



ANNUAL REPORT 2008/09

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ACRONYMS

AYA	Adolescents and Young Adults
CCC	Cancer Control Council
CCN	Central Cancer Network
CCSIG	Cancer Control Steering Implementation Group
CEO	Chief Executive Officer
DAP	District Annual Plan
DHB	District Health Board
FTE	Full time equivalent
MoH	Ministry of Health
NGO	Non Government Organisation
NSU	National Screening Unit
NZCTWP	New Zealand Cancer Treatment Working Party
NZRCN	New Zealand Regional Cancer Networks
PHO	Primary Health Organisation
RCTS	Regional Cancer Treatment Service
TAS	Technical Advisory Services

CHAIR'S INTRODUCTION

Welcome to the 2008/09 Annual Report from the Central Cancer Network. It is with pleasure that we report on the range of activities that have been undertaken during the past year and signal the focus areas for the year to come.

Over the past year the network's two major work programmes focussing on addressing inequalities and tumour streams have gained momentum.

The inequalities work has concentrated on engaging with stakeholders to identify issues and inequalities, particularly those experienced by Maori and Pacific peoples. The work has been targeted at a community level and has supported relationship development between Iwi/Maori, primary service providers and the DHBs. Pilot funding has also been provided to support three provider led projects aimed at addressing specific inequalities, the outcomes of which will be promoted across the region.

Mapping the pathway for lung cancer patients has enabled the region to view for the first time the variations in journeys that patients experience depending on where they live and how they enter the system. There are a large number of service improvement activities identified and CCN will be working with stakeholders to develop an implementation plan to progress these at a district, regional or national level. CCNs focus will be to address service and system level issues, the impact of which will flow on to positively influence other cancer pathways.

CCN has also been engaging with stakeholders to develop a strategic plan to guide the network's activities over the next five years. A draft plan is expected to be circulated during August / September 2009 for input.

CCN continues to work collaboratively with the other regional cancer networks and the Ministry of Health cancer control team to maximise opportunities for alignment and shared learning.

Looking towards 2009/10 a challenge for the network will be to establish its place within the emerging Regional Clinical Services Plan programme of work and governance structures. Alongside this will be promoting the interests of Taranaki and Tairāwhiti who largely sit outside this plan.

On behalf of the CCN governance group and management team I would like to take this opportunity to thank all stakeholders for their support as we continue to develop Central Cancer Network as a valuable cancer resource for the region.



Mike Grant
Chair
Central Cancer Network

REGIONAL CANCER NETWORKS

Background

Establishing regional networks is a priority in the New Zealand Cancer Control Strategy Action Plan 2005-2010 (2005). Networks will provide a formal structure to improve the coordination of care for patients between cancer services. Since March 2006 meetings and workshops have been held in various regions to discuss how a network would function in the respective areas, and to develop terms of reference for each network. By the end of 2006 the MoH had developed the funding model, principles and objectives to assist with the development of four regional networks.

The Four Networks

The four regional cancer networks are based around the DHB regions:

Northern Cancer Network – Auckland, Waitemata, Counties Manukau, Northland

Midland Cancer Network – Waikato, Bay of Plenty, Lakes

Central Cancer Network – Taranaki, Whanganui, MidCentral, Hawke's Bay, Tairāwhiti, Wairarapa, Hutt Valley, Capital & Coast

Southern Cancer Network – Nelson/Marlborough, Canterbury, Otago, West Coast, South Canterbury, Southland



Note: Taranaki, Tairāwhiti, Nelson/Marlborough link with adjacent networks as they have significant patient flows into each region.

CENTRAL CANCER NETWORK

Vision

The Network's vision is improved cancer prevention and control through increased regional collaboration not constrained by organisational, service or professional boundaries.

