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PROJECT SCOPE

Project Title	Bowel Cancer Tumour Stream Project		
Project Reference		Other Reference	
Project Sponsor		Project Manager	Shirlee McLean, Project Manager, CCN
Advisory Group	Bowel Cancer Steering Group		
Project Start Date	June 2009	Project End Date	

PROJECT DEFINITION

Purpose / Background	<p>This Bowel Cancer Project forms part of an overarching tumour stream approach aimed at identifying and addressing issues within specific cancer journey pathways within the CCN region, with the aim of meeting the goals of the Cancer Control Strategy 2003 and as a vehicle for implementing a number of the within the Action Plan 2005-2010.</p> <p>This project is supported by The Ministry of Health (MOH) who has signalled to DHBs and the Regional Cancer Networks that bowel cancer is a priority area moving forward. The focus for 2009/10 is on improving access to cancer treatment and improving waiting times (both surgical and non surgical) for vulnerable groups.</p> <p>This project aims to identify the service issues across the CCN region for patients with bowel cancer, and to develop and promote standards for service delivery. There will be a major focus on identifying and addressing the factors which contribute to health inequalities for Māori and Pacific peoples and possible inequities in access to and provision of appropriate services across the region.</p> <p>Additional volumes are likely due to the implementation of a bowel screening programme in NZ; these will need to be managed at various parts of the bowel cancer pathway. Planning for these increased volumes will be part of this project.</p>
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Relationship to NZ Cancer Control Strategy Action Plan	<p>This project takes a tumour stream approach which covers all parts of the cancer control continuum and contributes to the following goals:</p> <ol style="list-style-type: none"> 1. Reduce the incidence of cancer through primary prevention 2. Ensure the effective screening and early detection to reduce cancer incidence and mortality 3. Ensure effective diagnosis and treatment of cancer to reduce morbidity and mortality 4. Improve the quality of life for those with cancer, their family and whanau through support, rehabilitation and palliative care 5. Improve the delivery of services across the continuum of cancer, through effective planning, co-ordination and integration of resources and activity, monitoring and evaluation 6. Improve the effectiveness of cancer control in New Zealand through research and surveillance.
Vision / Objectives	<p>Vision</p> <p>Across the region, patients with bowel cancer, and their family/Whānau, are supported throughout their cancer journey to receive co-ordinated, consistent, equitable and responsive services.</p> <p>Objectives</p> <ol style="list-style-type: none"> 1. To plan, develop and implement best practice in the total management of bowel cancers, consistent with the recommendations of the NZ Cancer Control Strategy Action Plan, National Cancer Standards and any other guidance relating to a specific tumour type. 2. To ensure a co-ordinated and consistent approach to the delivery of care, ensuring equity of access to high quality services across the CCN 3. To provide regional cancer service providers with advice and guidance to ensure commissioning of services is in the best interest of patients
Key Stakeholders	<p>Network representatives and stakeholders include;</p> <ul style="list-style-type: none"> • Funders and providers of cancer services i.e. DHBs, PHOs, Iwi Providers, and NGOs • Maori and Pacific Peoples • Consumers • Other Regional Cancer Networks • MOH Bowel Cancer Team
Project Linkages	<p>CCN will link closely with steering groups in other cancer networks and any relevant work occurring nationally (i.e. the bowel cancer programme) to maximise opportunities for sharing information and developing consistent approaches to addressing issues.</p> <p>This work may include:</p> <ul style="list-style-type: none"> • Network patient journey mapping work programme • Network addressing inequalities work programme • DHB cancer plan projects including Tairāwhiti and Hutt Valley mapping projects • Imaging Guidelines in Cancer Management • Multi Disciplinary Meeting Framework • MOH Bowel Cancer Programme • Patient Management Frameworks • Guidance for Improving Supportive Care for Adults with Cancer in NZ

