

**MEMORANDUM TO THE HEALTH WAIKATO
ADVISORY COMMITTEE
27 APRIL 2011**

AGENDA ITEM 10

Subject	Midland Cancer Network Update
Report By	Jan Adams, Chief Operating Officer
Author	Jan Smith, Manager Midland Cancer Network

Purpose of the Report

To provide an update on the Midland Cancer Network role and function, a summary update on 2010/11 progress and an outline of the 2011/12 work plan priorities.

Key Points

- The Midland Cancer Network was formed in 2006, and has a range of activities focussed on reducing the incidence and impact of cancer.
- It is a regional network, encompassing Bay of Plenty, Lakes and Waikato DHBs.
- It is funded by the Ministry of Health through a lead DHB (Waikato).
- It has an annual workplan and progress against its key activities is contained in this report.
- The Midland Cancer Network will report to Healthshare from 1 July 2011, as part of the regional co-operation project.

Recommendation(s)

That the report be received.

MIDLAND CANCER NETWORK

The purpose of this report is to inform new Board members on:

- the Midland Cancer Network role and function
- provide a summary update on 2010-11 progress
- outline 2011-12 work plan priorities.

Role and function

The Midland Cancer Network was formed in 2006 following the release of the New Zealand Cancer Control Strategic Action Plan 2005-2010. The Midland Cancer Network Strategic Plan 2009-2014 plan outlines the leadership, facilitation and co-ordination role in bringing together and working with stakeholders across organisational and service boundaries to:

- reduce the incidence and impact of cancer;
- reduce inequalities with respect to cancer; and
- improve the experience and outcomes for people with cancer.

The Midland Cancer Network area encompasses Bay of Plenty, Lakes and Waikato DHBs with an open invitation to Taranaki and Tairāwhiti¹. The network and constituent DHB annual work programme aligns with the National Cancer Programme Work Plan which is an integrated national programme that covers the Ministry of Health, DHBs and regional cancer network activity across the cancer continuum².

The Midland Cancer Network strategic directions are to:

1. share knowledge and information to enable informed decision making
2. facilitate regional service quality improvement leading to better, sooner, more convenient services
3. support innovation and infrastructure development to reduce inequalities and build capacity and capability.

The network is funded by the Ministry of Health through a lead DHB (Waikato). The network is made up of clinicians and service management from non-government organisations, primary and secondary/tertiary providers, planning and funding, Maori and consumer/carer representatives.

The incidence and mortality rates for the Midland Cancer Network area, and in particular for Maori are higher than national averages. The Midland DHB five year cumulative survival rates for the priority cancers lung and bowel are poor when compared with other New Zealand DHBs.

The network links in with the national cancer governance structure. The New Zealand regional cancer network model is evolving to include a host network model for tumour/service streams. Midland Cancer Network has been commissioned by the Ministry

¹ NZ network boundaries were based on non-surgical cancer treatment flow.

² Cancer continuum – prevention, screening, diagnosis and treatment, rehabilitation and supportive care, palliative/end of life care, research and surveillance

of health to lead this inaugural concept for lung cancer. The regional multidisciplinary work groups align to the national work groups.

The network has an Executive Group with the Waikato DHB COO as chair and is representative of key stakeholders. The network has a management team that includes a clinical director (0.2 fte), manager (1.0 fte) and 4.2 fte staff to the networks core work programme and has fixed term resources of 1.0 fte for palliative care work programme and 1.0fte for one-off Ministry of Health funded initiatives. The network support local district cancer and/or palliative care networks.

At least half of the networks management team resource is dedicated to supporting tumour and service improvement work groups comprised of regional representatives. Clinical chairs are appointed to these groups and focus on clinical frameworks/pathways, service planning and quality improvement. The network links and works in partnership with the Midland Cancer Network Consumer and Carer Reference Group and Maori Advisory Group to support the tumour/service specific work groups. Tumour work groups established to date include breast, lung, and bowel. Service work groups established include palliative care, supportive care, research and audit, nonsurgical cancer treatment, CNS/care co-ordination, adolescent and young adult cancer services.