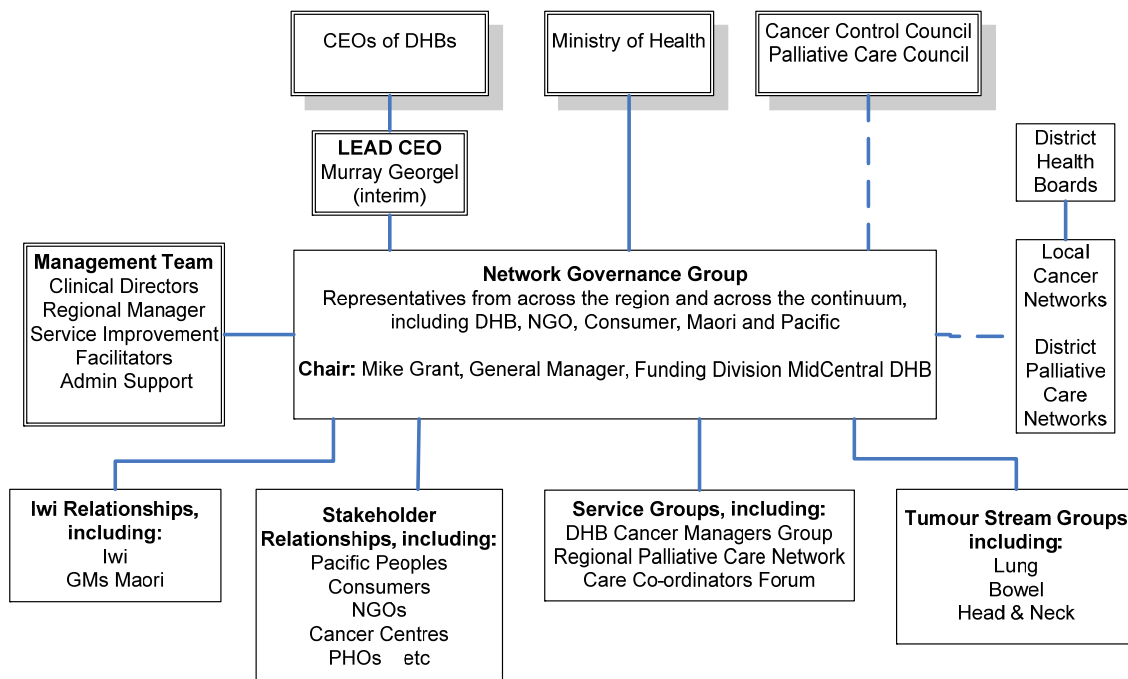
Purpose

The purpose of the Network is to take a proactive leadership, facilitation, collaborative and coordinated approach across organisational and service boundaries to ensure all providers of cancer care in the network area work together with the community to:

- ◆ Manage the implementation of the Strategy and Action Plan to:
 - ◇ reduce the incidence and impact of cancer
 - ◇ reduce the inequalities with respect to cancer
- ◆ Improve the journey of cancer patients and their family/whānau through the complex pathway of care, ensuring equitable, high quality, patient centred, evidence based and multidisciplinary care.

Structure

Central Cancer Network (CCN) Structure (Aug 2009)



Funding

MidCentral DHB is the designated lead DHB for CCN, receiving the operational funding from the Ministry of Health via a Crown Funding Agreement variation.

CCN receives the following annual funding:

- ◆ \$250K for network infrastructure
- ◆ \$250K for addressing inequalities (from 1 Jan 2008)
- ◆ \$50K for analyst support (from 1 Jan 2008)

	\$000 Year 08/09 Budget	\$000 Year 08/09 Actual	\$000 Variance
Surplus 07/08 Funding:			
	150	150	0
	131	131	0
Surplus 07/08 Funding Total	281	281	0 see note 1
08/09 Funding:			
Network Infrastructure Funding	250	250	0
Inequalities Funding	250	250	0
Analyst Support Funding	50	50	0
Prostate Project Funding (Genesis)	13	13	0
08/09 Funding Total	563	563	0
Total Income	844	844	0
Expenditure:			
Personnel:			
Network Manager	102	102	0
Inequalities Project Manager	93	93	0
Tumour Stream SIF	93	93	0
Support Coordinator	35	40	-5
Personnel Total	323	328	-5
Contractors:			
MDHB Clinical Director	55	55	0
CCDHB Clinical Director	55	63	-8
Contracted Project Support	47	46	1
Contractors Total	157	163	-7
Projects:			
Prostate Project (Genesis Oncology)	0	13	-13
Analyst Support (TAS)	50	23	27
Inequalities pilot projects	73	0	73 see note 2
CCN Website - set-up cost	10	0	10 see note 3
Projects Total	133	36	97
Meeting Costs/Miscellaneous Expendi-			
Meeting Expenses	60	46	14
Meeting Costs/Miscellaneous Expenditure Total	60	46	14
Total Expenditure	613	573	39
Net Surplus/Deficit	231	271	39

Note 1: Surplus includes funding carried forward from 06/07 and funding deferred from the new

Note 2 & 3: This expenditure was committed to in the 08/09 year but will be spent in 09/10

CCN – THE PEOPLE

CCN Governance Group

The CCN Governance Group reflects representation from across the region and cancer continuum, including: district health boards, non government organisations, Maori population, Pacific peoples and consumers.

