



Midland Region Cancer Control Project

The Midland Cancer Network

End of Project Report for the Ministry of Health

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Executive Summary

Cancer is the second leading cause of death (27%), a major cause of hospitalisation (7%) and Māori and Pacific Peoples are disproportionately affected.

Cancer control is a national, regional and local priority.

Background

In October 2005 the Ministry of Health requested one off proposals for projects that would contribute to implementing the New Zealand Cancer Control Action Plan 2005–2010. The Ministry of Health approved two Midland DHB projects:

1. Midland Region Cancer Control Patient Mapping Project (reported separately)
2. Midland Region Cancer Control Network Project.

The projects were funded from 1 January to 30 June 2006. The Ministry of Health requires a final report of project findings and requires project owners to present at a national symposium in November 2006. The purpose of this report is:

- To propose the framework for the establishment of the Midland Region Cancer Control Network (Midland Cancer Network) for endorsement in principle by the Midland DHB CEOs and
- To provide a final report to the Ministry of Health that details the project findings and proposes the sustainable funding level required to establish the Midland Region Cancer Network.

The Ministry of Health has indicated that the establishment of regional cancer networks is a phase one priority of the NZCCS Action Plan. Regional cancer control networks in New Zealand are evolving. The literature review identified there is no single model or structure that is proven to be better than others.

The following summarises the proposed Midland Cancer Network framework.

Midland Cancer Network Coverage

The Midland Cancer Network will include the Bay of Plenty, Lakes and Waikato DHBs and an open invitation to Tairāwhiti and Taranaki DHBs.

The longstanding geographical issues Tairāwhiti and Taranaki DHBs have with linking into the Midland group for cancer control due to treatment flow of patients, and where networks overlap should be noted and worked through over time (including patients that go outside the Midland region).

Midland Cancer Network Purpose

The Midland Cancer Network will take a proactive leadership approach to ensure all providers of cancer care in the Midland region work together with the community to:

- Manage the implementation of the New Zealand Cancer Control Strategy (Ministry of Health, 2003) and the associated Action Plan (Ministry of Health, 2005) and
- To 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.

Midland Cancer Network Structure

The Midland Cancer Network structure builds on current Midland collaborative structures and progress to date as well as including core elements of a network.

A lead DHB approach has been adopted for the Midland Cancer Network. The Waikato DHB will be the lead DHB. The Waikato DHB CEO will provide executive leadership for the Midland Cancer Network on behalf of the Midland DHB CEOs.

The core elements identified are:

- Build the network structure on what the DHBs already have in place eg. Māori and clinical governance and community consultation frameworks as well as the Midland region collaborative activity
- An effective network policy board and executive management group that covers the total continuum
- Strong clinical and management leadership
- Network-wide site / tumour specific groups and service specific groups that focus on improvement within a multidisciplinary team approach
- Inclusion of all DHBs and NGO cancer service providers across the region
- Structured to permit active participation and involvement of consumer, primary health, Māori and Pacific People
- Involvement of DHBs planning and funding services
- Resourced infrastructure to support the network
- Shared learning with local provider initiatives linking into the network
- Workforce development
- Focus on reducing inequalities.

The Midland Cancer Network Executive Group will be established by and accountable to the Midland DHB CEO forum via the executive sponsor. The executive group will take a proactive leadership approach to the agreed cancer control recommendations for the Midland region, and ensures that well-informed decisions are made to achieve successful outcomes. This group has key co-ordination and communication functions within the network. The executive group will be responsible for supporting and advising the DHBs about the issues, activities and priorities related to the implementation.

The Midland Cancer Network Management Team provides the clinical and managerial leadership for the cancer network. The team is responsible in partnership with the network executive group, for determining the development of the programme for the cancer network and working with all stakeholders to ensure the programme is delivered in line with national, regional and local DHB priorities and targets.

The members of this team are as follows:

- Midland Region Clinical Director, Cancer Services (already appointed)
- Network Manager

- Network Project Mapping Manager
- Midland Region Oncology Liaison Nurse (position in process of being formed)
- Administrative, analytical and project officer support as required.

The Midland DHBs (Bay of Plenty, Lakes and Waikato) have contributed some new targeted cancer funding (February 2006) to the infrastructure of the Midland Cancer Network.

The Midland DHBs are looking to the Ministry of Health to formally engage and agree on the method to provide sustainable funding for the remaining resources as indicated above and appropriate operating and overhead costs. The Midland DHBs are seeking sustainable funding of:

2006 – 2007	\$337,655	and one off capital set up cost of \$9,347
2007 – 2008	\$347,785	
2008 – 2009	\$376,929	

The Midland Cancer Network if adequately resourced and supported will have the capacity and capability to deliver against its core purpose and objectives.

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Part One – Overview

District Health Boards (DHBs) by Government statute are responsible for assessing the health and disability needs of its community and managing resources and service delivery to best meet those needs for its population¹. DHBs are guided by the objectives of the New Zealand Health Strategy (Ministry of Health, 2000) and the New Zealand Disability Strategy (Ministry of Health, 2001b). Cancer is a key health priority. A Ministry of Health priority is the establishment of regional cancer control networks (Ministry of Health, 2004).

The purpose of this report is to propose a framework for the establishment of a Midland Region Cancer Control Network based on the detailed findings of the Midland Region Cancer Control Network Project team.

Document Structure

The structure of the document is:

Part One: provides a background of the project methodology and progress made within the Midland region in relation to cancer control.

Part Two: summarises the project findings that includes key findings from a systematic literature review, identifies the national structures to support cancer control implementation, regional collaborative activities, high level flow of patients and clinical activities across the Midland region.

Part Three: sets out the strategic cancer control context and profiles the proposed Midland Cancer Network framework, that will build on the strengths of what we have and be the mechanism to achieve the recommendations of the New Zealand Cancer Control Strategy Action Plan for the Midland DHBs.

Part Four: proposes key focus areas for the first six to twelve months to assist the establishment of the Midland Cancer Network to achieve the requirements of the New Zealand Cancer Control Strategy Action Plan (Ministry of Health, 2005).

Background

Cancer is the second leading cause of death (27%) and major cause of hospitalisation (7%) in the Waikato DHB (refer appendix 1, p 47-51) and New Zealand, with Māori disproportionately affected. New Zealand when compared with Australia, the United Kingdom, the United States of America, Canada, Denmark and Norway, has the highest age-standardised cancer mortality rate for men and women, the fourth highest age-standardised incidence rate for men and the highest age-standardised incidence rate for women (Ministry of Health, 2001a).

As previously indicated there are significant inequalities, the overall incidence and mortality rates of cancer are higher in Māori compared to non-Māori. In 1998 mortality from cancer was 51% higher for Māori males and 78% higher for Māori females than for non-Māori due to higher incidence and poor survival rates.

Pacific people's cancer mortality rates are similar to those of Māori.

¹ New Zealand Public Health and Disability Act 2000

Strategic Context

The significance of cancer was formally recognised in the New Zealand Health Strategy (Ministry of Health, 2000). The Minister of Health launched the New Zealand Cancer Control Strategy (NZCCS) (Ministry of Health, 2003) and appointed a cancer control taskforce to develop an action plan to realise and guide the implementation of the NZCCS. The New Zealand Cancer Control Strategy Action Plan 2005 – 2010 (Action Plan) (Ministry of Health, 2005) was launched by the Minister of Health in March 2005 with the announcement of new cancer control funding initiatives of \$40 million for 2005-06.

