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Central Cancer Network (CCN)

Quarterly Report : October – December 2007

Executive summary

This second progress report for the Central Cancer Network (CCN) covers the period 1st October 2007 – 31st December 2007. This report summarises:

- Development of the CCN
- Key achievements for this period
- Focus for the next quarter

Key achievements for this period include:

CCN infrastructure

- CCN governance group met twice this quarter - 25th September (Wellington) and 3rd December (Wairarapa).
- Resourcing the management team to undertake the actions identified in the work plan.
- CCN put out a call for interested people for the work streams but were unsuccessful in gaining enough support to establish the majority of these as standing committees at this time. The focus ahead will be to engage with interested stakeholders on a project by project basis, essentially establishing 'virtual work streams'. Initial work will centre on the Palliative Care group and the Lung Cancer Steering Group.
- CCN has had discussions with a number of stakeholders regarding appropriate partnership models with Maori and Pacific which reflect the breadth of stakeholder engagement. A framework will be developed by the regional cancer networks over the next six months

CCN Engagement

- Facilitating a meeting with the DHB Cancer Plan Managers and Cancer Service Managers to share progress against local cancer plans, develop some consistent DAP initiatives for the 08/09 and consider what activities would benefit from a more regional approach
- Working with DHBs to establish or consolidate their local cancer networks – Whanganui, Taranaki and a joint Hutt Valley / Capital and Coast network are under development
- CCN management team link in with the national governance structure – Manager member of the NZ Cancer Control Steering Group and Clinical Directors members of the NZ Cancer Treatment Working Party and all are members of the NZ Regional Cancer Network forum
- Network Manager represents the regional cancer networks on the Ministry of Health advisory group developing the Cancer Supportive Care Guidelines
- Engaging in with Allen and Clarke consultants regarding the development of health support services for people exposed to dioxin

- Review and comment on the following papers / proposals:
 - National Cervical Screening Programme Laboratory Strategy proposal
 - CCDHB Paediatric Oncology service review recommendations
 - Draft Melanoma Guidelines under development by the NZ Guidelines Group
 - Tairawhiti DHB proposal to develop an action plan to increase BreastScreening attendances in their region

CCN Work plan 07/08

- The 07/08 work plan was developed within the context of leading, facilitating and co-ordinating activities identified in cancer service providers existing annual plans, DHB cancer plans and the Regional Cancer Plan (Bull, 2006). The draft plan was circulated to stakeholders for comment. Feedback from stakeholders was positive although a number noted that the plan was ambitious in respect of breadth of activity as well as timeframes
- To date CCN has made steady progress on achieving the milestones in the work plan however there are a number of factors which may result in a reassessment of activities in the next quarter: the inability at this time to establish the work streams as standing committees, delays with engaging a project manager, additional network activities which have been identified at a national level.

General

- Successful application to Genesis Oncology Trust for funding to pilot a tool for GPs to use when having a discussion with men regarding individual screening for prostate cancer
- Advance notification for additional CCN funding for addressing inequalities and analytical support for next 3 years, effective 1 January 2008 (awaiting further information)
- Participation with the Cancer Control Council (CCC) evaluation of DHB and regional cancer network establishment – refer to Mapping Progress: the first two years of the cancer control strategy action plan 2005-2010. Participation in CCC stakeholders feedback and planning session
- NZ Cancer Control 2 day conference in November - focus was on consumer participation, reducing inequalities and care co-ordination.

Key focus areas for next quarter (Jan – Mar 2008) include:

- Attending a nationally co-ordinated meeting with a team from Victoria, Australia to progress discussions on the potential adoption of a number of their frameworks
- The NZ Regional Cancer Networks (NZ RCN) collaborating on the development of a consistent regional cancer network framework, strategic planning process and project scopes for the additional network funding to address inequalities and the provision of analyst support
- Holding an initial meeting to consider what cancer services within the region might look like in 10-15 years. This will help inform the CCN strategic planning process as well as the current Regional Clinical Services Plan (RSCP) being undertaken by TAS and the Long Term Sector Plan (LTSP) project being undertaken by the Ministry of Health.
- Establishing a care co-ordination framework and holding a forum for key workers in this area
- Developing project scopes and commencing project work for initiatives identified in the CCN work plan 07/08, including:
 - GP tool for individual prostate screening decision making
 - Medical Imaging protocols for cancer
 - Multi-disciplinary meeting framework
 - Consumer participation framework
 - Lung cancer pathway
- Working with DHBs and stakeholders on the scoping and implementation of the new components of the specialist palliative care service specifications:
 - Training and education in palliative care for generalists
 - 24/7 availability of specialist telephone advice
 - Last days of life care