Representation	Member as at 30 June 2009
MidCentral/Chair	Mike Grant, General Manager, Funding Division, MidCentral DHB
Capital & Coast	Astrid Koornneef, Operations Manager, Capital and Coast DHB
Consumer	Denise Robbins, Chair, CancerVoices
Hawke's Bay	Dianne Keip, Cancer & Palliative Care Portfolio Manager, Hawke's Bay DHB
Hutt Valley	Dr Annette Nesdale, Public Health Physician, Hutt Valley DHB
Maori	Patsy Bodger, Patient Navigator, Piki te Ora Nursing Services
NGO	Bronwen Laurenson, Central Districts Division, Cancer Society of NZ
Pacific	Colin Tukuitonga, Chief Executive, Ministry of Pacific Affairs Siloma Masina, Health Advisor, Pacific Peoples Health Unit, Hutt Valley DHB
Taranaki	Kevin Nielsen, CEO, Hospice Taranaki
Tairāwhiti	Virginia Brind, Cancer Portfolio Manager, Tairāwhiti DHB
Wairarapa	Marie McKay, Cancer Portfolio Manager, Wairarapa DHB
Whanganui	Judith MacDonald, CEO, Whanganui Regional PHO

The governance group meets on a six weekly basis and oversees the operational activities of the network management team.

CCN would like to acknowledge Litea Meo-Sewabu, Public Health, Massey University ,who resigned from the governance group during the year.

CCN also links with Central TAS via Andrew Campbell-Stokes who regularly attends meetings.

CCN Management Team

The network management team operates under the principles of a governance framework and is accountable to MidCentral DHB's Funding Division General Manager. The responsibilities of the team include:

- ◆ Facilitating delivery of the agreed work programme
- ◆ Coordinating, convening (where appropriate) and providing support to network groups
- ◆ Supporting site specific and service delivery improvement work streams
- ◆ Facilitating active communication within and between network groups, the wider network and national bodies
- ◆ Working with local DHBs on funding and implementation issues associated with the work streams

Team Members

Dr Simon Allan – Clinical Director

- ◆ Simon is a Medical Oncologist and Clinical Director of the Regional Cancer Treatment Service, Mid-Central DHB. Simon is also a Palliative Care Specialist and works with the team at Arohanui Hospice. Simon works 0.2FTE for CCN.

Dr Andrew Simpson – Clinical Director

- ◆ Andy is a Medical Oncologist and Clinical Director for the Wellington Blood and Cancer Centre, Capital & Coast DHB. Andy works 0.2FTE for CCN.

Jo Anson – Network Manager

- ◆ Jo comes from a radiation therapy and management background and has worked in the cancer field for the past 20 years. Jo provides leadership for the overall planning and delivery of the work programme for the network.

Shirlee McLean – Project Manager

- ◆ Shirlee joined CCN in February 2008 to undertake the management of a number of CCN projects that were identified in the work plan. Shirlee comes from a nursing and management background.

Ali Hamlin – Service Improvement Facilitator (Addressing Inequalities)

- ◆ Ali comes from a health promotion background with the Cervical Screening Programme and joined CCN in June 2008 to undertake the addressing inequalities work programme. Ali grew up in Hawke's Bay and connects to Ngati Kahungunu, Ngati Porou, Tuwharetoa and Ngati Rangī.

Caren Rangī - Service Improvement Facilitator (Pacific Communities)

- ◆ Caren joined CCN in January 2009 in a 0.2 FTE position focused on service improvement facilitation for Pacific communities. Caren is of Cook Islands Maori descent and is based in Napier. Her background is in accounting and auditing and Pacific community development, particularly in the health sector.

Stephanie Fletcher – Support Coordinator

- ◆ Stephanie joined the team in October 2008. Having come from an administrative background Stephanie is currently studying post-graduate Psychology part time at Massey University.

NETWORK GROUPS

Local Cancer Networks

Local cancer networks are functioning now in all districts across the region. These networks have wide representation from within a district and are mandated to support the development and implementation of cancer and palliative care plans for each of the DHBs. CCN regularly attends local cancer network meetings to update on CCN activity and to support them in their discussions.

Two local cancer networks are profiled below.

