



## Central Cancer Network (CCN) DHB Cancer and Service Managers, 3<sup>rd</sup> June 2009

Attendees	Visitors	Apologies
Kevin Simpson (Whanganui DHB) Penny Pere (Hawkes Bay DHB) Keith Fraser (Hutt Valley DHB) Penny O'Leary (MidCentral DHB) Monica O'Reilly (Hutt Valley DHB) Robert Lewis (Wairarapa DHB) Alison Hannah (Capital and Coast DHB) Astrid Koornneef (Capital and Coast DHB) Andy Simpson (Capital and Coast DHB) Virginia Brind (Tairāwhiti DHB) Wendy Langlands (Taranaki DHB) Lizzie Church (Taranaki DHB) Jo Anson (CCN) Shirlee McLean (CCN) Ali Hamlin (CCN) Stephanie Fletcher (Minute-taker)	Andrew Campbell-Stokes (TAS)	Lindsey Wilde (Hutt Valley DHB) Dianne Keip (Hawkes Bay DHB) Rodger McLeod (MidCentral DHB) Louise Torr (Whanganui DHB) Caren Rangi (CCN) Brenda Hall (Taranaki DHB)

Items	Discussion/Comments	Actions
<b>Welcome and Introductions</b>	Jo welcomed attendees to the meeting and introductions were made.	
<b>CCN Update</b>	<p><u>Multi-Disciplinary Meeting (MDM) Implementation plan</u>            Minutes of MDM Advisory Group meeting (8<sup>th</sup> May 09) presented</p> <ul style="list-style-type: none"> <li>■ Shirlee noted that not all DHBs had provided information about the current status of MDMs</li> <li>■ Video-conferencing stocktake –a draft of the questionnaire aimed at identifying video-conferencing access and infrastructure was presented for comment. Intention is to send it to IT managers at each of the DHBs as well as private hospitals in region (Royston, Wakefield, Southern Cross, Aorangi). Attendees noted the importance of these facilities as an enabler for MDM. Suggested TAS could assist with framing up the approach</li> </ul> <p><u>Medical Imaging Guidelines</u>            Shirlee provided an update on the progress of the guidelines:</p> <ul style="list-style-type: none"> <li>■ The draft is back with key stakeholders for final check before going to wider stakeholders for consultation in approx 6 weeks.</li> <li>■ Confirmed that addressing access to PET scans will be a core part of the implementation plan. Links to work being done with CEOs around indicators for PET scanning and MOH re funding.</li> <li>■ Noted that the guidelines cover how procedures should be done as well as what procedures are appropriate – this should be auditable.</li> </ul> <p><u>Bowel Tumour Stream</u>            Shirlee noted that CCN will be taking a similar approach to how the lung mapping was undertaken. Planning to hold stakeholder workshops mid-July / August. Maria Stapleton, Colorectal Nurse Specialist at MidCentral will work with CCN on the mapping and the team will also work closely with MOH Bowel Cancer team – see attached presentation.</p> <ul style="list-style-type: none"> <li>■ Noted importance of including the planning for increased volumes within this tumour stream with the implementation of a screening programme</li> <li>■ Noted potential for funding via the MOH Bowel cancer programme to support high impact initiatives that may be identified during the mapping process</li> <li>■ Discussion re importance of developing and monitoring indicators for the pathway.</li> </ul>	Shirlee to follow up

