







Central Cancer Network (CCN) Governance Group Meeting 8th June 2010

Members	Attendees	Apologies
Bronwen Laurenson Denise Robbins Mike Grant (chair) Patsy Bodger Judith MacDonald Dianne Keip Naomi Whitewood	Jo Anson Stephanie Fletcher Ali Hamlin Shirlee McLean Murray Georgel (Lead CEO) Jon Herries (MDM Project) Ruth Herbert (Network Evaluator)	Colin Tukuitonga Andy Simpson Simon Allan Siloma Masina Marie McKay Annette Nesdale Astrid Koornneef Andrew Campbell –Stokes Donna Leatherby

Items	Discussion/Comments	Actions
Welcome	Mike welcomed everyone to the governance group meeting and noted a number of unanticipated apologies	
Conflict of Interest/ Register of Interest update	There were no conflicts of interest registered.	
Minutes of Previous Meeting	Minutes were confirmed by email. <u>Discussion</u> <ul style="list-style-type: none"> The term of the SIF Addressing Inequalities role to be discussed further under the Maori Leadership paper. Budget will be completed for the next meeting. Regional Bowel Report not yet signed off due to inability to convene a steering group meeting. To be progressed in July. Meeting with the Clinical Directors re leadership has occurred and a paper will be presented at the next meeting. Work with Local Cancer Networks to be progressed. 	
Regional MDM development project	Shirlee and Jon presented on this project, updating on the activity to date, and next steps. Presentation attached. <u>Discussion</u> <ul style="list-style-type: none"> Patient involvement and consent is evolving - the consumer representative forum will be developing a pamphlet to explain MDM process to patients. Confirmed that patients perspectives are discussed at the MDM. Level of Allied Health involvement in MDMs queried – noted that both allied health and palliative care generally are not well represented, mainly due to timing of meetings and that they have never been considered previously. Recognition of importance of MDM Coordination role to support the efficient functioning across all MDMs. Noted activities to address videoconferencing access Queried how information is shared with primary care – aim is to have an automatic letter generated to GPs at time of the meeting for immediate emailing. CCN is leading some of the national work around MDM funding and access for private patients. Funding an issue as there are currently no extra dollars in the current service specifications for clinicians to attend MDMs. 	 MDM Project Governance Gp.ppt
Programme update	Jo spoke to the CCN Programme Update highlighting the following areas of interest and discussion; <ul style="list-style-type: none"> Central Region Palliative Care Network Forum – successful education day held recently with over 70 attendees. Group considering holding a forum like this annually. Regional Lung CNS – feedback from stakeholders including Directors of 	

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	<p>nursing for the two cancer centre DHBs doesn't support the development of a regional model considering the current climate of potential disinvestments needing to occur. Project to be rescoped. Concern raised re DHB decisions around disinvestment and how these decisions may be happening in isolation without considering the impact on the wider patient pathway. Support for stronger monitoring across the entire patient pathway.</p> <ul style="list-style-type: none"> • MOH Bowel Cancer Team – Noted announcement re bowl screening pilot – RFP process likely end of June. Consumer involvement with the developing bowel programme was also queried. • Head and Neck Tumour Stream – plans for a regional meeting to discuss funding and access issues/solutions for dental support for these patients • PET – draft TOR for variance Committee circulating for comment. DHBs working on consistent pricing structure. • Gynae-oncology services – TAS leading this project with CCN in support. RCTS and WBCC providing specialists to support the project • Addressing Inequalities pilot funding 2008/09 – noted Mary Potter Hospice has had to withdraw from the project due to staffing issues. Recommendation is for that funding to remain unspent until decisions are made on the investment strategy for 2010/11 pilot funding. Noted that the evaluations from the other two projects should be available next meeting. 	<p>Jo to source information on any changes to resourcing.</p> <p>Ali to liaise re consumer involvement and advise.</p>
<p>Documents for approval</p>	<p>Due to the lack of a quorum the following documents were discussed and endorsed subject to formal approval at the next governance group meeting:</p> <p><u>Consumer representation on the Governance Group</u> Denise spoke to this paper seeking a second consumer representative on the governance group.</p> <p><u>Discussion</u></p> <ul style="list-style-type: none"> • This would ensure continuity of consumer representation. The additional position would be specific to Maori/Pacific and the call for representation would be across the region. <p><u>Outcome</u></p> <ul style="list-style-type: none"> • Approved two consumer representatives on the governance group, one of which will represent Maori or Pacific. Approval to be confirmed at next meeting. <p><u>Service Directory</u> Stephanie spoke to the paper proposing the development of a web based Cancer Services Directory .</p> <p><u>Discussion</u></p> <ul style="list-style-type: none"> • Confirmed links will be developed to NGOs and PHOS • Hard copy to be considered. Site to have printer friendly options • Link with supportive care stocktake. Discussed potential of starting the directory prior to stocktake. <p><u>Outcome</u></p> <ul style="list-style-type: none"> • Endorsed the directory structure and approved funding up to \$7K for its development, with above comments noted. Approval to be confirmed at next meeting. 	
<p>Maori Leadership Paper</p>	<p>Ali tabled a summary of the feedback which had been received from the wider dissemination of the proposal to progress a Maori Leadership model.</p> <p><u>Discussion</u></p> <ul style="list-style-type: none"> • Noted that feedback had been received by only a small number of stakeholders. The group was keen to local cancer network discussion on the model. • Noted that the item required fuller discussion with the wider Governance Group at the next meeting however earlier feedback to the management team prior would be beneficial. • Noted that NCN have completed an evaluation on their Maori leadership 	