The Cancer Control Council (Council) was appointed by, and reports to the Minister. The Director-General of the Ministry appointed the Principal Advisor, Cancer Control. The Council's role is to provide leadership, to monitor and review implementation of the NZCCS and to foster collaboration and co-ordination across the sector. The Principal Advisor's role is to help drive implementation of the NZCCS within the Ministry, as well as assisting with the co-ordination efforts of the Council, Ministry and the wider sector (Ministry of Health, 2005).

Priority tasks of the Council are the establishment of a cancer control collaborative. The cancer control collaborative aims to foster collaboration at a national level of various groups, this has yet to be established.

The establishment of regional cancer networks is in the ambit of the DHBs and the Ministry. At a regional level the establishment of cancer networks is required to formally recognise existing collaborative efforts and as necessary build new ones. The network's aim will be 'hands-on' service / operation focused. The Ministry outlines that "the networks will facilitate the co-ordination of services across health providers at the primary, secondary and tertiary levels by regularly bringing various providers and consumer organisations together to ensure effective co-operation and the integration of services, where appropriate. The networks will also provide a mechanism for organisations and people to work with each other to plan and co-ordinate services in line with clearly defined national standards of treatment. As well, they could provide a forum to look at issues that are of particular concern to patients, such as referral patterns, access and service provision" (Ministry of Health, 2005) p7.

The Ministry of Health's expectations for DHBs (Childs, 2005) relating to key deliverables in relation to regional cancer activities and network development are to:

- Identify a regional CEO sponsor for each cancer network
- Set up a regional cancer network group, including key appointments for network infrastructure
- Submit a report to the Ministry of Health and present findings of the network and patient mapping projects at the Ministry of Health symposium in November 2006.
- Produce district plans by February 2007 that demonstrate moves toward implementation of the NZCCS Action Plan and regional collaboration activities (note this is outside the scope of this project).

In 2004 the Midland DHB CEO group determined that a regional approach would apply for planning and development of cancer services. "The Midland CEOs

endorsed a request for proposal (RFP refer appendix 1) being submitted to the Ministry of Health and have requested that part of this work come from the longstanding geographical issues Taranaki and Tairāwhiti DHBs have with linking into the Midland Group for Cancer Control due to treatment flow of patients, and where these networks overlap” (Cooney, 2005). It was understood that the Network firstly should be established and then with the assistance of the Principal Advisor to resolve the longstanding Taranaki and Tairāwhiti DHB network alignment issues.

Project Methodology

The Midland Region Cancer Control Network Project includes Bay of Plenty, Lakes, Waikato, Tairāwhiti and Taranaki DHBs.

A Midland Region Cancer Control Network Project team was established. The aim of the project was to scope the development of a Midland Region Cancer Control Network model and framework to support a co-ordinated and aligned service delivery and development across the Midland region to enable equitable and agreed continuum of care for the people of the region.

The key objectives of the project include:

- To fit with the strategic direction of the Midland DHBs
- To ensure the network model is acceptable to key stakeholders across the cancer continuum
- To ensure the network model aligns with the national Cancer Control Strategy principles and strives to achieve the national strategies.

The Midland Cancer Network framework was developed through a process of consultation. The following approaches were taken to develop the network framework:

- Systematic literature review
- Established clinical leadership through the appointment of a Midland Region Clinical Director, Cancer Services
- A high level stocktake of clinical flows and linkages across the continuum (appendix 2)
- A review of formal and informal structures of Midland region collaborative activity (appendix 3)
- Learnings were considered from the establishment of the Midland Region Non-Surgical Cancer Treatment Operations Network and the Midland Region Mental Health and Addictions Network (appendix 4)
- Participation and learning from the Ministry of Health ‘Establishing Regional Cancer Networks Seminar’ (March, 2006). Information from the seminar can be accessed through www.moh.govt.nz/cancercontrol Click on ‘What’s New – Regional Cancer Networks Seminar’
- Consultation and / or access to information on the establishment and functioning of the West Anglia Cancer Network and the Central South Coast Cancer Network, United Kingdom

- Mapping of the patient journey project, this maps the journey of the patient for the major tumour groups and the parallel processes to support the patient journey. This project is work in progress and findings and recommendations will be reported separately to this report
- Integrated approach and sharing of information for appropriate use of new targeted cancer control funding for Midland DHBs
- A project workshop with invited guests to present and summarise findings and to develop the network principles and framework
- Collaborative approach to shared learning from cancer network project managers throughout New Zealand.

Midland Region Cancer Control Network Progress

The Midland DHBs have been active in progressing cancer control, including development of a regional network. A brief overview of recent progress, followed by findings of the network project provides a platform for the Midland region to formalise the establishment of a Midland Cancer Network. Progress includes:

- The formation of Midland Region Non-Surgical Cancer Treatment Operations Network (appendix 5)
- The endorsement of the Midland Region Non-Surgical Cancer Treatment Service Progress Report 2005; Implementation Plan 2005 – 2010
- Ministry of Health requests for proposals to advance cancer control
- Collaborative approach to new cancer control funding for target areas such as establishment of regional cancer control networks and associated workforce development of multidisciplinary teams.

These initiatives are briefly discussed.

Midland Region Non-Surgical Cancer Treatment Operations Network

The Midland DHBs CEO group has determined that the Non-Surgical Cancer Treatment Plan for the Midland Region (Barber, 2004) (Plan) would form the framework for development of oncology services for the Midland region. The Plan outlined a number of regional initiatives to support the Midland DHBs, which included establishment of clinical staff such as a regional clinical director, regional oncology liaison nurse, care co-ordinators for major tumour groups and co-ordinators to support the multi disciplinary / service meetings. In addition the Plan recommended the establishment of a regional cancer control group (eg. network).

In December 2004 the Midland Region Non-Surgical Cancer Treatment Implementation Project was established to scope requirements and implications, focus on activities related to operational planning and implementation. In December 2005 the Midland Region Non-Surgical Cancer Treatment Service Progress Report 2005; Implementation Plan 2005 – 2010 (Implementation Plan) was endorsed and the Midland Region Non-Surgical Cancer Treatment Operations Network (MRNSCT Operations Network) was established. The purpose of the MRNSCT Operations Network (terms of reference refer to appendix 5) is to take a proactive leadership

approach to the Implementation Plan's recommendations and ensures that well-informed decisions are made to achieve successful outcomes.

The Midland CEOs have directed that all regional plans are subject to the prioritisation process and each is seen as part of a 10-20 year strategy for health gain. Due to the extent and resource implications of the recommendations, the CEOs required that a phased and prioritised approach be taken to the implementation of the regional Plan.

The MRNSCT Operations Network meets monthly and provides a report to the Midland DHB CEOs, the report is copied to other regional forums (appendix 3).

The following two sections; requests for proposals and new cancer control target funding; demonstrate collaboration and progress made towards achievement of the Implementation Plan's recommendations.

