



c/- Funding Division  
 MidCentral District Health Board  
 PO Box 2056  
 Palmerston North  
 P | 06 350 8622  
 F | 06 350 8926  
 E | [centralcancernetwork@midcentraldhb.govt.nz](mailto:centralcancernetwork@midcentraldhb.govt.nz)

## PROJECT SCOPE SUMMARY & TERMS OF REFERENCE

|                           |                                       |                         |  |
|---------------------------|---------------------------------------|-------------------------|--|
| <b>Project Title</b>      | CCN Lung Cancer Tumour Stream Project |                         |  |
| <b>Project Reference</b>  |                                       | <b>Other Reference</b>  |  |
| <b>Project Sponsor</b>    | Ken Wheelen                           | <b>Project Manager</b>  | Shirlee McLean,<br>Project Manager CCN |
| <b>Advisory Group</b>     | Lung Steering Group                   |                         |  |
| <b>Project Start Date</b> | November 2007                         | <b>Project End Date</b> |  |

### PROJECT DEFINITION

|                             |  |
|-----------------------------|--|
| <b>Purpose / Background</b> | <p>This lung cancer project forms part of an overarching Tumour Stream project aimed at identifying and addressing issues re specific cancer journey pathways within the CCN region. It aims to meet the goals outlined in the Cancer Control Strategy 2003, also acting as a vehicle for the implementation of a number of the objectives within the Action Plan 2005-2010.</p> <p>In 2006 there were two meetings held within the CCN region which brought together service providers for patients with lung cancer to discuss service issues and identify a way forward. With the establishment of the CCN in 2007 there is now a vehicle for taking this project forward.</p> <p>This project aims to identify service issues across the CCN region for lung cancer patients 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 Maori and Pacific peoples and possible inequities in access to and provision of appropriate services across the region</p> <p>The Northern and Midland Cancer Networks are also working on the</p> |
|-----------------------------|--|

|  |  |
|--|--|
|  | lung cancer pathway and the groups will work together to develop and promote consistent approaches   |
| 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, contributing to the following goals:</p> <ol style="list-style-type: none"> <li>1. Reduce the incidence of cancer through primary prevention</li> <li>2. Ensure the effective screening and early detection to reduce cancer incidence and mortality</li> <li>3. Ensure effective diagnosis and treatment of cancer to reduce morbidity and mortality</li> <li>4. Improve the quality of life for those with cancer, their family and whanau through support, rehabilitation and palliative care</li> <li>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</li> <li>6. Improve the effectiveness of cancer control in New Zealand through research and surveillance.</li> </ol>   |
| Vision / Objectives                                    | <p><b>Vision</b></p> <p>There are co-ordinated, consistent, equitable and responsive services for the management of patients with lung cancer across the region, supporting them and their family/whanau throughout the cancer journey.</p> <p><b>Objectives</b></p> <ul style="list-style-type: none"> <li>- To plan, develop and implement best practice in the total management of lung cancer in accordance with the recommendations of the NZ Cancer Control Strategy Action Plan, National Cancer Standards and any other guidance relating to a specific tumour type.</li> <li>- To ensure a co-ordinated and consistent approach to the delivery of care, ensuring equity of access to high quality services across the CCN region</li> <li>- To provide the regional cancer service providers with advice and guidance for the distribution of resources across the network to ensure commissioning of services is in the best interest of cancer patients</li> <li>- To link closely with like steering groups in the other NZ cancer networks to maximise opportunities for sharing information and developing consistent approaches to addressing issues.</li> </ul> |
| Key Stakeholders                                       | <p>Network representatives and stakeholders that include; Funders and providers of cancer services i.e. DHBs, PHOs, Iwi Providers, NGOs, Maori and Pacific peoples</p> <p>Consumers</p> <p>Other Regional Cancer Networks</p>  |
| Key Participants                                       | <p><b>Current members of the Lung Steering Group:</b></p> <p>Dr Andy Simpson, Clinical Director CCN</p> <p>Denise Robbins, Chairperson, Cancer Voices - consumer</p> <p>Maria Potaka, Consumer</p>   |