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	<p>model and this will be forwarded when it comes to hand.</p> <p><u>Outcome:</u></p> <ul style="list-style-type: none"> • Team to continue to progress discussions on the leadership model with stakeholders • Governance group members to feedback on proposal to management team prior to next meeting (20th July). Supporting documents to go to the next meeting 	Team to progress
CEO Sponsor discussion	<p>Murray Georgel (CCN Lead Sponsor) was welcomed to the meeting and introductions were made. Naomi Whitewood joined the group via teleconference. There was discussion around the following:</p> <ul style="list-style-type: none"> • changing focus in health with a stronger emphasis on regional and national interests supported by proposed legislative changes for DHBs which will strengthen requirements around working collaboratively. • Identified the role of networks in the emerging environment and that CCN has been an early leader. Noted frustrations at not being able to do more than influence and the potential of the RCSP to assist with strengthening decision making • RCSP will be the focus on planning for the future including meeting the needs of the regions population not just the district population, governance across boundaries, not within and strengthening wider participation. Noted the importance of enablers (transport and information) and communicating with the public re any proposed changes. Noted importance of protecting Taranaki and Tairāwhiti's interests in CCN. • Concerns raised re security of contracts for Maori providers in current climate 	
Evaluation of the Regional Cancer Networks	<p>Ruth Herbert was introduced and outlined the rationale and process for the evaluation that Cancer Control NZ was undertaking with the regional cancer networks.</p> <p>There was discussion from members around the following challenges relating to the structure and governance of the network:</p> <ul style="list-style-type: none"> • Representative role is difficult eg Maori – it is more about bringing multiple perspectives to the table. Challenge in determining 'who the master is' when everyone is wearing multiple hats. • Managing the role of linking back to wider groups within the network. Noted value of having the consumer group and the developing Maori leadership group to enable members to bring a wider view to the table • Challenge of how the network influences the direction of cancer control in DHBs. Influencing mandate only takes the work so far. Strengthen mechanisms for authority around implementation. • Local Cancer Networks critical to the network structure for delivering results at the local level and importance of supporting these • Structure and impact of networks sensitive to the quality of the management team. Change of personnel in governance group not nearly so critical as change of personnel in management team. 	
Draft Work Plan 10/11	<p>Mike commented on the significant amount of work undertaken by the team in the past 6 months. He asked for governance group members to consider the draft work plan for the upcoming year and feedback comments to Jo by Friday 11th June. The draft will then be forwarded to wider stakeholders for comment. He noted that if something is added to the work plan, something needs to come off</p>	Group to feedback comments to Jo by 11 th June
General business	<ul style="list-style-type: none"> • Bronwen noted a proposal that the Central Districts Division of the Cancer Society is considering re Maori men's health. Noting the freeing up of funding from one of the addressing inequalities pilots she requested consideration of a joint CCN / Cancer Society approach. This was not supported at this stage until the investment strategy for any addressing inequalities pilot funding for 2010/11 is made later in the year. 	
Next Meeting	<p>To be a teleconference on Tuesday 20th July commencing at 9am. Dial in numbers will be advised</p>	