Introduction

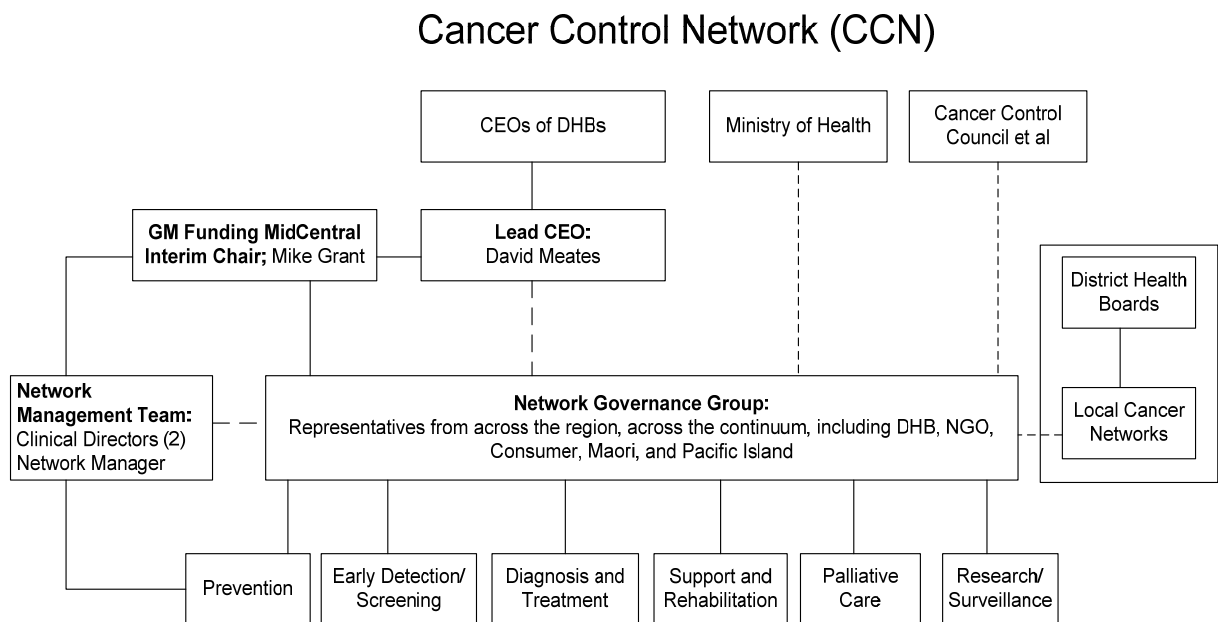
This second progress report for the Central Cancer Network (CCN) covers the period 1st October 2007 – 31st December 2007. This report summarises:

- Development of the CCN
- Key achievements for this period
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Development of the Central Cancer Network (CCN)

The Central Cancer Network (CCN), established mid 2007, is one of four regional cancer networks which have been recently set-up in NZ to facilitate a number of the initiatives contained in the Cancer Control Strategy Action Plan 2005-2010. These initiatives directly relate to the overarching goals of the Cancer Control Strategy 2003 which are to reduce the impact and incidence of cancer and to reduce inequalities with respect to cancer. The focus of the networks is to undertake leadership, facilitation and co-ordination roles with respect to these initiatives.

The CCN region encompasses the following nine District Health Board areas: Taranaki, Tairāwhiti, Hawkes Bay, Whanganui, MidCentral, Wairarapa, Hutt Valley, Capital and Coast, Nelson/Marlborough. The mandate of the network is to strongly influence the direction of cancer service provision in the region, consistent with the Cancer Control Strategy Action Plan, by working collaboratively with cancer service providers in the region (government and non-government), Maori, Pacific Island and consumers.



