






# Central Cancer Network (CCN) Care Coordinators Forum, 28<sup>th</sup> November 2008

Attendees	Apologies
Adel Gray, Bronwyn Lindsay, Caroline Jamieson, Cheryl MacDonald, Don Baken, Doris Peeti, Gabrielle Mercer, Helena Paolozzi, Jane Overton, Jenni McWhannell, Joan Petersen, Lawrence Mutale, Lizzy Kent, Lorraine Sayers, Louise Cartmell, Maria Stapleton, Mary Harmer, Merril Hoare, Pat Bodger, Paul Smith, Sharon Rye, Shirley Walker, Stacey Moore, Susan Wayman, Tari Millan, Vivienne McClintock, Yvonne Asher, Helen Anderson, Pauline Farquhar, Penny O'Leary, CCN - Jo Anson, Ali Hamlin	Andrea Bowness, Annet Nicholls, Catherine Parata, Cheryl Te Kura, Gillian Humm, Judy Coleman, Julie Berquist, Lisa Iwikau, Lisa Speedy, Lynley Wicks, Marg McDonnell, Naena Chhima, Pat Hildred, Penelope Foord, Petro Nel

Items	Discussion/Comments	Actions
<b>Welcome and Introductions</b>	Jo welcomed attendees to the meeting and introductions were made	
<b>Discipline specific meetings</b>	The attendees broke into discipline specific groups to discuss items specific to them.	
<b>Overview of roles</b>	<p>Attendees were asked to provide an overview of their roles, including how they interact with patients, what part of the journey they are involved in and innovations, challenges or opportunities to share</p> <p><u>Multidisciplinary Meeting (MDM) Coordinator – Adel Gray</u></p> <ul style="list-style-type: none"> <li>Working at MidCentral to assist the current meetings to function as efficiently as possible. Also liaising with regional hospitals re advising on improvement to their meetings</li> <li>Coordination of the patients journey still rests with the lead clinician and nursing roles eg Clinical nurse specialist for the specific disease</li> <li>Guidelines support the wider MDT team attending the meetings but this needs to be worked out as appropriate for each disease</li> </ul> <p><u>Colorectal Nurses - Susan Wayman</u></p> <ul style="list-style-type: none"> <li>Spoke to her group's discussion.</li> <li>Most referrals come from specialist consultants.</li> <li>Surveillance – follow up role currently.</li> <li>Nurse lead clinics are able to provide emotional support.</li> <li>An overview of concerns back to consultants.</li> <li>Work to a written protocol.</li> <li>Contact point – GP shared care scheme.</li> </ul> <p><u>Social Workers</u></p> <ul style="list-style-type: none"> <li>Psycho-social environment of client. Working with whanau complimentary.</li> <li>Difference between social workers and nurses.</li> <li>No opposition to whanau wishes.</li> <li>Need to utilise supervision.</li> <li>Gain consent before working with clients.</li> <li>There are specific cancer social workers.</li> <li>Recognised the importance of MDT with social worker involvement because of the different perspective they are able to bring.</li> </ul>	

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	<ul style="list-style-type: none"> <li>• Nurses feel that this is their role.</li> <li>• There was a discussion has to how this interface would work.</li> <li>• Social work role very different to nurses in that social workers bring an holistic view.</li> </ul> <p><u>Adolescent Young Adult (AYA) Coordinators</u></p> <ul style="list-style-type: none"> <li>• New service combining a 0.5FTE Clinical Nurse Specialist and 0.5FTE Social Worker – based at MidCentral</li> <li>• Role is to coordinate the journey for AYA across the region</li> <li>• Acknowledged benefits of integrating nursing and Social work skill sets to achieve good outcomes</li> <li>• Communication seen as key to success</li> <li>• This is a hugely interesting path.</li> <li>• Navigating co-ordinating.</li> <li>• Nursing social work team</li> <li>• How important both roles are for supporting patient journey.</li> <li>• Communication – confusion of role.</li> <li>• Partnership models do work</li> <li>• Defaulting in to historically medical models</li> <li>• Maori cancer coordinators also have a role within MDT. Discussion about how many become part of MDT. Communication pathways could be a way of working this out.</li> <li>• A formal way of communicating especially when there is suspicion.</li> </ul> <p>UK Key Worker policy</p> <p><u>MDHB PHO Cancer Support Nurse – Jane Overton</u></p> <ul style="list-style-type: none"> <li>• Integrated cancer service. Meant to be GP based but GP referral only.</li> <li>• Suspicion – demystifying the journey.</li> <li>• Picking up patients early.</li> <li>• PHO links are broad.</li> <li>• Time with patient important.</li> <li>• Ensuring clients have support after hours.</li> <li>• PHO nurse Tararua ensures that on Fridays all patients checked and relevant needs are meet.</li> <li>• Strong GP communication</li> <li>• Nursing skills used to assess and communicate findings to lead providers.</li> <li>• Similar roles that come under different governing bodies.</li> <li>• Assist with transport arrangements when travelling from outlying regions</li> </ul> <p><u>NGO Cancer Society – Joan Peterson</u></p> <ul style="list-style-type: none"> <li>• Bottom of cliff sometimes</li> <li>• Receive referrals from social workers.</li> <li>• Breastcare Nurses</li> <li>• Work with Maori coordinators</li> <li>• Refer on to other services when required.</li> <li>• Living with Cancer programme</li> <li>• Carers workshop</li> <li>• Challenges – there are so many different roles involved in a patient journey, communication is vital.</li> <li>• Transport service is so important.</li> </ul>	 <p>Pho.zip</p>  <p>Demystifying Cancer.zip</p>

