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PROJECT SCOPE SUMMARY & TERMS OF REFERENCE

Project Title	Multidisciplinary Framework Project		
Project Reference		Other Reference	
Project Sponsor	To be Advised	Project Manager	Shirlee McLean CCN
Advisory Group	To be Advised		
Project Start Date	March 2008	Project End Date	August 2008

PROJECT DEFINITION

Purpose / Background	<p>Establishing multi-disciplinary care is a Phase I initiative within the Cancer Control Action Plan.</p> <p>Multi-disciplinary meetings are one of the components of a care co-ordination model</p> <p>From 1 February 2006, \$3.14 million per annum sustainable funding was devolved to DHBs for the following purposes:</p> <ul style="list-style-type: none"> • Cancer workforce development • Supporting multi-disciplinary cancer teams • Establishing regional cancer networks • Improving non-hospice palliative care, support and rehabilitation services. <p>All DHBs have identified the establishment of multidisciplinary teams and meetings as an action in their cancer plans but since 2006 there has been variable progress across the DHBs on the action.</p>	
	Outcome / Results	Specific Actions

<p>NZ Cancer Control Strategy Action Plan</p>	<p>Multidisciplinary care (MDC) is an integrated team approach to health care in which medical and allied health care professionals consider all relevant treatment options and develop collaboratively an individual treatment plan for each patient.</p> <p>A multidisciplinary team meeting is a deliberate, regular, meeting (face-to-face, tele- or videoconference) involving a range of health professionals with expertise in the diagnosis and management of cancer. The purpose of the meeting is to facilitate best practice management of all patients with cancer.</p> <p>The NZ Cancer Control Strategy Action Plan 2005-2010 has identified multidisciplinary care as one of the necessary actions for achieving the goals and objectives set out in the Cancer Control Strategy (Outcome 47 and 48; pages 52-53).</p>	
	<p>47. Patients have appropriate access to a multidisciplinary team approach throughout their continuum of care</p>	<p>Cancer treatment providers have documented procedures for the development and operation of a multidisciplinary team (MDT) approach to diagnosis and treatment</p> <p>DHBs, PHOs and cancer service providers will involve Maori and Pacific expertise and the range of relevant Maori service providers in multidisciplinary teams and networks, where possible</p> <p>Cancer treatment providers ensure that regular multidisciplinary case conferences are established to determine management of treatment and appropriate records are kept of this meeting</p> <p>Initially multidisciplinary and, where necessary, inter-regional care to be established for the management of: breast, rectal, head and neck, gynaecological cancers, bone and soft tissue sarcomas and all cancers requiring multi-modality treatment. Such clinics to be subsequently extended to other appropriate cancers</p>
	<p>48. There is regional and national consistency of cancer diagnosis and treatment</p>	<p>Where low patient numbers, rural areas and workforce issues mean it is not feasible to establish multidisciplinary teams, then appropriate referral guidelines and other linkages such as teleconferencing or videoconferencing are established to ensure the availability of multidisciplinary input for common cancer sites</p>

Vision / Objectives	<p>Vision</p> <p>To adopt a Multidisciplinary Meeting Framework which represents best practice in terms of treatment, planning and care for cancer patients</p> <p>Objective</p> <p>To adopt a Multidisciplinary Framework which strengthens multidisciplinary team meetings so that they add value in terms of patient outcomes and improve team effectiveness</p>
Key Stakeholders	<p>DHBs</p> <p>Primary Health Providers</p> <p>NZ Regional Cancer Networks</p>
Key Participants	To be sought from stakeholders across the CCN region
Project Linkages	<p>NZ Regional Cancer Networks framework – supports the linkages of DHB Planners, DHB Specialist Service Providers, NGOs, PHOs, & Consumers to co-ordinate implementation of the cancer control strategy action plan. The development of an MDM framework is one of the components of this project</p> <p>Treatment protocols and Multidisciplinary team recommendations will be in line with current best practice including Patient Management Frameworks</p> <p>Organ or specific tumour streams will be adopted to reduce care variation and improve cancer service delivery. MDMs will be set up across tumour streams</p>
Critical Success Factors / Key Performance Indicators / Benefits	<p>Benefits</p> <ul style="list-style-type: none"> • Formal links are established between rural and remote health practitioners and larger treatment centres to facilitate communication • Multidisciplinary care is demonstrated in activities such as multidisciplinary consultation and clinics and multidisciplinary team meetings <p>Key Performance Indicators</p> <ul style="list-style-type: none"> • A MDT framework for cancer services which is adopted by DHBs across the CCN region
Key Deliverables	<ul style="list-style-type: none"> • A MDT framework is developed and promoted across the CCN region • Audit of MDT Framework identifying gaps and inconsistencies across the CCN region • Provide a plan for DHBs to address service gaps
Scope Inclusions /	<p><u>Inclusion:</u></p> <p>DHBs and Primary Health Care Providers within the CCN region</p>

Exclusions		
Key Inequalities focus areas	Outcome No. 48 from the action plan (see above) notes that areas of potential inequalities may exist where low patient numbers, rural areas and workforce issues mean it is not feasible to establish multidisciplinary teams. This project will identify where these issues impact and provide guidance to providers on how they can be addressed.	
Key workforce focus areas	Areas of impact may be: <ol style="list-style-type: none"> 1. Availability of clinicians to be involved in MDT meetings 2. Provision of Administrative Support for meetings 	
Key Assumptions	The following assumptions have been made when developing this project scope: <ul style="list-style-type: none"> • The DHBs will drive the framework however primary health will have a stake in the outcome of this project • The framework will be evidenced based 	
Key Constraints	The role of the CCN is to facilitate this project, DHBs will be responsible for prioritisation and implementation of this project	
Key Risks	Risks	Mitigating Strategies
	Lack of stakeholder buy in impedes the development and implementation of the framework	<ul style="list-style-type: none"> • CCN will engage with the advisory group and support them to develop a robust implementation plan • Effective communication is maintained with all stakeholders
Key Risks (continued)	Inability to gain a consensus agreement for the framework	<ul style="list-style-type: none"> • CCN will work with the advisory group and engage with all relevant stakeholders • Clear and transparent processes are adopted to incorporate feedback

PROJECT APPROACH

Project Approach	CCN in conjunction with key stakeholders will develop and implement a MDT framework. A stocktake will be undertaken to access current practice with respect to the framework and a plan developed to address identified gaps		
Project Milestones	• Development of Project Scope and Terms of Reference	Date	February 08
	• Project Scope and Terms of Reference to key stakeholders for discussion and		March 08

	feedback and identification of advisory group members <ul style="list-style-type: none"> • Develop draft framework • Framework to key stakeholders for comment and approval • Investigate electronic data systems in relation to MDMs • Framework finalised and provided to DHBs for implementation across the CCN region • Undertake impact assessment • Develop a plan for DHBs aimed at addressing identified gaps 		May 08 May 08 May 08 Jul 08 Oct 08 Nov 08
Project Cost	CCN will cover project costs related to; <ul style="list-style-type: none"> • Project management • Meeting costs for Advisory Group <p>It is expected in general that regional stakeholder organisations will contribute to meeting costs for engagement</p>		

Document Control	Draft 1. for circulation to MDT Framework Advisory Group Draft 2. for circulation to wider stakeholder group Draft 3. for circulation to CCN Governance Group for approval	Date	29 th Feb 08 14 th Mar 08 8 th Apr 08
Associated Documents		Date	
		Date	
Approved by		Date	