Taranaki Cancer Network

Taranaki has recently convened a group of key stakeholders in the region to progress the formation of their local cancer network. Kevin Nielsen, CEO, Hospice Taranaki offered the following comments after the successful meeting: "We now look forward to the appointment of stakeholder members and getting the Taranaki Cancer Network up and running. It has taken us a while to get to this stage but I am sure in true Taranaki spirit the Network will soon become a valuable forum to ensure Taranaki cancer patients needs are well represented at both local and regional levels."



Pictured at the initial meeting are (from left): Kevin Nielsen; Pat Bodger, Piki Te Ora; Vicki Kershaw, Portfolio Manager ,Primary Health Care; Andy Gowland-Douglas, General Manager, Taranaki Cancer Society; Brenda Hall, Portfolio Manager, Taranaki District Health Board; Karmin Erueti-Thatcher, Smokefree Auahi Kore, DHB Co-ordinator; Andrew Brock, CEO, Peak Health Taranaki PHO; Dr Ian Smiley, General Practitioner.

Hutt/Wellington Cancer Advisory Group

Capital and Coast and Hutt Valley DHBs formed a joint local cancer network approximately 12 months ago. Astrid Koornneef, Operations Manager, Capital and Coast DHB and chair of the local advisory group talked of the success of the meetings. "The first year of the local network has provided an opportunity to share information and look at different activities across both DHBs and also within CCN. The group was also successful in a joint application for addressing inequalities pilot funding from CCN for the translation of resources into specific Pacific languages, and the development of a cancer services directory. The local network continues to be supported with good attendance and enthusiasm. The forum is now looking forward to continuing the momentum to date, focusing on the shared activities in each DHBs cancer plan."

Central Region Palliative Care Network (CRPCN)

The Central Region Palliative Care Network (CRPCN) continues to meet 3—4 times per annum. A mixture of clinicians and managers who have an interest in specialist and generalist palliative care service development attend this open forum. The following members are part of a small steering group established to provide leadership and facilitation for the network:

- Kevin Nielsen, CEO, Hospice Taranaki
- Bidy Harford, CEO, Te Omanga Hospice
- Karen Anderson, CEO, Hospice Wanganui
- Clare Randall, Director of Clinical Services, Arohanui Hospice

CRPCN have recently confirmed their Terms of Reference, which include the following objectives for the network:

- ◆ To support the engagement of local, regional and national stakeholders, identifying opportunities for collaborative approaches to the planning and delivery of palliative care services
- ◆ To discuss service developments, clinical priorities and emergent issues that have implications for the region, ensuring views of patients and carers are included
- ◆ To act as a resource group for service providers in the region
- ◆ To inform the development and implementation of region-wide policies, procedures and resources eg referral criteria, clinical guidelines, service directories
- ◆ Identify and advise on region wide education and training needs in palliative care

CCN provides secretariat services for the forum.

Care Coordinators Forum

CCN established a regional Cancer Care Coordinators Forum to provide an opportunity to gain a better understanding of different care coordination roles and models of care based on location, tumour groups, service settings and people involved. Examples of care coordination roles include (but are not limited to): Cancer nurses – primary, secondary and tertiary – service based as well as tumour based; Adolescent / Young Adult Cancer Co-ordinators; Cancer Social Workers; Cancer Society Liaison Nurses / support coordinators; Iwi based cancer co-ordinators.

Unfortunately this group has not been able to meet face-to-face this year due to the financial constraints being experienced in many organisations, however CCN regular communicates with members, providing updates and notifying members of opportunities to participate in cancer control related activities in their areas.

DHB Cancer Managers Group

Comprising of managers from Funding and Planning divisions and Cancer Service provider arm of DHBs this group meets twice annually to update on cancer control activity in their districts and to identify and progress opportunities for regional approaches to the planning and delivery of services.

MAJOR PROJECT WORK

Lung Cancer Tumour Stream

A regional Lung Cancer Steering Group was established in 2007 to lead work on developing and promoting standards for service delivery across the CCN region, with a focus on identifying and addressing issues for patients with lung cancer.

The steering group comprises:

- Dr Andy Simpson (Chair), Clinical Director, CCN
- Denise Robbins, Consumer Representative
- Maria Potaka, Consumer Representative
- Dr Glenn McKay, Cardiothoracic Surgeon, Capital and Coast DHB
- Dr David Hamilton, Radiation Oncologist, Capital and Coast DHB
- Dr James Curtis/Dr Rob Armstrong, Respiratory Physicians, Hawkes Bay DHB (shared position)
- Dr Helen Winter, Medical Oncologist, MidCentral DHB
- Dr Claire Hardie, Radiation Oncologist, MidCentral DHB

The project involved consultation with stakeholders to map the patient journey on the lung cancer pathway. The subsequent report was able to identify service and planning improvements at a local, regional and national level.