Ministry of Health Cancer Control Request for Proposals

In September / October 2005 the Ministry of Health requested proposals for projects that would contribute to implementing the Cancer Control Action Plan. The funding for these initiatives came from the new cancer funding announced by the Government in March 2005. The Midland DHB CEO group endorsed the request for proposals for:

- Midland Region Cancer Control Network Project (RFP refer appendix 1)
- Midland Region Cancer Control Patient Mapping Project (will be reported in separate report)

The Ministry received 78 proposals, of which 23 were funded. On 18 November 2005 the Ministry of Health approved funding for the two Midland Region Cancer Control Strategy Implementation Project initiatives. The timeframe for the projects was 1 January to 30 June 2006.

The Ministry of Health requires a final report and plans to host a symposium in November 2006 for project owners to present their findings.

New Cancer Control Target Funding

In February 2006 the Ministry of Health devolved aggregated funding of \$3.14million to DHBs via the population base funding formula as part of the Crown Funding Agreement (CFA) variation round.

The sustainable funds was directed to Cancer Control Strategy Phase 1 implementation, the target areas are:

- Non-hospice palliative care, support and rehabilitation
- Cancer workforce development
- Supporting multidisciplinary cancer teams
- Establishing regional cancer networks

The Midland DHB allocation is:

DHB	Cancer Control Target Funding Amount (gst exclusive)
Bay Of Plenty DHB	\$170,407
Lakes DHB	\$83,252
Waikato DHB	\$266,724
Tairāwhiti DHB	\$40,560
Taranaki DHB	\$87,861
Total	\$648,804

The CFA service requirement for DHBs was to:

- Consult with other regional DHBs on regional priorities in relation to the target areas
- Foster collaboration across service boundaries and enable information sharing necessary for a co-ordinated and patient centred approach
- Share learnings with other DHBs in regard to the implementation of initiatives as listed in the CFA.

The Midland DHBs complied with the CFA service requirements to communicate local initiatives and agree regional priorities. Regional priorities from the Midland Region Non-Surgical Cancer Treatment Services Plan were considered.

Regional priorities related to the Network that were considered:

- Clinical Director, Regional Cancer Services
- Regional Oncology Liaison Nurse
- Care Co-ordinators

These are discussed briefly.

Bay of Plenty, Lakes and Waikato DHBs have allocated funds to a new regional position, the Clinical Director, Regional Cancer Centre. This role is being created within the cancer centre to provide a regional perspective for clinical leadership and governance. This role is part time and in addition to the Waikato DHB Clinical Director, Oncology to allow for an increased regional perspective. This is separate from the clinical time purchased as sessions for clinical services.

DHBs have chosen to fund this through an IDF arrangement. To facilitate this process the Ministry of Health has created a new purchase unit for this purpose. The purchase unit (with the agreed amounts) can then be included within the national interdistrict flow (IDF) arrangements and accordingly will be entered into DHBs Price Volume (PV) schedule with the provider division.

The purchase unit details are as follows:

PUC HS0000#

Description: Regional Advisor

Definition: Provision of clinical leadership for a regional service (note: this is separate from clinical time included as an input into the delivery of services).

The regional oncology nurse was identified as a priority in the Midland Region Non-Surgical Cancer Treatment Services Plan (Barber, 2004) and is work in progress. Waikato DHB has funded 0.5 fte Regional Oncology Nurse effective 1 July 2006 and Bay of Plenty DHB is considering this as a funding priority in 2006-07. Lakes DHB funding level is insufficient for them to contribute to this position at this point in time.

The Midland Region Non-Surgical Cancer Treatment Services Plan (Barber, 2004) and findings from the patient mapping project (work in progress) identified the need for major tumour groups care co-ordinators. Bay of Plenty DHB has appointed a breast care co-ordinator. Waikato DHB has funded 1.5 fte breast care co-ordinators and 0.5 fte Midland lead screening nurse, recruitment is in progress. Lakes DHB due to the level of funding and limited breast cancer numbers have funded a 0.8 fte generic cancer co-ordinator. DHBs will work collaboratively on the development of care co-ordinator roles.

Waikato and Lakes DHB CFA cancer funding has been fully allocated, with the majority allocated to the formation to a regional cancer network and the multidisciplinary team.

Part Two - Project Findings

In addition to the progress to date this section summarises the network project key findings which include:

- A systematic literature review
- A review of national structures and developments towards establishing cancer networks
- Identification of Midland region collaborative structure and activity
- A high level overview of patient flow across the Midland region and clinical networking.

Literature Review

A systematic literature review searched electronic databases (Medline, Cochrane Library) using the text words ‘cancer network’ or ‘clinical network’ or ‘managed clinical networks’. Internet search engines such as Google, Google Scholar, Government sites (New Zealand, Australia, United Kingdom, Canada) were also searched using the key words. Reference lists of the relevant articles were searched.

The search included documents dated 1996 to 2006 written in English. A panel of three was established to review the literature. The reviewers read and used a data abstraction form to summarise the relevant documents.

The results of the literature review were presented to the Midland region cancer control network project participants and invited guests at a workshop. The participants provided structured feedback, which included validation of the common themes and proposed features of networks. The common themes of what is a network, increased need for consumer participation, network structure, benefits and lessons learnt are briefly discussed.

What is a network?

There are many definitions for a network, a few are provided as an introduction:

“Linked groups of health professionals and organisations from primary, secondary and tertiary care, work in a co-ordinated manner not constrained by existing organisations or boundaries”(Scottish Executive, 1999).

“The network is a virtual organisation linking professionals and organisations across the community, primary, secondary and tertiary care sectors. Provision of a high standard of care defined by pattern of service used rather than place of residence. Links to prevention, health promotion, patient information and advocacy” (Dept of Health NHS, 2000).

“Network model advocates move from managerial governance to one of participative governance through professional inter-relationships, referral and support structure between health units that emphasis clinical and management and partnerships” (Country Health, 2005).

“Role of clinical networks includes the promotion and building of partnerships with key stakeholders, facilitating communication and collaboration, establishing patient

pathways and guidelines for evidence based care, incorporating multidisciplinary whole of health team approach in patient care” (Government of Western Australia, 2005).

The Midland region currently has clinical networks working, however these are informal and a key concept of a clinical network is that they are managed. An emphasis is a shift from buildings and organisations towards services and patients including family/whānau.

The concept of a network is to work collaboratively with a common purpose to ensure equitable provision of high quality, clinically effective care. The network is structured as a partnership of key stakeholders.

Core principles to guide the implementation of networks (NHS Scotland, 2002) are:

- The ultimate aim of networks is to improve patient care in terms of quality, access and appropriateness
- To achieve this the quality framework needs to be based on the patient journey, with key standards set out at each major stage
- Networks are managed
- The purpose of the networks is to improve patient care in terms of quality, access, convenience and co-ordination
- Work undertaken must be evidence based
- Outcomes need to be measured
- A quality assurance programme
- Each network must produce a written annual report
- Networks must be truly multidisciplinary
- Consumers / patients must be involved in shaping the network.