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<p>The meeting was followed by lunch with members of the local cancer network and cancer service providers. Presentations on MidCentral cancer control initiatives then followed.</p>		
<p>Presentation from the Primary Care Cancer Nurses</p>	<p>Julie Berquist, Jane Overton, Yvonne Asher and Nicki Wilson presented on their role as Primary Care Cancer Nurses in the community. Presentation attached.</p> <p><u>Discussion:</u></p> <ul style="list-style-type: none"> • Query regarding any future improvement to the referral process. Clients are now able to self refer where previously it was GP referral only so that an improvement. Also receive referrals via other patients who know of someone in need. • Seeking a stronger engagement with secondary services particularly for those who have finished palliative treatment but are not under hospice care. • Noted that changes to GP teams can negatively impact on referrals and the need to continually promote their services. • Challenge of collaborating with all the other agencies. 	 <p>PHO presentation.ppt</p>
<p>Maori Cancer Coordinators</p>	<p>Chrissy Paul and Doris Peeti (Iwi Provider Cancer Coordinators) presented on their roles and the Action Research Project they undertook earlier this year. Presentation attached.</p> <p><u>Discussion:</u></p> <ul style="list-style-type: none"> • Queried whether the Maori Cancer Coordinators work closely with the primary care nurses and this was confirmed. • Noted that the Coordinators have been contracted to develop a Kete Ora resource via the CCN addressing inequalities funding for the local cancer network . • Source of referrals was discussed and noted that GPs are generally not referring in to this team and that patients are often referred in late. Key links in terms of providers/PHOs etc are Hospice and Cancer Society. • Noted that the group facilitates the Demystifying Cancer programme and contribute to the Living with Cancer workshops. • Position in Horowhenua still to be filled. Under discussion at present. <p><u>Outcomes</u></p> <ul style="list-style-type: none"> • Discussion to be had with CCN management team to see how they could support the referral process from GPs, eg, making a standard referral. 	 <p>Action Research Presentation CCN.</p> <p>Jo to follow-up</p>
<p>Psycho-oncology Services Update</p>	<p>Don Baken and Lizzy Kent (Massey University) presented an update on the services contracted by Massey University. Presentation attached.</p> <p><u>Discussion:</u></p> <ul style="list-style-type: none"> • The access and equity of service provision was discussed. The current contract allows the psycho-oncology services to provide services for MDHB domicile patients only but the team see any patients that are receiving treatment at RCTS. On-going talks with other DHBs to rectify situation with variable traction. • Jo noted CCN had sent a letter to GPs Planning and Funding and local cancer networks in support of a resolution. Also noted the work around the Supportive care Guidance implementation plan and Oncology service Specifications which will assist with identifying and addressing the issue • Issue hasn't been discussed at Regional General Managers Funding and Planning meeting to date. Suggest that it be raised there. • Noted that some DHBs consider payment for psycho-oncology services was covered in the purchase unit and tertiary adjuster. <p><u>Outcome:</u></p> <ul style="list-style-type: none"> • Jo to talk to Mike Grant in the first instance to get a General Manager Funding and Planning perspective. 	 <p>Psycho oncology Service Update.ppt</p> <p>Jo to action</p>
<p>Care Coordination</p>	<p>Rodger McLeod (MDHB) presented the mapping process that has been undertaken by the MidCentral local cancer network to look at care coordination across the cancer continuum. The mapping has involved several meetings with consumers to hear their</p>	

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	<p>journeys. The results of the meetings has found the following 11 key points which are currently being developed in order to improve services:</p> <ol style="list-style-type: none"> 1. Clinicians communication of messages needs to be clear and empathetic 2. Clinical information needs to be explained, reframed and delivered in a way that patients understand. Assistance in connecting the reasons for various tests and appointments would help 3. Clear referral pathways, (minimise repeating information) 4. The system needs clear follow up protocols (that the patient understands) 5. A written care plan would be helpful 6. A patient held record would be helpful 7. A good service directory would be helpful 8. A single coordinator of the journey, does not necessarily need to be clinician but could be. This person could sit in a variety of services or roles but takes a lead with the person on their journey. 9. Expectation that discharge planning is done with Doctor, Nurse and MDT 10. Improved information, patient record flow between services (system and process) 11. Coordinated booking between Medical Oncology / Radiation oncology and surgery 	
Site visit to RCTS	Jo invited attendees to a site visit of RCTS to view their services.	

Meeting closed 3.10pm