2010-2011 Quarter 3 progress report - 1 January–31 March 2011

STRATEGIC DIRECTION 1: KNOWLEDGE AND INFORMATION SHARING

- Midland Cancer Network web based supportive care service directory has gone live and development continues
- Completed phase one of the early detection of lung cancer with a community based campaign - “cough, cough, cough” in Rotorua. Working with Lakes DHB staff on developing a mini media campaign
- Health Outcomes International is developing a national implementation plan for the *Guidance for Improving Supportive Care for Adults in New Zealand*. A HOI/Midland Cancer Network ‘strategic thinkers’ planning day was held on 19 November 2010, information provided as requested
- Facilitated a raising awareness of prostate cancer to staff on DHB websites.
- Development of a Midland Cancer Network Monitoring and Evaluation Report is due for completion quarter 4. This report has been adapted from the Central Cancer Network Indicators Report, utilising Central TAS to populate.

STRATEGIC DIRECTION 2: SERVICE QUALITY IMPROVEMENT - BETTER, SOONER MORE CONVENIENT SERVICES

- Bowel and lung elective services pathway review completed. Recommended actions in progress through the Midland tumour specific work groups.
- Continued development of nationally agreed lung and bowel cancer wait time indicators. These are in a development phase. Once the national tumour work groups are fully functioning future leadership and development will come from these groups.
- Midland Cancer Network is the lead network to host the national Lung Cancer Work Group and to develop national lung cancer standards (six month contract) 1 January – 30 June 2011. This is a new evolving concept and function of the networks

- Lung cancer:
 - A 2 year community based campaign for early detection of lung cancer in Rotorua - “Cough, Cough, Cough” first phase completed
 - Regional lung cancer work up guidance agreed
 - Lean Thinking applied and improved the regional Chest Conference process. Numbers presented and recorded have increased.
 - Midland workup for suspected lung cancer agreed.
 - A web based resource on early detection of lung cancer has been developed.
 - Lakes has improved primary access to chest x-ray and CT for suspected lung cancer. Access to diagnostic work up and FSA streamlined.
 - Waikato radiology CT/CT FNA initiative completed with demonstrated improvements.
 - Ensured endobronchial ultrasound was included on to the Waikato asset management list.
 - Wait times between critical stages of the pathway has been provided to clinicians
- Bowel cancer:
 - Assisted with the formation of the NZ Bowel Cancer Work Group
 - Stakeholders participated in site visits with national Endoscopy lead clinical director and nurse
 - Bay of Plenty have planned to improve surveillance colonoscopy access as part of the process and were successful in obtaining a Health Workforce initiative for nurse endoscopist – recruitment in progress
 - A proposal for the bowel screening pilot programme was submitted in 2010 and whilst it was unsuccessful the work resulted significant learning
 - Ensured an endoscopy quality management system was identified on DHB asset management lists e.g. ProVation
 - Wait times between critical stages of the pathway has been provided to clinicians
- Radiotherapy:
 - Midland Radiotherapy Services Plan 2010-2020 development continues. Indication of a possible private provider entering the market needs to be considered as part of planning.
 - Identified the need to establish/clarify the ‘rules’ regarding the funding of ambulatory cancer patients requiring MRI when they receive treatment in multiple DHBs
- Medical Oncology / Chemotherapy:
 - Midland Medical Oncology Services Plan 2010-2020 planning slowed due to limited network team resource and awaiting outcome from the Ministry Medical Oncology Models of Care initiative lead by Cranleigh House
 - On behalf of the Midland DHBs the network submitted a proposal to receive Ministry one-off funding to support reporting the medical oncology waiting time indicator as of 1 July 2011. This will enable improved reporting for each DHB utilising Aesculapius (Midland chemotherapy prescribing database). Implementation work has commenced.
 - Regional agreement obtained for the network to facilitate a regional nursing chemotherapy certification framework
 - Identified the need to standardise use of purchase units across the three DHBs
 - A Waikato Lean Thinking ambulatory chemotherapy improvement initiative continues with demonstrated improvements.