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	<p><u>AYA – Jenni McWhannell</u></p> <ul style="list-style-type: none"> <li>• New service – trying to be 12 – 24 years old</li> <li>• Innovative</li> <li>• Ensuring their needs are met</li> <li>• Coordination of journey for adolescent</li> <li>• Psycho-social assessment – patient focus youth systems model.</li> <li>• Youth input needed – youth participation vital in setting up service.</li> <li>• Wellington 0.2 psychologist role, 0.2 nursing role.</li> <li>• Linkages are required with all regional DHBs even though based in MidCentral.</li> </ul> <p><u>MCC – Doris Peeti</u></p> <ul style="list-style-type: none"> <li>• Maori not accessing services</li> <li>• Different areas of background</li> <li>• ?? promotion</li> <li>• Self refer anyone can be referred</li> <li>• Listen to patient – not what we think they need</li> <li>• Sole patient focus</li> <li>• Transport distant is huge issue for clients</li> <li>• Trying not to over-care patients</li> <li>• Action research – implementing steering group</li> <li>• A difference is being made</li> <li>• Getting referrals at the beginning</li> <li>• Supervision – Maori Cultural beliefs, still negotiating, dealing with death.</li> <li>• Recognition of what this role confronts</li> <li>• Keeping self safe.</li> </ul> <p>Demystifying Cancer workshop for Pacific</p> <p><u>Pat Bodger</u></p> <ul style="list-style-type: none"> <li>• Nurse led clinic – Piki Te Ora</li> <li>• Disease state management cx Tamariki Ora</li> <li>• Identified gap and some issues.</li> <li>• Proposal to MoH as part of innovation fund. Two prong – North Taranaki only currently Maori led Maori focus in development</li> <li>• Encourage Maori nurses Maori workforce</li> <li>• Only Maori nurse working in this area</li> </ul> <p><u>Navigator Role Capital and Coast</u></p> <ul style="list-style-type: none"> <li>• Porirua population focus</li> <li>• Lack of Maori accessing – mapping a journey for diagnosis</li> <li>• What’s happening to them in the journey</li> <li>• Their barriers – why are those barriers there?</li> </ul> <p><u>Psycho – oncology Service – Lizzy Kent , Massey University</u></p> <ul style="list-style-type: none"> <li>• Only one in NZ</li> <li>• Service to all at this stage</li> <li>• Look after moderate to high levels of stress</li> <li>• Challenges – communication with all involved.</li> </ul> <p><u>Supportive Care Guidelines</u></p> <ul style="list-style-type: none"> <li>• Launch February</li> <li>• Supportive care stocktake regional</li> </ul>	

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	<p><u>Medical Oncology – Paul Smith</u></p> <ul style="list-style-type: none"> <li>• Outsource chemotherapy taking service nearer to patients</li> <li>• Safety of patients</li> </ul> <p>Mapping journey of patients at different points – poor assessment processes highlighted waiting times, lack of cohesion between services – issues for patient</p> <p>Telling everybody the same thing – tired of this</p> <p>Patient held record being developed – there is a breast cancer patient held record</p> <p>Care plus – integrated between GP – secondary care – be careful not to have one for every tumour stream</p> <p>Future – tapped CDs correspondence</p> <p>Items identified</p>	
CCN update	<p>Jo and Ali presented on CCN progress – see attached presentation</p> <p>Jo also updated about the proposed Regional Cancer and Palliative Care Nursing positions which were recently consulted about. Feedback from stakeholders varied in its support for the roles; some saw the positions as an enabler for nurse driven service improvement initiatives; others wanted to see the funding to be put on the ground to ensure Nurses are supported to develop competencies</p>	 CCN CARE.zip
Items identified during the day for future focus / activity	<ul style="list-style-type: none"> <li>• MDT development</li> <li>• Stocktake of roles across the region</li> <li>• Assessment tools and processes</li> <li>• Nurse and Social Worker role definition</li> <li>• Cancer Society Core Services</li> <li>• Supervision</li> <li>• Patient held records</li> <li>• Regional Nurse Advisor positions</li> <li>• Supportive Care Guidance</li> </ul>	
Cultural Awareness Training Workshop	<p>Milton Rauhihi from Cultureflow presented a three hour cultural awareness training programme to the attendees. The programme included:</p> <ul style="list-style-type: none"> <li>• Pronunciation of the Maori language, including learning basic words</li> <li>• Maori migration and Treaty of Waitangi</li> <li>• Application of customary concepts of the Maori in a modern manaaki context</li> <li>• General discussion informed by participants</li> </ul>	CCN to provide attendance certificates for all attendees to the Care Coordinators Forum
Next meeting dates	<p>The group agreed to meet three times next year:</p> <ul style="list-style-type: none"> <li>• April 2009 in Wellington</li> <li>• July 2009 in Palmerston North</li> <li>• October 2009 in Wellington</li> </ul>	
Agenda Items for April meeting	<ul style="list-style-type: none"> <li>• Assessment models – CCN to gather information on current processes used in the region and a literature search to inform international / national best practice</li> <li>• Stocktake of roles across the region – CCN to identify the various cancer coordination positions across the region</li> </ul>	CCN to complete  CCN to complete

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	<ul style="list-style-type: none"> <li>• Patient Management Framework project – update on project development</li> <li>• Supervision – Lorraine Sayers to present</li> <li>• Proposed Regional Cancer and Palliative Care Nurse Advisor positions – update on situation</li> <li>• Supportive Care Guidance – update, including plans for implementation</li> </ul>	<p>Jo to liaise with Lorraine</p>