To work with stakeholders on service improvement initiatives identified in the completed report, CCN is proposing lung tumour workshops within each DHB region. These will commence in October 2009.

Head and Neck Cancer Tumour Stream

A Head and Neck Cancer Steering group was established with the purpose to plan, develop and work with providers to implement best practice in the total management of head and neck cancers in accordance with the recommendations of the NZ Cancer Control Strategy Action Plan, national cancer standards and any other guidance relating to head and neck cancers.

The Steering Group consists of:

- ◆ Dr Simon Allan (Chair), Clinical Director, CCN
- ◆ Craig MacKinnon, Plastic Surgeon, Hutt Valley DHB
- ◆ Francis Hall, Oral and Maxillofacial Surgeon, Capital and Coast DHB
- ◆ Toni Webber, Staff Nurse, MidCentral DHB
- ◆ Dr David Grayson, Clinical Director, Hawkes Bay DHB
- ◆ Dr David Hamilton, Consultant Oncologist, Capital and Coast DHB
- ◆ Dr Nikolay Nedev, Medical Head, Department of Radiation Oncology, MidCentral DHB
- ◆ Dr Wayne Gillingham, Surgeon, Oral and Maxillofacial, Hutt Valley DHB
- ◆ Mr Andrew Campbell-Stokes, Manager, Central Region Technical Advisory Services (TAS)
- ◆ Mr Derek Goodisson, Head and Neck Surgeon, Hawkes Bay DHB
- ◆ Brian Sheppard, Consumer Representative

Initial activity is focussing on maximising the effectiveness of the two regional multi-disciplinary meetings, enabling reporting of data and supportive care issues.

Multidisciplinary Meeting (MDM) Framework

CCN has developed a Multidisciplinary Framework to support the functioning of multidisciplinary meetings as identified in DHB action plans. The framework includes: meeting protocols, terms of reference for MDMs, an MDM checklist and an audit tool. The MDM Advisory Group was established to progress the implementation of the framework and comprises of:

- Rodger McLeod, Funding and Planning, MidCentral DHB
- Sue Lawrence, RCTS, MidCentral DHB
- Sue Edgecombe, RCTS, MidCentral DHB
- Penny Pere, Cancer Service Manager, Hawke's Bay DHB
- Marjan Van Waardenberg, Senior Analyst, Long Term Conditions Policy and Strategy, Ministry of Health
- Astrid Koornneef, Operation Manager, Capital and Coast DHB
- Kevin Simpson, Funding and Planning, Whanganui DHB
- Denise Gluya, Consumer Representative

Implementation activities to date include:

- Feeding into the review of the Tier 1 Medical and Surgical Service Specifications and Tier 2 Medical Oncology and Radiation Oncology Service Specifications, to ensure that the role of MDMs is supported and with a view to securing a purchase unit for MDMs
- Seeking a medico-legal opinion regarding the issue of shared decision making within the MDM
- Identifying facility requirements in each hospital to support the effective functioning of MDM eg video-conferencing facilities
- Promoting the audit of existing MDMs against the framework

Cancer Medical Imaging Guidelines

CCN, in collaboration with clinical staff from the CCN region, is developing guidelines for medical imaging and reporting which are specific to the diagnosis, staging and surveillance of specific cancers.

The advisory group, as detailed below, agreed to use the UK Guidelines: 'Recommendations for Cross Sectional Imaging in Cancer Management' as the foundation for the development of Cancer Medical Imaging Guidelines and have adapted them to meet a New Zealand context. These guidelines will be available for wider stakeholder dissemination towards the end of 2009.