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	<p><u>Head and Neck Tumour Stream</u> Minutes of Head and Neck Steering Group meeting (1 May 09 ) presented:</p> <ul style="list-style-type: none"> <li>■ Activity will take an issues based approach initially, focussing on supporting effective MDM processes, development of indicators and data repository systems and supportive care components including access to funding for dental and auditory prosthetics post treatment.</li> <li>■ Noted the work Monica O'Reilly has done work mapping the Hutt Valley pathway for Head and Neck Cancer.</li> </ul> <p><u>Addressing inequalities programme</u></p> <ul style="list-style-type: none"> <li>■ Pacific Communities Plan was discussed – pre-engagement work currently underway with the aim of developing a 2-3 year plan to address inequalities</li> <li>■ Assisting with Maori responsiveness plans for the Cancer Society is being picked up nationally around the 'Living with Cancer' programme. Pilot will be in Whanganui. Aligns with recommendations of the draft supportive care guidelines.</li> <li>■ Cervical Screening report due out June 09.</li> <li>■ Breast screening – approach needs to be scoped in collaboration with key stakeholders, ensure not duplicating other work.</li> <li>■ Cultural Competency - discussion around what this project might look like considering DHBs are required to deliver on this for their staff, potential duplication. As a starting point Maori protocol information is being developed to support CCN members however other organisations that don't have protocols may wish to adopt / adapt these. In the scoping of this work CCN will link with the Maori Health managers. Audit tools were also discussed and there are variations of these around the region that could be adopted.</li> <li>■ 'Demystifying Cancer for Maori' workshops to be trialled by CCN as an avenue to support engagement whilst delivering a tangible product to each district. To be piloted in Taranaki on 13<sup>th</sup> July.</li> <li>■ Linking with Shirlee on facilitating consumer engagement for mapping work</li> </ul> <p><u>Addressing Inequalities Pilot Funding EOJ</u> Jo noted that 9 applications had been received with a good spread around the region and across the continuum. 3 have been selected to be worked up to the next stage;</p> <ul style="list-style-type: none"> <li>■ Tairāwhiti breast screening pilot targeting Maori women and primary providers</li> <li>■ Hutt Valley/Capital and Coast – translation of patient information for Pacific People and development of a service directory.</li> <li>■ Mary Potter Hospice – adaptation of an international tool within a Maori framework to support generalist palliative care education and service development within a Maori provider.</li> <li>■ The process to determine the investment strategy for the \$100k allocated in 09/10 will be determined by the governance group in August 2009.</li> <li>■ Discussed similarities and differences in how the other Cancer network regions use their inequalities funding.</li> </ul> <p><u>Integrated Health Promotion Planning Methodology</u> General discussion on the merits of CCN developing a methodology to support integrated health promotion planning. whilst recognising that Wairarapa have one, and MidCentral DHB and Hawkes Bay DHB have been developing one.</p> <p><u>Consumer Training Programme</u> Discussion about the consumer representatives training programme and register. Jo noted that the communication materials were currently being developed. Jo to circulate information about the upcoming training dates and the register when available</p> <p><u>Website development</u> CCN developing a website for providers and consumers - aim to be live at end of August 2009.</p>	

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<b>Cancer Key Indicator Monitoring</b>	<p>Jo tabled a paper proposing the development of a regular Regional Cancer Control Indicator Report to enable CCN and Local Cancer Networks to monitor the 'health' of cancer services across the region. Initial focus on those indicators already reported ie easily obtainable. Proposal is for TAS to undertake the analytical support for the Network which would include this activity.</p> <p>Discussion on indicators:</p> <ul style="list-style-type: none"> <li>• Prevention – include breastfeeding, expand on tobacco control indicators as they develop</li> <li>• Screening – consider information from PMP reporting which PHOs provide</li> <li>• Diagnosis and Treatment – supporting POP10 reporting on radiation oncology waiting times, consider production planning information from the cancer centres to inform future capacity, medical oncology indicators currently developing</li> <li>• Palliative care – consider indicators coming out of work around the new service specifications</li> <li>• Supportive care – consider access to Cancer Society services by ethnicity</li> <li>• Tumour stream specific indicators – looking to have these consistent at a national level, work with the CIOs group to deliver the information, focus on MDM as the main source of information</li> <li>• Ensure narrative from the providers accompanies the report to allow for clarification</li> </ul>	
<b>Regional updates</b>	<p><u>Wairarapa</u></p> <ul style="list-style-type: none"> <li>■ Currently no Oncology CNS position tho hopeful that the paper due to go to the Board will be approved</li> <li>■ Addressing inequalities focus – linking more closely with NGOs to maximise supportive care services, working on the development of a single assessment tool, improving communication within the primary team and between primary and secondary services</li> <li>■ Major focus is on care-coordination and hopeful that the CNS position will lead this activity.</li> </ul> <p><u>Whanganui</u></p> <ul style="list-style-type: none"> <li>■ Medtec IT system has been rolled out to GPs and Iwi providers enabling improved discharge planning GPs Training on Medtech done on regular basis.</li> <li>■ Service model for Hospice evolving into more of a specialist role.</li> <li>■ Last local cancer network meeting recognised transport issues as an area of concern. Also need for good communication between providers being worked on.</li> <li>■ Louise Torr has been appointed to Service manager.</li> <li>■ Considering funding a coordinator position within a primary provider.</li> <li>■ Workshops being held with Cancer Society to improve access for Maori.</li> </ul> <p><u>MidCentral</u></p> <ul style="list-style-type: none"> <li>■ Local cancer network meeting quarterly.</li> <li>■ Focus on care coordination position in primary, Iwi providers and secondary services.</li> <li>■ AYA service developing well</li> <li>■ LCP implementation well progressed.</li> </ul> <p><u>Hawkes Bay</u></p> <ul style="list-style-type: none"> <li>■ Jo to facilitate local cancer network meeting next week to review progress against the cancer plan, identify the challenges and opportunities in the current environment and determine the focus areas for 09/10</li> <li>■ LCP being worked up for implementation.</li> <li>■ Bowel cancer referral process project underway. Key issue is to get MDM around bowel meetings.</li> </ul>	