Consumer Participation

Evidence from the literature indicates that consumer participation in health care at an individual, service and system levels makes a significant contribution to improving individual and population health outcomes (Victoria Department of Human Services, 2005) but is not without its challenges and pitfalls. The area of consumer participation in healthcare is new and best practice approaches to consumer-provider relationships are still emerging (Piterman, 2006).

A strong executive sponsorship and clinical leadership help create a culture that values consumer participation. A system-wide approach is needed, which uses multiple approaches of consumer participation valued at all levels of organisations within the cancer network. Effective consumer partnership to planning and service delivery assists to ensure a patient-centred focus to service improvements and developments.

Paramount to a meaningful experience for consumers and carers is ongoing engagement with community groups to better understand and work with the consumer agenda and needs of the patient and carer and provision of adequate resources to

support those willing to act as representatives. “Patient and community involvement in decision making is multi-dimensional and complex and requires careful exploration to address issues around needs, roles, responsibilities, resources, decision making processes, beneficiaries and consequences” (Piternan, 2006). The literature did not identify a simple, single way of developing this partnership, but that the model needs to be adapted to the needs of the people involved and the type of activities proposed.

Network structure

The literature and international experts such as the Clinical Director Cancer Services, United Kingdom and the Network Manager, Central South Coast Network indicate that there is no single network model or structure that is proven to be better than others. However components that cancer networks typically have are:

- A core management team composing of a Manager / Director, Medical Director, Nursing Director, service improvement lead and administrative support
- A Network Board with senior representatives of all the participating organisations
- A range of Tumour Site Specific Groups (eg. breast, lung etc) with clinical representation from across the network
- Generic service groups (eg. chemotherapy, palliative care etc)
- A ‘partnership’ or ‘user’ group / participation

The literature describes that the structure of cancer networks evolves and changes overtime. The key concept is flexibility within the network to achieve the common purpose and goals of the cancer network.

Benefits of a network

There are numerous benefits of having a cancer network, key themes from the literature include:

- Patient and family centred approach
- Breakdown of traditional barriers to allow for innovation
- Can provide a channel to inform health boards on direction, progress and priorities
- Patients are central to the journey and thus offer a rethink of services and relationships. A key focus has been understanding the patient journey and the supporting processes, this identifies gaps, issues and opportunities for improvement from a patient perspective as well as inform the total health team of what, who and where services are provided in the journey
- Allows for greater consumer participation
- Explicit as to what and how trying to achieve in relation to cancer
- Must be managed and have strong leadership
- Willing to acquire and promote new set of organisational skills
- Considers populations as well as individuals

- Ultimate aim is to improve patient care and outcomes. Improve communication and reduce waiting times and delays within the patient pathway
- Culture of continuous quality improvement
- Aim for equitable access
- Improved co-ordination and communication
- Culture of shared knowledge and learning. Ability to roll out clinical standards, guidelines and pathways.

Lessons Learnt

With the establishment of networks issues have arisen, some of the key issues identified in the literature are that networks can be at odds to traditional organisations. Some themes in relation to issues include:

- That establishment of cancer networks is a long term process of development
- Ineffectual leadership provides risk to progress of networks
- Some parts of the network carry on working in isolation
- Responsibility sharing gives a perception of weakening clinician and/or management role/ loss of autonomy
- Bringing together of different cultures
- Governance arrangements differ or not defined initially
- Accountability
- Inadequate funding to support the infrastructure of the network

However despite the known issues networks are being developed internationally not only for cancer but for other services such as cardiac and paediatrics. The literature highlights that networks work to reduce risks and that the benefits of networks outweigh the issues / risks.

In 2001 cancer networks (34) were established in the United Kingdom while they have adapted as they have evolved, networks have remained within the NHS through numerous restructures.

Some key themes from lessons learnt were to ensure:

- The network has a common vision and purpose
- Strong leadership – clinical and management
- Clear resourced management infrastructure
- Widespread involvement and buy in
- Orientated to patient and family centred care, based on the journey
- Truly multidisciplinary team approach
- Consumers / patients must be involved
- Aim to reducing inequalities

- Ensure quality of care utilising a quality framework and principles
 - Must be evidence based
 - Outcomes measured and audit
 - Quality assurance
 - Standards / protocols / guidelines / pathways locally agreed
- Networks have a systematic, planned approach and provide a written annual report

National Cancer Control Activity

As indicated in part one, at a national level significant structures and resources to support a work programme have been established to address the health priority of cancer (for detailed structure refer to appendix 6). The Ministry of Health provides reports on progress towards the implementation of the Action Plan, including establishment of regional cancer networks.

Regional cancer networks are still evolving in New Zealand. Appendix 7 provides a summary of regional cancer network progress (as at July 2006) of other DHBs outside of Midland region. The areas discussed are the South Island, Auckland and Northern Midcentral, and Central region.

In summary there are two approaches evolving with the development of regional networks: either lead DHB or through a shared DHB agency.

It is also noted that there will be overlap of regional cancer networks within New Zealand as they evolve (Childs, 2006). The intention of cancer networks is to link services across DHB boundaries. The Midland Cancer Network will have links with the Central Region Cancer Network and the Northern Region Cancer Network. It is expected that regional networks throughout New Zealand will also link and work collaboratively to improve services to patients and family / whānau.

The UK cancer networks typically serve a population of 1 – 2 million (range 700,000 – 3 million). The Ministry of Health has commenced national working groups where it makes sense to bring together key stakeholders, eg. cancer collaborative, Palliative Care New Zealand.

Given the size of New Zealand and the number of regional cancer networks being formed consideration should be given to further national and /or combined regional network groups on some of the tumour / site specific groups.

The Ministry plans to facilitate regular national network project managers / managers meetings in the future.

Midland DHB Collaborative Activity

This section overviews:

- Midland collaborative structures and forums
- Midland region mental health and addition network framework

- High level view of patient flow within the Midland region and informal clinical network links.

Midland DHB Collaborative Structure

There is significant Midland region collaborative activity in progress and this is demonstrated in appendix 3. The Midland DHBs have in place Māori governance structures for active participation and consultation, clinical service structures and community consultation frameworks. The aim is to build on what the DHBs already have in place.

As previously indicated the Midland Non-Surgical Cancer Treatment Operations Network functions within the Midland collaborative structure.

Healthshare Ltd is an organisation established in 2001 between the five District Health Boards of Bay of Plenty, Lakes, Tairāwhiti, Taranaki and Waikato. Healthshare is governed by a Board of Directors consisting of the 5 DHB Chief Executives (with alternates named, which for all five is the General Manager Planning and Funding). Healthshare is a shared service agency with the primary function of audit. If the functions of Healthshare change in the future then consideration of the incorporating Network functions could be considered.

For the purposes of establishing a Midland region cancer network it is proposed that Midland adopt the lead DHB approach with Waikato DHB. This is further discussed in the Midland regional cancer network framework section.

Midland Mental Health and Addiction Network

The network concept is not new within the Midland region. As indicated in the Midland collaborative structure – specific projects / forums is the Midland region mental health and addiction network (Midland DHBs, 2006). This network was formed in 2004-05 and has since been reconfigured to align with a new strategic environment. A lead DHB approach has been taken, with Lakes DHB the lead. Consideration was given to the function, structure and resourcing of this network (refer appendix 4).

