	414,000	546,000	563,000	563,000	563,000																																																												
4	Maori workforce development	10,000-	13,000	50,000	50,000	50,000	50,000																																																												
5	Iwi PHO	-			-	-	-																																																												
6	Funding increase					70,000	70,000																																																												
	TOTAL EXPENDITURE	1,637,944	1,879,000	2,114,061	2,201,061	2,271,061	2,341,061																																																												
PAC - 01	Pacific peoples are engaged and participate in DHB decision making and	Six monthly (Q2, Q4)	<p>Strategies and plans for Pacific health gain</p> <p>Associated deliverables</p> <p>Provide a report responding to the following key points:</p> <ol style="list-style-type: none"> 1. The percentage of DHB strategies and plans on which Pacific communities or representatives were consulted 																																																																

	the development of strategies and plans for Pacific health gain		<ol style="list-style-type: none"> 2. The percentage of DHB working groups and steering groups that included representation from Pacific communities 3. The number of (i) management (ii) clinical (iii) administrative and (iv) other FTEs held by Pacific peoples out of the total numbers of (i) management (ii) clinical (iii) administrative and (iv) other FTEs respectively in the DHB 4. Describe how Pacific peoples have been involved in the development of strategic planning at different levels (eg, steering group, consultation fono, service delivery by Pacific health providers, or Pacific DHB staff members)
POP - 10	Radiation oncology and chemotherapy treatment waiting times	Monthly and Quarterly	<p>To improve the quality of cancer treatment service</p> <p>Targets</p> <ol style="list-style-type: none"> 1. All Patients (100%) to wait less than 8 weeks between first specialist assessment and the start of radiation oncology treatment (excluding category D) 2. All patients to receive radiation oncology treatment within 8 weeks of their first specialist assessment (excluding category D)

DRAFT