Advisory Group Members:

- ◆ Dr Garry Forgeson (Chair), Medical Oncologist, MidCentral DHB
- ◆ Dr Trevor Fitzjohn, Specialist Radiologist, Pacific Radiology Ltd, Wellington
- ◆ Dr Peter Dixon, Specialist Radiologist, Broadway Radiology, Palmerston North/MidCentral DHB
- ◆ Dr Nick Humphries, Specialist Radiologist, Hutt Valley DHB
- ◆ Dr Alina Leigh, Fulford Radiology, New Plymouth
- ◆ Dr Umesh Pandey, Specialist Radiologist, Hawkes Bay DHB
- ◆ Dr Kevin Smidt, Nuclear Physician, MidCentral DHB
- ◆ Paula Jones, Charge MRT, Department of Radiology, Hawkes Bay DHB
- ◆ David Binning, Consumer Representative
- ◆ Teresa Grace, Communications Manager, Pacific Radiology Ltd, Wellington

Addressing Inequalities Projects

Hawkes Bay Engagement and Reducing Inequalities – Discussion Document

As part of the first phase of developing the Addressing Inequalities project it was agreed that an approach to develop partnerships with Maori and Pacific that are strategic, mutually beneficial and inclusive was required. A regional hui in Palmerston North in June 2008 led to a tino from Nancy Kemara on behalf of the Maori Provider Council, Hawke's Bay, to begin the process of developing relationships and engaging in Hawke's Bay.

Hui and face-to-face meetings were held in August and September 2008 in the Hawke's Bay district which led to the production of a report to support the engagement with Maori and the development of a partnership model.

The report highlighted a partnership model which would support the following aspects;

- ◆ An understanding of Iwi Maori values, concepts and beliefs – Wairuatanga, Kotahitanga, Whanaungatanga, Manaakitanga, and Rangatiratanga
- ◆ The importance and mana of Kaumatua
- ◆ The use of Maori Models of Health must be considered in the implementation of initiatives e.g. Te Whare Tapa Wha, and Te Wheke
- ◆ Enough members to do the "mahi"
- ◆ The ability to network with all members of a multi-disciplinary team
- ◆ Whakamana o tatou nei whakapapa – it is about protecting our next generations
- ◆ Have the ability to identify and prioritise issues specific to the region
- ◆ Maori representation at all levels is necessary and includes Kaumatua
- ◆ That the decision making is inclusive of Maori from the beginning
- ◆ An allocation of funding that supports the partnership

The report also recommended the following wider activities aimed at addressing inequalities:

- ◆ Promote the integration of Maori expertise and advice, so that services are specifically designed to meet the needs of Maori affected by cancer
- ◆ Care coordination / navigator roles are implemented to support and assist patients, family and whanau through the cancer journey. That this/these role(s) be based within existing Maori service providers
- ◆ Clear processes for communicating treatment and care plans are developed which show that practitioners are effectively working together to ensure care coordination
- ◆ The multi-disciplinary meeting framework be adopted to support a collaborative approach to patient care planning

- ◆ A stocktake of transport services and assistance for patient and carers including policy, contracting and operational aspects is undertaken
- ◆ The Cancer Society be supported to develop a Maori responsiveness plan
- ◆ That the delivery of Rongoa care through the existing funded provider be supported to formalise a system of referral from other existing cancer services
- ◆ That support and delivery of education be offered to mainstream providers delivering cancer services to Maori, to be able to enhance and support the option of Rongoa care
- ◆ Mainstream providers are equipped to deliver their services in a way that promotes whanau ora
- ◆ The DHB is encouraged to plan and implement a district wide health promotion plan within a Maori framework
- ◆ CCN works with the region to develop a Supportive Care Guidance implementation Plan

CCN Addressing Inequalities Pilot Funding

As part of its Crown Funding Agreement with the Ministry of Health, CCN receives funding to investigate and address systemic causes of cancer inequalities. CCN recognises the opportunity to work with organisations/groups within the region to pilot innovative projects and as part of this work has allocated \$73,000 in the 2008/09 budget to support projects in the region that investigate and / or pilot strategies to address systemic causes of cancer inequalities.

An invitation to submit an expression of interest was issued to stakeholders early April 2009. Nine applications were received, from which the following three were selected:

Hutt Valley DHB / Capital and Coast DHB

This project supports the translation of selected cancer treatment information into specific Pacific languages and the development of a cancer support services directory.

The deliverables of the project include:

- ◆ Information about cancer support services in the CCDHB/HVDHB region for Maori and Pacific people with a diagnosis of cancer
- ◆ Appropriate information for specific Pacific people about key cancer treatment modalities and palliative care services

Te Aitanga a Hauiti Hauora

This project supports the development of Kaiawhina roles to undertake a targeted approach to recruiting priority women into the BreastScreening programme in the rural East Coast region (Tairāwhiti) prior to the next visit of the mobile screening unit.