	<ul style="list-style-type: none"> • Suspected Cancer in Primary Care Guidance for Referral Reducing Disparities • Regional palliative Care Medical Specialists Model • Specialist palliative Care Service Specifications 	
Critical Success Factors / Key Performance Indicators / Benefits	<p>Benefits:</p> <ul style="list-style-type: none"> • Increasingly integrated approach to treating bowel tumours between like groups • Utilization of patient management frameworks to provide a baseline for the quality of care provided to cancer patients • Patients are satisfied with the patient journey • Efficient and effective processes are in place to support clinicians in their roles <p>KPIs:</p> <ul style="list-style-type: none"> • These will be determined nationally alongside the establishment of a minimum dataset and will measure clinical outcomes and system performance. 	
Key Deliverables	<ul style="list-style-type: none"> • Establishment of a Bowel Cancer Steering Group to take a leadership role within the region, advising on best practice and monitoring • Review of the region's multi disciplinary team meetings and clinics • Stocktake of the current pathway for the patient across the region • Development of an implementation plan with identified actions for various providers to address service issues 	
Key Inequalities focus areas	Evidence shows that Māori are less likely to be diagnosed, and more likely to die from bowel cancer. This indicates inequitable access to existing cancer services (MOH, 2009).	
Key workforce focus areas	This project is likely to identify work force focus areas and these will be incorporated in the plan which will be developed to address any workforce issues which have been identified.	
Key Assumptions	<ul style="list-style-type: none"> • Service providers will to work collaboratively with CCN to achieve the project deliverables • Sufficient resources (work force, funding) to develop and implement plan, disseminate relevant models / framework to care providers for best practice patient care 	
Key Constraints	<ul style="list-style-type: none"> • Competing priorities for sustainable funding to implement strategic initiatives • Lack of available data in some areas against which to measure improved outcomes 	
Key Risks	Risk	Mitigating strategies
	Stakeholders expectations exceed available resource	Communications plan Project prioritisation framework Open and transparent communication
	Limited or no sustainable funding for successful project initiatives	Clarify DHB/organisation responsibility for prioritisation of funding of sustainable services Early flag to DHB planning and

	<p>funding of potential initiatives Planning and Funding continue to be actively involved in the network Report successful initiatives to MOH / CCC and flag risks Networks linked to CCSIG</p>
Lack of stakeholder buy-in, competing agendas	<p>Executive leadership Communications plan Good relationship management with key stakeholders Active stakeholder participation in the project planning and prioritisation processes</p>
Project milestones delayed	<p>Realistic project plan Strong project management Regular reporting of project variance and highlighting risks as early as possible Articulate project criteria and process</p>
Loss of project personnel	<p>Succession planning Sound project administration and documentation Staff support and development</p>
Perception that project wont add value	<p>Plan to get early successes with demonstrable outcomes Marketing plan for successes Active stakeholder participation in the project planning and prioritisation processes</p>
Competing demands for finite network resource	<p>Prioritised annual network plan Strong project management</p>
Systemic quality improvements are not maintained	<p>Adopt a sustainable change model / guide eg. NHS Institute of Innovation and Improvement Strong change management practices Strong stakeholder buy-in, participation and ownership</p>

PROJECT APPROACH

Project Approach	<p>This general project approach is to:</p> <ul style="list-style-type: none"> • Identify what the patients journey currently is across the region – mapping the journey, identification of services and service providers, MDM review • Develop/identify an ideal bowel cancer pathway • Develop a plan to enable providers to address any gaps in services or to assist realignment of services – plan provided for provider prioritisation and implementation, ongoing monitoring of the pathway
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Project Milestones	Establish a Colorectal Cancer Steering Group, including TOR	Date	July 09
	Development of project scope		June 09
	Review of MDM process		
	Mapping the current journey for bowel cancer patients in the region		July/Aug 09
	Identify the clinical trials available for bowel cancer patients and audit access		
	Development of a plan to inform service providers in the region of actions required to address any deficiencies in the system		Dec 09
Project Cost	<p>CCN will cover project costs related to;</p> <ul style="list-style-type: none"> • Project Management • Meeting costs for Steering Group • Publishing of guidelines (if required) <p>It is expected in general that regional stakeholder organisations will contribute to meeting costs for engagement</p>		

Document Control		Date	
Associated Documents		Date	
		Date	
Approved by		Date	