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	<ul style="list-style-type: none"> <li>■ Gynaecological Cancer –service improvement focus on referral systems between public and private providers</li> </ul> <p><u>Hutt Valley</u></p> <ul style="list-style-type: none"> <li>■ Palliative care - GMs have signed off on new position for palliative care which covers 24 hour advice. LCP work underway. Priority is supporting GPs to provide palliative care. Hospice has a DHB funded doctor and nurse in the hospital now. Gap analysis to be completed. New hospice funding announced but no idea how much or how handled.</li> <li>■ Working to formalise MDM framework for colorectal meetings. Looking at issues of viewing pathology through video conferencing.</li> <li>■ Medical day stay – looking to provide chemo services. Initially formal dialogue with CCDHB though the building in question won't be ready until 2011.</li> </ul> <p><u>Capital and Coast</u></p> <ul style="list-style-type: none"> <li>■ Radiation oncology - meeting waiting time guidelines. New linac is functioning at capacity (approx 50% due to shared space with brachytherapy unit) until a third bunker can be built</li> <li>■ Brachytherapy – providing gynae and prostate services with a small number of patient s being sent to Waikato for specialist gynae procedures.</li> <li>■ Cancer plan currently under development. – consider presenting this at the December meeting</li> <li>■ Focus on development of MDMs using the framework.</li> <li>■ Progressing with cancer navigator position.</li> <li>■ Developing separate strategic plan around palliative care.</li> <li>■ Patient hand held records finalised and printed – evaluation to be presented at Dec meeting</li> <li>■ Business case being developed for Liverpool Care Pathway for the Dying.</li> </ul> <p><u>Taranaki</u></p> <ul style="list-style-type: none"> <li>■ Brenda Hall, new Cancer Portfolio manager in DHB. Currently reviewing where they have got to with their cancer plan and establishing the local cancer network.</li> <li>■ Palliative Care nurse rolling out LCP. Educational sessions in hospice and hospital occurring.</li> <li>■ Working with Whanganui and MidCentral DHBs on the establishment of a regional palliative care medical specialist service.</li> <li>■ Ali's involvement in region indicates good progress.</li> </ul> <p><u>Tairāwhiti</u></p> <ul style="list-style-type: none"> <li>■ 11 replacement syringe drivers ( to meet Ministry's compliance requirements ) funded (using Cancer Control funding) for community providers and Gisborne Hospital.</li> <li>■ Working with Barry Keane ( Cranford Hospice) regarding implementation of specialist palliative care advice 24/7.</li> <li>■ LCP Implementation Plan developed, to be reviewed by project team before being submitted for approval. Gisborne Hospital ( the rehab ward where there are two specifically funded side rooms for palliative care services) and Te Wiremu House ( aged care facility that includes Hospital level care) will be the first two sites to implement LCP.</li> <li>■ Project teams or Working Parties established/being established to <ul style="list-style-type: none"> <li>○ Implement LCP</li> <li>○ Implement revised Palliative Care Service specifications</li> <li>○ Develop 3-5 year Action Plan using the Cancer Patient Mapping Report completed in May 09 by Dr Emma Davidson</li> <li>○ Develop plan for the utilisation of the indicative additional palliative care funding</li> </ul> </li> <li>■ Te Aitanga a Hauiti Hauora's Expression of Interest for Addressing Inequalities</li> </ul>	<p>CCDHB cancer plan presentation at Dec meeting</p> <p>To be reviewed at Dec meeting</p>