Midland Patient Flow and Clinical Network

The project reviewed two aspects in relation to cancer control clinical activity, high level patient flow by tumour stream and the stocktake of the clinical forums / networks that support the cancer continuum (appendix 2).

Key themes from these reviews include:

- Each DHB provides public health and health promotion. The Ministry of Health public health services are managed nationally through four regional offices
- Breast Screen Midland covers Bay of Plenty, Lakes and Waikato DHBs
- Cervical screening service covers Bay of Plenty, Lakes and Waikato DHBs
- The Midland DHB role delineation model identified Waikato DHB as level 5 with the majority of Waikato cancer patients managed at Waikato Hospital with the

exception of complex level six services (Midland DHBs, 2005) which are referred to Auckland DHB eg. paediatrics. Urological cancer patients are managed through public services and private contractual agreements.

- The Midland DHB role delineation model identified Bay of Plenty DHB as level 3 with the population base to move towards a level 4 in the future (Midland DHBs, 2005). Bay of Plenty DHB provides services locally including outpatient assessments, day procedures, surgery and less complex chemotherapy services. Bay of Plenty appointment of a breast surgeon in March 2006 will assist to provide a more specialised focus to women with breast cancer. Bay of Plenty refer some cases for surgery such as: lung, head and neck and some gynaecology to Waikato DHB. Bay of Plenty also refer complex surgical cases to Auckland DHB eg. gynaecology surgery. The Regional Cancer Centre, based at Waikato Hospital provides the lead non-surgical cancer treatment for Bay of Plenty DHB. Some complex gynaecology and haematological conditions have non-surgical treatment at Auckland DHB. Urological cancers are managed through private providers.
- The Midland DHB role delineation model identified Lakes DHB as level 3 (Midland DHBs, 2005). Lakes DHB is similar to the Bay of Plenty DHB, with a variation of gynaecology to Waikato. Some urology cancer cases maybe referred to Bay of Plenty private provider.
- Tairāwhiti DHB in the past has sent women for breast reconstruction surgery to Waikato DHB. Women requiring sentinel lymph node biopsy prior to surgery can be referred to Hawkes Bay DHB. The lead non-surgical cancer services are provided by Midcentral DHB cancer centre. Some head and neck cases will have surgery at Waikato and cancer treatment at either Waikato or Midcentral DHBs. Gynaecology cases can be sent to Wellington with referral to Midcentral for non-surgical cancer treatment. Haematological conditions (ALL and / or AML) are treated at Midcentral DHB with complex cases referred to Capital and Coast DHB.
- Taranaki DHB lead cancer centre is Midcentral DHB. Major head and neck surgery is referred to Auckland DHB. Urological cancers are managed locally or referred to Waikato DHB for surgery and cancer services. Complex gynaecology surgery is referred to Wellington.
- Paediatric oncology is a national service and there is a working group focusing on adolescence.

In summary Lakes and Bay of Plenty have synergies of patient flow. There is some patient flow variation with Taranaki and Tairāwhiti DHBs for specialist surgery and / or non-surgical cancer services.

It is planned that as the detailed mapping of the patient journey and associated parallel processes to support clinical care progresses the variations and issues for patient flow for each tumour group will become more apparent and strategies to resolve issues and improve patient flow can then be prioritised and be addressed.

Part Three - Midland Cancer Control Network Framework

This section presents the proposed Midland Cancer Network governance and accountability framework.

The section identified the following:

- Overview of NZCCS
- Network coverage
- Purpose
- Goals
- Objectives
- Structure
- Human resources - roles and responsibilities within the network
- Financial implications
- Benefits and risks

The Midland Cancer Network framework will be inclusive of the NZCCS overall purposes, principles and goals / objectives.

Strategic Aim

- To reduce the incidence and impact of cancer
- To reduce the inequalities with respect to cancer.

Principles

- Patient centred approach
- Work within the framework of the Treaty of Waitangi to address issues for Māori
- Reduce health inequities among different population groups
- Ensure timely and equitable access for all New Zealanders to a comprehensive range of health and disability services, regardless of ability to pay
- Be of a high quality
- Be sustainable
- Use an evidence-based approach
- Reflect a person-centred approach (patient and family / whānau focus)
- Actively involve consumers and communities in the planning and delivery of services
- Recognise and respect cultural diversity
- Be undertaken within the context of a planned, co-ordinated and integrated approach

In addition the Midland Cancer Network will have a:

- Patient centred approach
- Regional approach
- Multidisciplinary team approach
- Seamless patient flow through the cancer continuum
- Consumer focused and consultative approach
- Systems and quality approach

Cancer Continuum

The cancer control continuum provides a planned, systematic and co-ordinated approach to a myriad of agencies and activities undertaken from reducing the risks of developing cancer, to treatment, to care for those who will ultimately die from the disease. The cancer control continuum entails:

- ⇒ Prevention
- ⇒ Early Detection and Screening
- ⇒ Diagnosis and Treatment
- ⇒ Support and Rehabilitation
- ⇒ Palliative Care
- ⇒ Surveillance and Research

In addition to the continuum attention is required to address issues associated with:

- Equity of access to services, including addressing Māori needs and expectations
- Workforce development
- Data collection and analysis
- Monitoring and evaluation of services.

Strategic Goals

NZCCS Goals are:

1. To reduce the incidence of cancer through primary prevention
2. To ensure effective screening and early detection to reduce cancer incidence and mortality
3. To ensure effective diagnosis and treatment of cancer to reduce cancer morbidity and mortality
4. To improve the quality of life for those with cancer, their family / whānau through support, rehabilitation and palliative care
5. To improve the delivery of services across the continuum of cancer control, through effective planning, co-ordination and integration of resources and activity, monitoring and evaluation
6. To improve the effectiveness of cancer control in New Zealand through research and surveillance.

Midland Region Cancer Control Network

The Midland Cancer Network will:

- be formally managed and linked group of health professionals, services and organisations;
- have a strong Māori focus, links and active participation
- across the cancer continuum of care;
- work together, not constrained by existing organisational or professional boundaries;
- lead a regional approach to cancer control planning, prioritisation and implementation of recommendations;
- achieve the national cancer control strategy vision and objectives;
- ensure equitable outcome of quality and effective care for patients and family/whānau.

Members of the network will continue to operate within their respective organisations and will influence internal service delivery so that it aligns with the wider aims of the total network.

As previously indicated, it is proposed that the Midland Cancer Network will be structured and function under a lead DHB approach. The Network is an accountable forum to the Midland DHBs with an agreed governance structure to achieve agreed deliverables.

Network Coverage

The Midland Cancer Network will be established to cover the cancer continuum for the Bay of Plenty, Lakes and Waikato DHBs and open invitation to Tairāwhiti and Taranaki DHBs.

The longstanding geographical issues Tairāwhiti and Taranaki DHBs have with linking into the Midland group for cancer control due to treatment flow of patients, and where networks overlap should be noted and worked through over time.

Operationally Tairāwhiti and Taranaki DHBs preference during the project was to align with MidCentral DHB cancer control developments. Tairāwhiti and Taranaki DHBs have contributed to the development of the Central Region Cancer Control Plan (draft, 2006). This collaborative activity includes development of a Central Region Network that includes Hawkes Bay, MidCentral, Taranaki, Tairāwhiti, Waikato and Wairarapa DHBs in the first instance with an invite to Capital and Coast and Hutt DHBs to be included in the network.