|  |  |
|--|--|
|  | <p>Dr Barry Mahon, Cardiothoracic Surgeon, CCDHB<br/> Dr David Hamilton, Radiation Oncologist, CCDHB<br/> Dr Helen Winter, Medical Oncologist, MDHB<br/> Dr Claire Hardie, Radiation Oncologist, MDHB<br/> Dr Rob Armstrong and Dr James Curtis , Respiratory Physicians, HBDHB</p>  |
| Project Linkages   | <p>This project will link with and help inform a number of other projects occurring nationally, regionally and locally, including:</p> <ul style="list-style-type: none"> <li>• CCN patient journey mapping work, including the Patient Management Frameworks Project</li> <li>• CCN Addressing Inequalities Project</li> <li>• CCN service and site specific work streams</li> <li>• DHB cancer plan projects including Tairawhiti and Hutt Valley mapping projects</li> <li>• Other network projects / initiatives including Cancer Medical Imaging Guidelines Project, Multi-Disciplinary Meeting and Care Coordination Frameworks</li> <li>• MOH Cancer Control Programme</li> <li>• NZGG Referral and Access Guidelines Project</li> <li>• MOH Supportive Care Guidelines Project</li> </ul>  |
| Critical Success Factors / Key Performance Indicators / Benefits | <p><b>Benefits:</b></p> <ul style="list-style-type: none"> <li>• Increasingly integrated approach to treating lung tumours between like groups</li> <li>• Utilization of patient management frameworks to provide a baseline for the quality of care provided to cancer patients</li> <li>• Patients are satisfied with the patient journey</li> <li>• Efficient and effective processes are in place to support clinicians in their roles</li> </ul> <p><b>KPIs:</b></p> <p>These will be determined alongside the establishment of a minimum dataset, and will include:</p> <ul style="list-style-type: none"> <li>• Incidence and mortality data</li> <li>• Ethnicity data including service use by ethnicity</li> <li>• Waiting times at determined points in the journey</li> <li>• Availability of and access to services eg supportive care, clinical trials, PET scanning</li> <li>• Evidence of a multidisciplinary approach</li> </ul> |
| Key Deliverables   | <ul style="list-style-type: none"> <li>• Establishment of a Lung Cancer Steering Group to take a leadership role within the region, advising on best practice and monitoring</li> <li>• Mapping of the current journey for the patient across the region</li> <li>• Regional guidelines for the management of lung cancer (including clinical guidance, journey framework and a minimum dataset)</li> <li>• A plan with identified actions for various providers to address service issues</li> </ul>  |

|                               |  |  |
|-------------------------------|--|--|
|                               |  |  |
| Scope Inclusions / Exclusions | <p><b>Inclusions</b></p> <ul style="list-style-type: none"> <li>• Network project management infrastructure that works across organisation/service boundaries</li> <li>• Cancer continuum</li> </ul> <p><b>Exclusions</b></p> <ul style="list-style-type: none"> <li>• Funding of ongoing initiatives</li> <li>• Prioritisation process</li> </ul>   |  |
| Key Inequalities focus areas  | <p>Lung cancer registration and mortality data indicates there are areas of high inequalities between Maori / Pacific Peoples and Non-Maori.</p> <p>There are also indications that geography impacts on provision and access of some services for lung cancer patients.</p> <p>The lack of agreed clinical guidelines and journey frameworks also contribute to variations in practice which may contribute to inequalities</p> |  |
| Key workforce focus areas     | <p>This project is likely to identify work force focus areas. These will be incorporated in the plan, which will be developed to address any workforce issues which have been identified</p>   |  |
| Key Assumptions               | <ul style="list-style-type: none"> <li>• Service providers will work collaboratively with the CCN to achieve the project deliverables</li> <li>• Sufficient resources (work force, funding) to develop and implement plan, disseminate relevant models / framework to care providers for best practice patient care</li> </ul>   |  |
| Key Constraints               | <ul style="list-style-type: none"> <li>• Competing priorities for sustainable funding to implement strategic initiatives</li> <li>• Lack of available data in some areas against which to measure improved outcomes</li> </ul>   |  |
| Key Risks                     | Risk   | Mitigating strategies  |
|                               | Stakeholders expectations exceed available resource  | <ul style="list-style-type: none"> <li>• Communications plan</li> <li>• Project prioritisation framework</li> <li>• Open and transparent communication</li> </ul>                        |
|                               | Limited or no sustainable funding for successful project initiatives   | <ul style="list-style-type: none"> <li>• Clarify DHB/organisation responsibility for prioritisation of funding of sustainable services.</li> <li>• Early flag to DHB planning</li> </ul> |

|  |  |  |
|--|--|--|
|  |  | <p>and funding of potential initiatives.</p> <ul style="list-style-type: none"> <li>• Planning and Funding continue to be actively involved in the network.</li> <li>• Report successful initiatives to MOH / CCC and flag risks.</li> <li>• Networks linked to CCSIG</li> </ul> |
|  | Lack of stakeholder buy-in, competing agendas    | <ul style="list-style-type: none"> <li>• Executive leadership</li> <li>• Communications plan</li> <li>• Good relationship management with key stakeholders</li> <li>• Active stakeholder participation in the project planning and prioritisation processes</li> </ul>           |
|  | Project milestones delayed                       | <ul style="list-style-type: none"> <li>• Realistic project plan</li> <li>• Strong project management</li> <li>• Regular reporting of project variance and highlighting risks as early as possible</li> <li>• Articulate project criteria and process</li> </ul>                  |
|  | Loss of project personnel                        | <ul style="list-style-type: none"> <li>• Succession planning</li> <li>• Sound project administration and documentation</li> <li>• Staff support and development</li> </ul>   |
|  | Perception that project wont add value           | <ul style="list-style-type: none"> <li>• Plan to get early successes with demonstrable outcomes</li> <li>• Marketing plan for successes</li> <li>• Active stakeholder participation in the project planning and prioritisation processes</li> </ul>                              |
|  | Competing demands for finite network resource    | <ul style="list-style-type: none"> <li>• Prioritised annual network plan</li> <li>• Strong project management</li> </ul>   |
|  | Systemic quality improvements are not maintained | <ul style="list-style-type: none"> <li>• Adopt a sustainable change model / guide eg. NHS Institute of Innovation and Improvement</li> <li>• Strong change management practices</li> <li>• Strong stakeholder buy-in, participation and ownership</li> </ul>                     |