Key achievements for this period

CCN Governance meetings

The governance group has met twice this quarter – 25th September (Wellington) and 3rd December (Wairarapa). CCN continues to shift the meeting venue around the DHB regions as much as possible and to engage with members of the local cancer network and stakeholders whilst in their region. Planning for 2008 meetings will centre on co-ordinating the meeting dates to occur just prior to the 6 weekly Cancer Control Steering Implementation Group (CCSIG) meetings, facilitating discussion on the upcoming CCSIG agenda items. This will enable the Network Manager to represent the networks views at these meetings.

Network Management Team

The network management team currently consists of the following:

- Network manager (1 FTE)
- Clinical Directors - 2 (0.2 FTE each)
- PA / Administration Assistant (1 FTE)
- Project Manager (CCN work plan) (1 FTE) – yet to be appointed

The timely appointment of a Project Manager is key to progressing the CCN work plan.

Work Stream Development

In October CCN widely circulated a call for interested parties to apply for the following proposed work streams:

- Primary Prevention
- Screening and Early Detection
- Diagnosis and Treatment
- Support and Rehabilitation

The response to this initial notification and a second notification in November was not sufficient to populate these work streams as standing committees of the CCN. A number of reasons have been offered by various stakeholders: unsure what the time commitment would actually end up being, the sector is very busy, unsure how these groups would add value, the information did not circulate widely enough. At the December CCN meeting the group agreed to refocus efforts into engaging with interested stakeholders on a project by project basis, essentially establishing 'virtual work streams'.

In a separate process the management team have been liaising with the existing Regional Palliative Care Network Group to determine how this group could also function as the palliative care work stream for the Network, acknowledging that there is a wider focus for this group than cancer. There is support for a sub-committee to be formed within this group and an appointment process will be completed next quarter.

The Lung Cancer Steering Group, the first Tumour Stream group to be established by the Network, had its first meeting in November via teleconference. Currently audit data is being collated and the project scope developed in preparation for a face to face meeting late February 2008. CCN will be linking with other similar groups in the other networks to identify components of the project which will be undertaken regionally and those which we will work on at a national level.

Maori and Pacific Engagement

CCN is committed to developing an appropriate engagement process which reflects the breadth of stakeholders in the region. Consultation to date has offered a number of options including ensuring representation on all of the network groups, utilising existing DHB governance structures and establishing reference groups. All regional cancer networks are currently consulting on this same issue and the development of an engagement framework will be one of the components of the network framework process.

DHB Cancer Managers Meeting

In October CCN facilitated a meeting for the regional DHB cancer plan managers and cancer service managers to share information on current cancer plan activity, develop some consistent messages to assist with 08/09 DAP planning and discuss opportunities for regional collaboration on common initiatives. Feedback from the group was that the meeting was very valuable and participants plan to meet again in six months. Nelson / Marlborough DHB indicated that they would link with the Southern Cancer Network for a similar exercise.

Local Cancer Networks

CCN has developed and circulated guidelines for the establishment of local cancer networks and has been actively working with DHBs and stakeholders to progress the development of these groups. The CCN structure diagram has been modified to reflect the relationship on these groups to their respective DHB and also the regional network.

National Governance Structures

The NZ Regional Cancer Networks (NZ RCN) managers and clinical directors along with the MOH cancer team and the Cancer Control Council (CCC) have met regularly on an informal basis to share information and learnings, this is in the process of being formalised with terms of reference. The Chair of this forum will be from within the RCNs and will be rotated, the MCN manager is Chair for the first rotation.

The Managers of the RCNs attend the NZ CC Steering Group and the Clinical Directors are members of the NZ Cancer Treatment Working Party and both will be representatives on the NZ RCN forum. The Ministry of Health have a detailed work programme and updates refer to www.moh.govt.nz/cancercontrol

The Cancer Control Council's (CCC) role is to provide leadership, to monitor and review implementation of the NZCCS and to foster collaboration and co-ordination efforts of the Council, Ministry and the wider sector. In August 2007 the CCC published the "Mapping Progress: the first two years of the cancer control strategy action plan 2005-2010" presents key findings of achievements and / or work in progress, evaluation and recommendations for the regional cancer networks (RCN) and guide for the CCC. Following the launch of this document the Council held a stakeholders feedback and planning forum in October which one of the Clinical Directors attended.