It is recommended in the first instance that alignment options for Tairāwhiti and Taranaki DHBs with Midland Cancer Network remain open. The project identified that a proportion of the population from Taranaki and Tairāwhiti DHBs access Midland services along the cancer continuum. When the Midland Cancer Network is focusing on specific work that involves Tairāwhiti and Taranaki DHBs patients / services then they will be invited to participate. Taranaki and Tairāwhiti DHBs will need to take responsibility to work with the Midland Cancer Network on identified areas of patient / service boundary overlap and where identified improvements are required.

The same will be required for the Midland Cancer Network to work collaboratively with other regional cancer networks for cancer cases accessing services outside of the Midland region, eg paediatrics to Auckland.

Network Purpose

The Midland Cancer Network will take a proactive leadership approach to ensure all providers of cancer care in the Midland region work together with the community to:

- Manage the implementation of the New Zealand Cancer Control Strategy (Ministry of Health, 2003) and the associated Action Plan (Ministry of Health, 2005) and
- To 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.

The network will have a clear remit and job to do which is typically to resolve complex regional problems / issues related to the cancer control continuum, such as reviewing and proposing a way forward for the pattern of service provision and/or overseeing delivery of service improvements.

In some instances the remit will include active involvement in supporting national priorities through development and / or implementation.

There is no other existing group that could take on this work.

Network Goals

The goals of the Midland Cancer Network are:

- To reduce the incidence and impact of cancer within the Midland region
- To reduce inequalities with respect to cancer in the Midland region.

Network Objectives

To achieve the common purpose and goals outlined above the Midland Cancer Network objectives will align with national and regional DHB health priorities.

Objectives include:

- To support the delivery of effective, efficient and equitable cancer services
- To facilitate and provide a robust regional approach to service planning, prioritisation and implementation of the New Zealand Cancer Control Action Plan
- To have a strong Māori focus, links and active participation
- To facilitate a collaborative approach to improve patients journeys and meeting the needs for cancer service delivery across the Midland DHBs
- To foster a culture of continuous quality improvement. To identify opportunities to improve patient care across sectors and services
- To ensure a regional approach to ongoing service development to prevent unnecessary duplication and ensure best use is made of the limited resources of people, time and money
- Regional approach to ensure best practice initiatives and non-variable implementation of pathways and standards.

Network Structure

Regional cancer networks in New Zealand are evolving. The literature review identified that there is no single model or structure that is proven to be better than others. The proposed Midland Cancer Network structure builds on current structures and progress to date as well as including core elements of a network.

A lead DHB approach has been proposed for the Midland Cancer Network.

The core elements identified are:

- Build the network structure on what the DHBs already have in place eg. Māori and clinical governance and community consultation frameworks as well as the Midland region collaborative activity
- An effective executive management group to cover the total continuum
- Strong clinical and management leadership
- Network-wide site / tumour specific groups and service specific groups that focus on improvement within a multidisciplinary team approach
- Inclusion of all DHBs and NGO cancer service providers across the region
- Structured to permit active participation and involvement of consumer, primary health, Māori and Pacific People
- Involvement of DHBs planning and funding services
- Resourced infrastructure to support the network
- Shared learning with local provider initiatives linking into the network
- A continuous quality improvement approach. The cancer network will adopt the:
 - Ministry of Health Quality Framework principles and dimensions
 - Systematic process for quality improvement - FOCUS and PDCA² cycle
 - Midland priority matrix for multiple recommendations
 - Adopt the National Institute for Health and Clinical Guidelines (NICE guidelines) standards if there are no current national and / or local guideline standards.
- Focus on reducing inequities, the Health Equity Access Tool (HEAT) will be applied to all priorities and levels within the network.

Consumer Participation

User / consumer representation is considered essential to the functioning of the cancer network. Midland DHBs have mechanisms in place to consult with consumers and the community and the Midland Cancer Network should build on these mechanisms to ensure consumer participation. It is proposed that as the Midland Cancer Network evolves there is increased consumer participation.

At an individual consumer level each DHB has a patient satisfaction and / or complaints processes and systems such as patient focus groups.

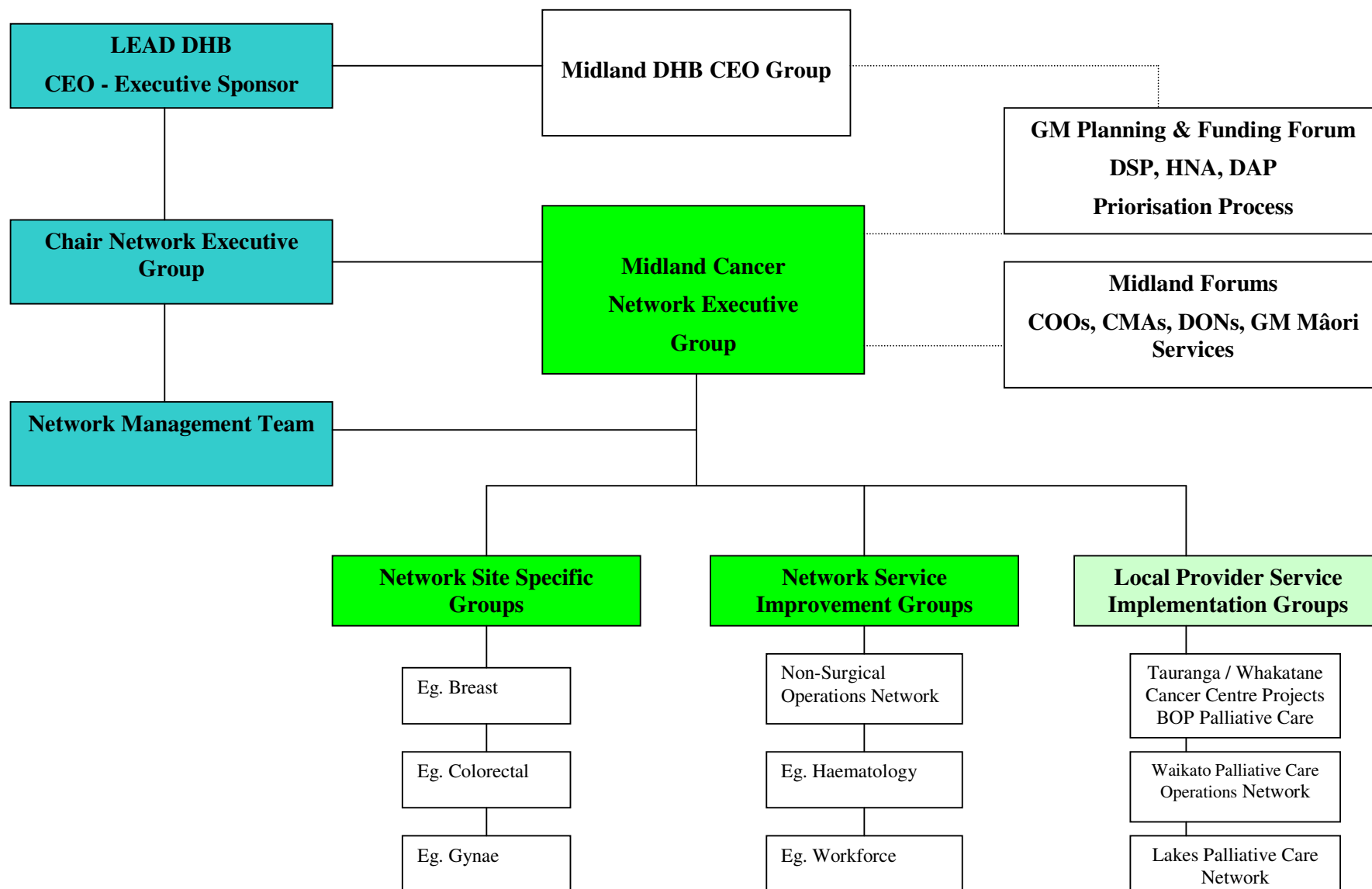
² FOCUS = Find, Organise, Clarify, Uncover, Start PDCA = Plan, Do, Check, Act Cycle.