The deliverables of the project include:

- ◆ Health promotion activity to ensure the targeted client group are aware, and understand the importance of regular breast screening combined with one-on-one support to ensure registration
- ◆ Workforce development - working generally with Ngati Porou Hauora Health teams, and specifically with their Kaiawhina to increase knowledge about breast screening from a Health Promotion, Population Health screening perspective

Mary Potter Hospice

This project supports the development of a collaborative framework for identifying generalist and specialist palliative care needs in the patient community of a Maori Primary Care Provider, with the intent to establish the best practice framework of palliative care in primary settings. The provider covers populations within the Porirua, Cannons Creek, and Wellington city area with a large Maori and Pacific patient base.

The deliverables of the project include;

- ◆ Adapting training and information materials (UK Gold Standards Framework) for the NZ setting, ensuring that they are appropriate for Maori and Pacific patients.
- ◆ Using these materials to pilot a training and mentoring programme for key nurse(s) and/or support worker(s) selected by the PHO

These projects will be progressed during 2009/10. The Addressing Inequalities Service Improvement Facilitators in the network will work alongside the pilots to support their implementation and to maximise opportunities for wider regional benefit.

ACHIEVEMENTS 2008/09

CCN developed a work plan to co-ordinate its activities for 2008/09. Progress against this work plan has been steady and stakeholders have been regularly updated via quarterly reports.

The following tables identify the relevant activity from the work plan and summarise progress.

Addressing Inequalities Programme	
Activity	Progress
Engagement with stakeholders at a district level to identify actions to improve engagement with Maori and to reduce inequalities	<ul style="list-style-type: none"> • Hawkes Bay - engagement undertaken and report provided to stakeholders indicating findings and recommended remedial actions. Actions underway • Whanganui – engagement commenced via hui and face to face meetings. Work underway on a case study and a project to integrate Cancer Society core support services into the patient pathway • Taranaki – engagement commenced. Work underway includes supporting the establishment of the Local Cancer Network and facilitating a Demystifying cancer for Maori programme
Engagement with stakeholders at a district level to identify actions to improve engagement with Pacific Peoples and to reduce inequalities	<ul style="list-style-type: none"> • Regional fono held • Addressing Inequalities Service Improvement Facilitator – Pacific Communities 0.2FTE position established • Pre-engagement work underway, including stocktake of existing strategies in the region aimed at addressing inequalities, identification of key stakeholders and stocktake of relevant research
Outcomes of engagement with Maori and Pacific Peoples re developing a partnership model with CCN are actioned	<ul style="list-style-type: none"> • Draft relationship model developing for Iwi/Maori • Maori and Pacific membership on Governance Group
Stocktake of cervical screening services in region to identify best practice components	Stocktake completed and report due Sept 09
CCN develops an investment strategy for allocating 08/09 funding which has been designated to support addressing inequalities pilot projects within the region	<p>The following pilots have been selected for implementation during 2009/10:</p> <ul style="list-style-type: none"> • HVDHB / CCDHB – Pacific translations for patient information and service directory development • Te Aitanga a Hauiti Haoura – targeted approach to support increased BreastScreening rates in Tairāwhiti • Mary Potter Hospice –development of generalist palliative care services for Maori and Pacific

Tumour Stream Programme

Activity	Progress
Work with the NZ Regional Cancer Networks / Cancer Treatment Advisory Group / Ministry of Health to develop an agreed approach to the establishment of tumour streams in NZ	<ul style="list-style-type: none"> • Cancer Treatment Advisory Group developing a model for overarching national tumour boards • Regional Tumour Stream Steering groups have been established for various cancers in all of the networks. CCN has Lung and Head and Neck functioning and Bowel coming onboard early July 09
Identify the current pathway for patients diagnosed with lung cancer in the region and identify opportunities for improving the patients journey	<ul style="list-style-type: none"> • Steering group continues to meet • Report with findings from the mapping process and recommended remedial actions completed and presented to stakeholders • Identified national and regional activities progressing • A roadshow is planned for Oct 09 to present findings and progress against recommendations to each DHB • Development of indicators to monitor the pathway are progressing in collaboration with the other networks
Identify the current pathway for patients diagnosed with Head and Neck cancer in the region and identify opportunities for improving the patients journey	<ul style="list-style-type: none"> • Steering group established • Review of RCTS Head and Neck MDM completed – actions are progressing around referral guidelines and implementing the MDM framework • Review of Head and Neck databases under action • Mapping to occur on a 'issues based' approach • Identification of supportive care issues underway eg funding for dentures, auditory aids post treatment
Engage with stakeholders to gauge the interest in the establishment of a Bowel Tumour Stream	<ul style="list-style-type: none"> • Bowel Steering group currently under development • Mapping the patient pathway to occur Jul-Sep 09 • Working alongside the Bowel Cancer Team from the MOH on capacity and capability issues • Development of indicators to monitor the pathway are progressing in collaboration with the other networks