The CCC in partnership with the networks has modified its website to that enable the networks to use it as a repository for information which stakeholders can access – refer www.cancercontrolcouncil.govt.nz Note: that in 2008 the CCC are forming an independent website to that of the Ministry of Health.

Cancer Supportive Care Guidelines

The MOH have established an Expert Advisory Group to develop Cancer Supportive Guidelines for NZ, using the UK NICE guidelines as a basis. Draft guidelines are expected to be circulated for consultation late 2008. CCN Manager is the regional networks representative on this group and will keep stakeholders up to date with progress.

Health Support Services for people exposed to Dioxin

Allen and Clarke Policy and Regulatory Specialists are currently managing a project to develop options and recommendations for health services for people exposed to dioxin. Final recommendations are due out in February 2008 with the MOH intending to roll out a service from mid-2008. CCN is monitoring developments.

National Cervical Screening Programme Laboratory Strategy proposal

CCN response to this proposal focussed on correcting information within the proposal regarding regional network DHB groupings, indicating that this would impact on the options which had been presented for consideration.

CCDHB Paediatric Oncology service review recommendations

CCN supported the recommendations contained in the report and requested that the regional DHBs and stakeholders be included in the upcoming implementation phase to ensure input into the development of the service model. CCN will continue to monitor this process.

Draft Melanoma Guidelines - NZ Guidelines Group (NZGG)

NZGG under contract to the MOH is overseeing New Zealand input into trans-Tasman evidence-based guidelines on the management of melanoma. The guideline is an update of the 1999 Australian guideline entitled: The Management of Cutaneous Melanoma. The purpose of the guideline is to provide a summary of the evidence for strategies used in the management of melanoma, including its prevention, detection and diagnosis. These draft guidelines were circulated for comment in October, with the revised guidelines due out in 2008.

Tairāwhiti DHB Breastscreening project

In September Tairāwhiti held a meeting with stakeholders to discuss BreastScreening coverage rates. As a result of the meeting the development of an action plan was proposed to improve coverage rates for Māori and Pacific women and reduce current inequalities of access. Stakeholders have had an opportunity to feed back on the draft project scope.

CCN Work Plan 07/08

The draft CCN work plan for 07/08 was attached to the previous quarterly report. This plan had been developed within the context of existing cancer control plans, DAPs and service plans for cancer service providers within the region. The draft plan was widely circulated for consultation and received positive feedback. The main concern that was raised by a number of stakeholders was that the plan was ambitious with respect to the breadth of activity as well as the timeframes.

Progress against the milestones in the plan has been steady to date however there are a number of factors which may result in a reassessment of activities in the next quarter:

- the establishment of 'virtual work streams' instead of standing committees (as previously discussed) – this may delay some of the broader work stream activity which was identified in the plan. Engagement will occur on a project by project basis initially, focussing on those activities already identified.
- delays with engaging a project manager – this is currently a priority action
- additional network activities which have been identified at a national level – the networks will be involved with a reducing inequalities project, developing / collating Health Needs Assessment data for the region and engaging with DHBs on the scoping and implementation of the new specialist palliative care services specifications

NZ Cancer Control Conference – 7/8 November

The NZ Regional Cancer Network Forum was held in Wellington over two days with the key themes:

- Consumer participation
- Care co-ordination
- Reducing inequalities

A number of stakeholders around the region attended and feedback was that the forum was useful in identifying a number of key themes, including:

- The importance of consumer involvement at multiple levels of service planning and providing consumer representatives with the tools to be able to contribute effectively in this role
- The importance of culturally responsive care co-ordination models and linking co-ordination along the patient's journey
- The importance of taking a systematic approach to addressing inequalities

Presentations are available on the following website:

<http://www.moh.govt.nz/moh.nsf/indexmh/cancercontrol-regional-network-nov07>

Key Focus areas for the next quarter (January – March 2008)

Cancer Control in Victoria, Australia

The MOH has been in contact with members of the Victoria cancer control team to discuss the interest that there is in NZ for adopting / adapting a number of the frameworks which they have developed, including Patient Management Frameworks which describe what the overall journey should look like for someone who has been diagnosed with a specific cancer. A meeting is proposed for March 2008.