At a system and service level it is proposed that consumer participation occur at each level of the proposed network structure eg. Network Executive Group (system), Network Site Specific Groups (service).

Support is needed to ensure that consumers have the skills, knowledge and time to participate in health service reform and that their contribution as members of the cancer network team is valued. The proposed budget has included a contribution for consumers attendance in the form of petrol vouchers. It is perceived that formal orientation and training will be required. In addition work maybe required with service providers to provide them with skills to support the evolving role of consumers in health service development.

Figure 1 depicts the proposed Midland Region Cancer Control Network structure. The relationships and roles and responsibilities will be discussed. The terms of reference for the Network Executive Group and Network Management Team are detailed in appendix 8.

Figure 1: Midland Region Cancer Network Organisational Structure



Midland Cancer Network Executive Sponsor

Waikato DHB CEO will provide executive leadership for the Midland Cancer Network on behalf of the Midland DHB CEOs. The responsibilities of the network executive is to:

- Act as a champion of the Midland Cancer Network
- Is accountable for the delivery of planned benefits associated with the Cancer Network
- On behalf of the Midland DHBs employs and manages the network management team
- Ensures resolution of issues escalated by the Chair of the Network Executive Group
- Sponsors the communications programme
- Supports appropriate processes to enable key resourcing decisions for the network.

Midland DHBs CEO Group

The Midland CEOs have directed that all regional plans are subject to the prioritisation process and each is seen as part of a 10-20 year strategy for health gain. The network executive group provides guidance to DHBs on priorities and the implications.

The Network Executive Group reports to the Midland DHB CEO group monthly via the executive sponsor, and reports are copied to other Midland forums.

The Midland General Manager Planning and Funding forum will be used for matters related to DHBs Health Needs Assessment, District Strategic Plans, District Annual Plans and prioritisation process.

Midland Cancer Network Executive Group

The Midland Cancer Network Executive Group is established by and accountable to the executive sponsor.

The executive group is responsible to ensure that action is taken with regard to the development of cancer services through the co-ordination of service improvement groups and site specific groups activities.

The executive group will also be responsible for the development of a Midland region cancer implementation action plan and an annual progress report. Planning will be linked to Midland DHBs health needs assessments, district strategic plans and district annual plans.

This group has key co-ordination and communication functions within the network. The focus is a cancer continuum perspective for the Midland region. The executive group will take a proactive leadership approach to the agreed cancer control recommendations for the Midland region, and ensures that well-informed decisions are made to achieve successful outcomes.

The executive group will be responsible for supporting and advising the DHBs about the issues, activities and priorities related to the implementation of the New Zealand Cancer Control Strategy Plan Action Plan (MOH, 2005).

The executive group will be responsible for communicating with the relevant national cancer control bodies eg. the proposed Cancer Control Collaborative and / or the proposed Palliative Care New Zealand organisation.

Membership of the Midland Cancer Network Executive Group will include key clinical and managerial representation across services, providers and continuum within the network. It is recognised that the size of this group needs to be at a level that it is effective.

The membership of the cancer network executive group is as follows:

- Chair – General Manager Health Services, Waikato DHB
- Network Management Team
 - Regional Clinical Director, Cancer Services
 - Cancer Network Manager
 - Regional oncology liaison nurse (position in process of being formed)
- Clinical representation from each DHB
- Population health representative
- Planning and funding portfolio managers from each DHB
- Surgical representation
- Midland PHO representation
- Māori and Pacific representation
- One management representation from each DHB
- Consumer representation
- NGO representative – Cancer Society Waikato / BOP Division
- Intersect representation.

Midland Cancer Network Management Team

The Midland Cancer Network Management Team provides the clinical and managerial leadership for the cancer network. The team is responsible in partnership with the network executive group, for determining the development of the programme for the cancer network and working with all stakeholders to ensure the programme is delivered in line with national, regional and local DHB priorities and targets.

The members of this team are as follows:

- Midland Region Clinical Director, Cancer Services
- Network Manager
- Network Project Mapping Manager
- Midland Region Oncology Liaison Nurse (position in process of being formed)

- Administrative, analytical and project officer support as required.

The roles and responsibilities of the management team are discussed later in this section.

Members of the wider network team also undertake work relating to service development, quality improvements, audit and research.

Midland Cancer Network Tumour / Site Specific Groups

It is proposed that tumour / site specific groups are established for the major tumour groups across the Midland region. Site specific groups could be breast, lung, colorectal, gynaecology etc. The mapping of the patient journey and the parallel processes (including data analysis, waiting times, consumer experience) form the foundation for understanding the gaps, issues and opportunities for improvement.

As previously indicated as the networks evolve there may be benefits due to economies of scale to develop site specific groups either nationally (eg. the proposed RACS proposal for nationally co-ordinated service provision of sarcoma surgery) and / or a combination of regional networks working collaboratively (eg. for gynaecology oncology Midland and Auckland and Northern DHBs).

Membership for this group will comprise of the following:

A named Lead Clinician as Chair.

The role of the above is to act as a co-ordinator for the multidisciplinary teams (MDTs) of the tumour group throughout the Network and spokesperson.

Representatives of the MDTs from the Network for the tumour group including all disciplines.

Representatives from Primary Care when looking at access and entry into services and exit back into the community.

Consumer representatives.

Representatives from other regional cancer networks when there is an overlap of patient flow.

Responsibilities will include those specific actions outlined in the NZCCS Action Plan.

Midland Cancer Network Service Improvement Groups

It is proposed that service improvement groups be established to discuss issues that relate to specific aspects of cancer services. The responsibility of these groups is to produce a work plan that will promote increasing the standards of care and endorse service development within their specific subject area. There are a variety of topics that may evolve in the future. The current service improvement group functioning is:

- The Midland region Non-Surgical Cancer Treatment Operations Network (appendix 5)

Other groups could be:

- Cancer Workforce

- Haematology (sub group of the non-surgical as indicated in the Implementation Plan, 2005)
- Palliative Care
- Forums eg. Chemotherapy nurses

Local Provider Service Implementation Groups

Each DHB and / or providers such as NGO or PHO, will be looking at their local issues of implementing the NZCCS Action Plan. As development occurs with the implementation of the NZCCS Action Plan there is the prospect to bring together individuals from different organisations and provide an opportunity for central discussion and dissemination of issues, ideas and share learnings to the cancer network.