- Reduction in health inequalities for Māori:
 - The network, in partnership with a Waikato Māori health provider, and the Waikato/BOP Cancer Society has facilitated the establishment of a series of support/education groups around lung and bowel cancer.
 - The Demystifying Cancer Programme/toolkit has been implemented with the Waikato/BOP Cancer Society through community based workshops by building awareness of cultural protocols, delivery of appropriate information and education.
 - Midland Cancer Network provided 0.2 FTE to the Oranga Tane Māori research. The study includes a comprehensive literature review, a stock take of current whānau ora interventions, and investigates the individual experience of Māori men with chronic disease or cancer in the Waikato DHB. The learning from this research can then be applied across the region.
 - Scoping of a Midland Māori Advisory Group to support the network and/or other organisations is in progress.
- PET-CT initiatives:
 - Established Midland PET-CT regional variance committee, developed regional database and standardised processes across Midland DHBs.
 - In progress is identifying a Midland preferred PET service provider.
- Adolescent and young adult cancer services:
 - workshop to launch the service specifications was held late 2010.
 - An issue with AYACS CNS decreased revenue has been highlighted, no progress despite a caseload of 106.
- Palliative care:
 - Midland Palliative Care Service planning continues consultation completed. Writing up and formulating draft plans for discussion. Rotorua and Taupo planned for mid April.
 - Submitted regional feedback on the second draft of the national specialist palliative care service specifications.
 - The network continues to support the Midland LCP facilitators with implementation and monitoring progress
 - Midland palliative care nursing and carer education framework and annual calendar developed. The network continues to support the Midland sector with implementation and monitoring progress.
 - All Midland Hospices have obtained funding to implement PalCare (patient information system for palliative care)
- Breast:
 - established work group has developed regional follow-up guidance for patients with breast cancer. To be trialled in Waikato January – March 2011.

STRATEGIC DIRECTION 3: INNOVATION AND INFRASTRUCTURE DEVELOPMENT

- Provided information to the Tairāwhiti DHB Tertiary Adult Cancer Services Review.
- Midland Cancer Network team attended quality training workshop with NHS Institute of Innovation and Improvement (Northern Cancer Network/Ministry of Health initiative) late 2010.
- New Zealand regional cancer networks received Ministry one off funding contract of \$200,000 to advance improvements in the area of lung/bowel/cancer IS effective 1 January 2011. Clinicians prioritised the option to develop the ability to connect regional multidisciplinary team meetings between Waikato, Tauranga and Rotorua for regional cases. However this is dependant on IS support. If not possible then the

second option is to develop tumour stream databases to capture essential multidisciplinary team meeting information.

- Lakes DHB in 2010 endorsed the establishment of the Lakes Cancer and Palliative Care Forum. Need to refresh Bay of Plenty's forum and identify how we can manage for Waikato
- Significant input into Cancer Control New Zealand qualitative regional cancer network evaluation. Evaluation report released November 2010 has been discussed at the Midland Cancer Network Executive and at the NZ regional cancer network forum. While positive, the four networks are working collaboratively on common opportunities for improvement.
- Waikato Clinical School (supported by the network) was successful in obtaining funding for a 2 year HRC prostate cancer initiative across Midland. The network has assisted as required.
- The Somerset Cancer Registry Feasibility Study report is due to be completed April 2011. There was a delay due to network staff vacancy and the complexity of geographical isolation from the UK.
- Supported the establishment of National Clinical Cancer Information Leadership Group
- Provided regional feedback on the draft national cancer core data business process, messaging standards and implementation guide and data definition standards.
- Worked with the Ministry of Health to obtain timely access to national cancer data. The Ministry has supplied this to the networks via Business Objects InfoView.
- The network has contributed to the updated Midland Clinical Services Plan/Implementation Plan 2011-12, which now includes cancer. Also provided information to inform the Midland DAP 2011-12.

2011-2012 Work Plan

The Midland Cancer Network 2011-12 Work Plan details the activities and deliverables for the following areas:

- ensure timely access to radiotherapy services
- improve access and wait times for the diagnosis and treatment of lung cancer
- improve access and wait times for the diagnosis and treatment of bowel cancer
- improve access and wait times to medical oncology/chemotherapy services/treatment
- improve access and functioning of regional multidisciplinary team meetings (MDMs)
- implementation of preferred PET-CT provider/services
- improve access to palliative care services
- continued development of supportive care services directory
- improve access to cancer data and information
- improve the patients experience – refer to the Voices of Experience (2009, CCNZ)
- promote and support Midland cancer control research initiatives (within resources)
- implement CCNZ regional cancer network evaluation (2010) recommendations
- support Tairāwhiti DHB Adult Tertiary Cancer Services Review.

Further details of the plan can be found on the networks website midlandcancernetwork.org.nz and is also summarised in the Midland Clinical Services Implementation Plan (draft).