Regional cancer network collaboration

The NZ Regional Cancer Networks (NZ RCN) will be collaborating on developing the following processes:

- **Operations framework** –the networks are aiming to collaborate on the development of a consistent operating framework to facilitate the networks to meet their goals. It will include a number of components including communication plans, engagement principles, models of care, key performance indicators, etc. This high level framework will be flexible enough so each region can tailor it to meet their local requirements. The development of this framework will be the foundation to developing the strategic plan.
- **Strategic planning process** –The primary purpose of the regional strategic cancer plan is to describe how the network will support regional stakeholders to achieve the goals of the Cancer Control Strategy, and to establish high-level objectives for the next 3 – 5 years. The MOH developed a basic framework and subsequently the Midland Cancer Network has developed a strategic planning process which will be adapted for each network and presented to the respective governance groups for approval
- **Inequalities focus** - From 1 January 2008 the regional cancer networks will receive additional funding to support them to lead, facilitate and co-ordinate systematic approaches to identifying and addressing inequalities within the regions. A project scope is being drafted and will be circulated for consultation.
- **Analytical support** – From 1 January 2008 the regional cancer networks will receive additional funding to assist with analytical support and will work together to develop the contracting model and work plan.

CCN Long Term Planning

In January 2008 CCN will be holding an initial meeting to consider what cancer services within the region might look like in 10-15 years. This will help inform the CCN strategic planning process as well as the current Regional Clinical Services Plan (RSCP) being undertaken by TAS and the Long Term Sector Plan (LTSP) project being undertaken by the Ministry of Health. This first meeting of a small group of stakeholders will identify broad considerations and potential options and will be followed by analysis and wider consultation.

Care Co-ordination Framework and Forum

There are a number of new roles which have been or are being established around the region to assist patients to navigate the system better. These include nursing roles and allied health roles in both primary and secondary services. Midlands Cancer Network (MCN) have undertaken a project to identify a care co-ordination framework which will be suitable for the NZ environment and have proposed the adoption of the Victoria, Australia model. They have also facilitated a care co-ordination forum for key workers to engage with each other to foster service improvement and peer education and support activities. CCN is linking in with the MCN work and will be developing a similar

CCN work plan 07/08

Developing project scopes and commencing project work for initiatives identified in the CCN work plan 07/08, including:

- GP tool for individual prostate screening decision making
- Medical Imaging protocols for cancer
- Multi-disciplinary team / meeting framework
- Consumer representative framework

- Lung cancer pathway

A Project Manager is expected to be engaged early 2008 and will work with the management team to scope these projects and present them to the governance group for approval prior to implementation.

New Specialist Palliative Care Service Specifications

The MOH is currently developing the CFA variation to distribute an additional \$2 million per annum to DHBs (distributed on a PBFF basis) to begin scoping and implementing the new components of the specialist palliative care service specifications, which are:

- Training and education in palliative care for generalists
- 24/7 availability of specialist telephone advice
- Last days of life care

This funding will date from 1 January 2008. There will be a requirement for the DHBs to take a regional approach to this project and to work with the regional cancer networks. A process for engagement will be established early 2008.

Conclusion

The focus for this quarter has been to consolidate the foundations of the network by establishing the additional structural components and linkages with regional and national stakeholders. The development of 'virtual work streams' instead of standing committees may require the network to reassess its work programmes. A priority for the next quarter will be planning around the new money which is coming into the cancer control sector from January 2008 and collaborating with the other regional networks.

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GM Funding MDHB
CCN Chair

Jo Anson
Network Manager
CCN

Appendices

1. CCN meeting minutes - 25th September 2007
2. CCN meeting minutes - 3rd December 2007
3. DHB Cancer Plan Managers / Cancer Service Managers Meeting Minutes– 17th October 2007