Service Group programme

Activity	Progress
Central Region Palliative Care Network (CRPCN)	<ul style="list-style-type: none"> • Regular meeting facilitated • Guidelines for district palliative care networks developed and all districts now have functioning groups • Stocktake of relevant palliative care governance and project groups at a national, regional and local level and their focus areas for 09/10 underway
Care coordinators forum	Forum convened in August 2008 and met again in November. Forum scheduled for April 09 was cancelled due to inability of many participants to travel - the group will function as a virtual group for 2009
DHB cancer managers group	6monthly meetings facilitated
Local Cancer Networks (LCN)	<ul style="list-style-type: none"> • LCNs developed in all districts • CCN team regularly attend LCN meetings across the region • LCNs supported to develop work plans for 09/10

General Projects	
Activity	Progress
A framework to support the functioning of Multi-disciplinary Meetings (MDM) across the region is developed and implemented	Framework agreed and implementation plan commenced.
A pilot training programme is delivered to GPs to support the use of the GP / Patient showcard that supports informed decision making on early detection testing for prostate cancer	<ul style="list-style-type: none"> • Training sessions completed for approximately 135 GPs across the region and evaluation completed • Report completed and provided to Genesis, MOH, other cancer networks and key stakeholders
Guidelines to support the best use of medical imaging modalities for the diagnosis, staging and surveillance of cancer are developed and implemented	<ul style="list-style-type: none"> • Guideline in final stages of proofing and will be circulated widely to stakeholders mid-09 for comment • Implementation plan to be developed

Infrastructure Development	
Activity	Progress
CCN develops a strategic plan in consultation with stakeholders	<ul style="list-style-type: none"> • Draft CCN Strategic Plan 2009-2014 developed and circulated to stakeholders for comment. Aiming for sign off by Governance Group in September 2009
CCN develops and implements a consumer framework, based on nationally agreed principles, to support consumer engagement	<ul style="list-style-type: none"> • Consumer framework approved Jun 09 and implementation commenced • Consumer representation on advisory groups across the networks activities is well supported
CCN works with stakeholders to develop an outcomes monitoring framework to assist with local, regional and national planning	<p>In collaboration with the other cancer networks and MOH:</p> <ul style="list-style-type: none"> • Intermediate level indicators under development for lung / bowel cancer • Process indicators under development for the 09/10 work plans • Regional cancer control indicators monitoring report under development

KEY FOCUS AREAS 2009/10

Addressing Inequalities Programme:

- Demystifying Cancer for Maori programme
- Development of a regional forum to support ongoing relationships
- Pacific peoples action plan
- Cervical screening services report
- Monitoring outcomes of various breast screening projects
- Cultural frameworks and Tikanga guidelines
- Supporting Cancer Society Maori responsiveness planning
- Supporting organisations to use the Whanau Ora Health Impact Assessment tool
- Supporting pilot projects in the region aimed at addressing inequalities
- Implementing Supportive Care Guidance – care co-ordination stocktakes, service directories, patient hand held record, integrating Cancer Society services into the patient pathway
- Supporting integrated health promotion planning

Tumour Stream Programme:

- Lung – implementing recommendations from the regional report
- Bowel – mapping and reporting on the pathway
- Head and Neck – issues based activities eg MDM
- Multi-disciplinary Meeting Framework
- Cancer Medical Imaging Guidelines

General Projects:

- Cancer Centre Collaboration – RCTS / WBCC
- Regional Palliative Care Medical Specialist Service – MidCentral, Whanganui, Taranaki
- NZGG Guideline implementation plans: Suspected Cancer in Primary Guidelines, Early Stage Breast Cancer Guidelines, Melanoma Guidelines

Supporting the following Service Groups:

- Central Region Palliative Care Network (CRPCN)
- Care Coordinators Forum
- DHB Cancer Managers Group
- Consumer Representatives
- Local Cancer Networks
- CCN Governance Group

Infrastructure development:

- Operation and quality framework including:
 - ◆ Identifying data requirements and developing processes to report on key indicators
 - ◆ Refining project methodologies
 - ◆ Refining communication processes eg website, newsletter
 - ◆ Identifying additional service groups

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