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	funding to support a breast-screening and registration initiative has been selected by CCN Governance group as one of the projects to be worked up further.	
<b>Strategic Plan</b>	<p>Jo tabled the draft CCN Strategic Plan 2009-2014 for discussion. Discussion included:</p> <ul style="list-style-type: none"> <li>■ Need to reflect funding priorities and acknowledge financial position of stakeholders, and also the current state of the economy and how it will affect the population.</li> <li>■ Point 1.1 – needs to have regional public health involvement to do this.</li> <li>■ Point 1.1.2 – change to read '<i>promoting integrated health promotion</i>'.</li> <li>■ Document out to wider stakeholder database next week then endorsement from LCNs.</li> <li>■ Confirmation that the Strategic plan was consistent with the direction the Regional Clinical Services Plan is taking.</li> </ul>	
<b>Reconstructive Breast Surgery</b>	<p>Andrew Campbell-Stokes updated on the TAS led project to address secondary reconstructive breast surgery (RBS) capacity issues:</p> <ul style="list-style-type: none"> <li>■ Project aims to address the backlog of women who are awaiting secondary RBS as well as address capacity issues going forward</li> <li>■ GMs, Funding and Planning have approved funding for 25 women initially however it is likely that only 13 women will be able to access this service during 2009/10.</li> <li>■ Currently recognised that there may be up to 250 patients who may require this service but who have not been previously referred due to the capacity issues.</li> </ul> <p>Planning underway to provide increased capacity within the region – acknowledged that this is also an issue for the rest of the country.</p>	
<b>Psycho oncology services</b>	<p>Discussion raised re the MDHB contracted psycho-oncology service and the request for funding from referring DHBs to support access for their patients whilst they are receiving cancer services in the RCTS.</p> <ul style="list-style-type: none"> <li>■ DHBs keen to see evaluation of the service – Jo noted that this had been undertaken and results had been presented to the local cancer network. Jo to see if this can be disseminated wider.</li> <li>■ Concern re funding commitment for this sub-group of patients ie doesn't service surgical patients for example</li> <li>■ WBCC considering developing a service</li> </ul> <p><u>Outcome</u> CCN requested to look at service models of psycho oncology and evaluate what is sustainable and affordable.</p>	<p>Jo to follow-up</p> <p>CCN to scope up this work</p>
<b>CCN Draft Work Plan 09/10</b>	Jo presented the draft work plan, noting that following the Governance Group meeting the Addressing inequalities programme would be reworked to strengthen the approach. This plan has more realistic timeframes and is linked back to the draft strategic plan.	
<b>Radiation Oncology - Waiting times</b>	Query raised re the potential of equalising waiting times between cancer centres on the back of the capacity sharing protocols. Penny and Astrid noted the logistical issues around this and confirmed that they do liaise re capacity sharing as and when required.	
<b>Paediatric Oncology Service In CCDHB</b>	Andy spoke to the current situation. Current doctors on site until August 2009 with support of one locum. Once two doctors leave then the hospital will drop back to lower level of service. Paediatric Oncology Steering Group paper on future service configuration has not yet been received. MoH reviewing services nationally but not expected to generate output until 2010. Ken Wheelan ( CEO, CCHDB) actively involved in keeping families informed.	
<b>Lung Tumour Raod Show</b>	Andy described a road show approach to engaging with DHBs re key implementation activities as a result of the lung report. Implementation plan to focus on high impact change areas initially ie MDM, development and monitoring of indicators, care	

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	coordination. Aiming to deliver this later in the year.	
<b>Local Cancer Networks</b>	<p>Discussion was held regarding current functioning of local cancer networks and the role of CCN in supporting them.</p> <ul style="list-style-type: none"> <li>■ Regular presence of CCN at local cancer network meetings and dissemination of information appreciated.</li> <li>■ Confirmed that each CCN governance group member representing a district is linked to their local cancer network.</li> <li>■ DHB managers who chair these groups keen to discuss opportunities for strengthening these networks between themselves.</li> </ul>	
<b>Next meeting</b>	2 <sup>nd</sup> December 2009 at 9am in Wellington	

Meeting closed 1445 pm