## PROJECT APPROACH

|                  |   |
|------------------|---|
| Project Approach | <p>This general project approach is to:</p> <ul style="list-style-type: none"> <li>• Identify what the patients journey currently is across the region –</li> </ul> |
|------------------|---|

|   | <p>mapping the journey, identification of services and service providers</p> <ul style="list-style-type: none"> <li>• Develop / identify standards for what the journey should be – clinical guidelines, journey framework, minimum dataset</li> <li>• Develop a plan to enable providers to address any gaps in services or to assist with realignment of services – plan provided for provider prioritisation and implementation, ongoing monitoring of the pathway</li> </ul>   |  |      |  |          |  |            |                                       |  |   |              |  |             |   |  |  |  |   |             |
|---|--|--|------|--|----------|--|------------|---------------------------------------|--|---|--------------|--|-------------|---|--|--|--|---|-------------|
| Project Milestones  | <table border="1"> <thead> <tr> <th></th> <th>Date</th> </tr> </thead> <tbody> <tr> <td>Establish Lung Steering Group – includes TOR</td> <td>Nov 2007</td> </tr> <tr> <td>Development of project scope and the collation and review of existing audit data</td> <td>Feb/Mar 08</td> </tr> <tr> <td>Development of lung cancer guidelines</td> <td></td> </tr> <tr> <td>Development of lung dataset and audit process</td> <td>June/July 08</td> </tr> <tr> <td>Mapping the current journey for lung cancer patients in the region</td> <td>July/Aug 08</td> </tr> <tr> <td>Collating and reviewing DHB Tobacco Control plans</td> <td></td> </tr> <tr> <td>Identify the clinical trials available for lung cancer patients and audit access</td> <td></td> </tr> <tr> <td>Development of a plan to inform service providers in the region of actions required to address any deficiencies in the system</td> <td>Sept/Oct 08</td> </tr> </tbody> </table> |  | Date | Establish Lung Steering Group – includes TOR | Nov 2007 | Development of project scope and the collation and review of existing audit data | Feb/Mar 08 | Development of lung cancer guidelines |  | Development of lung dataset and audit process | June/July 08 | Mapping the current journey for lung cancer patients in the region | July/Aug 08 | Collating and reviewing DHB Tobacco Control plans |  | Identify the clinical trials available for lung 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 | Sept/Oct 08 |
|   | Date   |  |      |  |          |  |            |                                       |  |   |              |  |             |   |  |  |  |   |             |
| Establish Lung Steering Group – includes TOR  | Nov 2007   |  |      |  |          |  |            |                                       |  |   |              |  |             |   |  |  |  |   |             |
| Development of project scope and the collation and review of existing audit data  | Feb/Mar 08   |  |      |  |          |  |            |                                       |  |   |              |  |             |   |  |  |  |   |             |
| Development of lung cancer guidelines   |  |  |      |  |          |  |            |                                       |  |   |              |  |             |   |  |  |  |   |             |
| Development of lung dataset and audit process   | June/July 08   |  |      |  |          |  |            |                                       |  |   |              |  |             |   |  |  |  |   |             |
| Mapping the current journey for lung cancer patients in the region  | July/Aug 08  |  |      |  |          |  |            |                                       |  |   |              |  |             |   |  |  |  |   |             |
| Collating and reviewing DHB Tobacco Control plans   |  |  |      |  |          |  |            |                                       |  |   |              |  |             |   |  |  |  |   |             |
| Identify the clinical trials available for lung 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 | Sept/Oct 08  |  |      |  |          |  |            |                                       |  |   |              |  |             |   |  |  |  |   |             |
| Project Cost  | <p>CCN will cover project costs related to;</p> <ul style="list-style-type: none"> <li>• Project Management</li> <li>• Meeting costs for Steering Group</li> <li>• Publishing of guidelines (if required)</li> </ul> <p>It is expected in general that regional stakeholder organisations will contribute to meeting costs for engagement</p>  |  |      |  |          |  |            |                                       |  |   |              |  |             |   |  |  |  |   |             |

|                      |   |      |                        |
|----------------------|---|------|------------------------|
| Document Control     | Draft 1 circulated to Steering Group for comment  | Date | 2 Mar 08               |
|                      | Draft 2 circulated to CCN Governance for approval |      | 8 <sup>th</sup> Apr 08 |
| Associated Documents |   | Date |                        |
|                      |   | Date |                        |
| Approved by          |   | Date |                        |

DRAFT