Current local provider service improvement groups functioning are:

- The Waikato Palliative Care Operations Network
- Bay of Plenty DHB
 - Tauranga Cancer Centre Project
 - Whakatane Cancer Centre Project
 - Palliative Care Network
- Lakes Palliative Care Group

The executive group members should link in with the local provider service implementation group, in situation where there is a gap then a member of the cancer network executive team would have linked responsibility.

Human Resources

This proposal focuses on the Cancer Oncology Liaison Nurse, Network Manager, Project Mapping Manager and administration / data analysis / adhoc project officer support. An overview of the role profile and key responsibilities of these positions is provided later in this section.

There are two workforce issues related to cancer network and while outside the scope of the project, need to be acknowledged. These are discussed briefly:

- There are known clinical staff workforce issues related to the growing cancer burden. At a national level a draft consultation document on a cancer workforce stocktake is currently under review by the NZ Cancer Treatment Working Party. At a Midland region level the Non-Surgical Cancer Treatment Service Implementation Plan (Midland DHBs, 2005) outlines additional clinical and supporting resources required.
- Development and resourcing of care co-ordinators roles for the major tumour groups (eg. Breast care co-ordinators) and infrastructure to support multidisciplinary team meetings (MDM) / multidisciplinary service meetings (MSM) (Midland DHBs, 2005). Care co-ordinators work across providers to integrate care pathways for clients with complex needs. Waikato DHB has funded lung cancer co-ordinators for the Midland region and the Midland DHBs have

recently resourced breast care co-ordinators. Further care co-ordinators will be required in the future. The development of MDM / MSM are a phase one priority within the NZCCS Action Plan and requires further work and resourcing as indicated in the Non-Surgical Cancer Treatment Service Implementation Plan (Midland DHBs, 2005).

These workforce issues have not been included within the parameters of the project.

Network related objectives will be reflected in the personal objectives of network leaders and reviewed in annual appraisals. The following provides an overview of the key responsibilities of the Cancer Network Management Team.

Regional Clinical Director

As previously indicated this position has been established, based at Waikato Hospital, responsible to the Manager (Acting) Waikato Hospital.

The purpose of the position is to provide clinical leadership in a partnership model with DHBs for the strategic and operational development of the cancer services across the continuum for the Midland region.

Key responsibilities include:

- To work in partnership with the Cancer Network Executive Group and Management Team to ensure the development and implementation of the network cancer control action plan for the Midland region
- To ensure site specific multidisciplinary teams are established and work is co-ordinated
- To encourage and facilitate communications across professional / organisational boundaries to ensure seamless provision of cancer services
- To encourage teaching, research and development of cancer services in collaboration with Universities and academic departments ensuring that it is integrated with the work of site specific groups
- To advise on and support the development of data collection on cancer services in collaboration with cancer registry and Cancer Treatment Working Party
- To facilitate Network audits of cancer treatment and outcomes ensuring that it is integrated with the work of site specific groups
- To ensure there are consistent mechanisms in place to assess cancer patients eligibility into clinical trials and to facilitate development of funding in order to support such trial entry
- To participate in clinical governance activities, which are relevant to cancer services. To participate in the Midland Cancer Network to provide learning opportunities and identification of issues.
- To ensure the provision of cancer services is delivered in accordance with adequate clinical standards of practice and within negotiated parameters
- To ensure specialist outreach services are provided as required within the Midland region

- To participate in national cancer control initiatives.

There is no proposal to alter this role except the reporting line. It is proposed that this position should report in partnership with the Network Manager to the General Manager, Health Services.

Network Manager

It is proposed that this permanent position be based at the Waikato DHB (however the incumbent maybe required to be based anywhere in the network in the future) and responsible to the General Manager, Health Services and accountable to the Midland Cancer Network.

The reason for the Network Manager to report to the General Manager, Health Services is that this role aligns with similar functions to those outlined in the Waikato DHB AGEWISE strategy, except for the difference that this role works across the Midland region organisational boundaries rather than just Waikato DHB. The majority of cancer control developments to date have been under the umbrella of the General Manager, Health Services with the Waikato DHB CEO as executive sponsor. In the future there is the option that this role could be responsible to other key positions within DHBs eg. the planning and funding arm of a DHB.

The roles purpose is in collaboration with the network management team and other key stakeholders, to lead, manage, develop and maintain high quality cancer services throughout the Midland Cancer Network with the aim to achieve the NZCCS Action Plan strategies and action plan recommendations.

Key responsibilities include:

- To co-ordinate the development, implementation and review of the Midland Region Cancer Network Action Plan as agreed by the Midland Cancer Network and endorsed by the Midland DHBs for continuous quality improvement
- To work with and support the Midland DHBs in the review and implementation of DHB Health Needs Assessment, District Strategic Plans and Annual District Plans in relation to strategic and operational management of cancer as required
- To lead a communication plan that includes providing regular updates of the Cancer Network against the Action Plan including an annual report on progress
- To provide support to the network site specific and service improvement groups to ensure activities are undertaken to agreed parameters as outlined in the agreed Network Action Plan
- To ensure effective working relationships and links with managerial and clinical colleagues in the Cancer Network; assist the Clinical Director in facilitating communication across professional and organisational boundaries
- To manage and develop the Project Mapping Manager, Administrator, Data Analyst and Project Officer of the Cancer Network
- To ensure effective cross boundary collaboration and service development through the provision of an effective infrastructure, communication and support processes across the Cancer Network

- To manage the Cancer Network budget in accordance with financial and delegated authority parameters
- To ensure the development and management of cancer services reflects and contributes to national / regional priorities and local health improvement programmes, service and financial frameworks
- To develop and co-ordinate proposals across the Cancer Network in response to national requests for proposals in relation to the development of cancer services and to oversee / project manage the implementation of any successful proposals (note: this responsibility is not intended to relate to DHBs funding contracts)
- To participate in national cancer control initiatives.

Network Project Mapping Manager

It is proposed that this permanent role be based at the Waikato DHB (however the incumbent maybe required to be based anywhere in the Network in the future) and responsible to the Network Manager.

This position supports the Cancer Network to work towards achieving the goals of the Midland Cancer Network Action Plan in order to meet the needs of the population and improve services to people with cancer and their family / whānau.

Key responsibilities include:

- To contribute in the development and implementation of the Cancer Network Action Plan in collaboration with the network management team
- In collaboration with the network management team and other key stakeholders, to lead and facilitate the mapping of the patient journey and the parallel process of the major tumour groups
- To educate, support lead and support teams in continuous quality improvement tools / processes and initiatives
- To provide support to the network site specific and service improvement groups to ensure activities are undertaken to agreed parameters as outlined in the agreed Network Action Plan
- To lead analysis of data related to the patients cancer journey, including measuring performance against key performance indicators.

Regional Oncology Liaison Nurse

As previously indicated establishment of this position has commenced and is an evolving role. The position is based at Waikato Hospital, responsible to the Operations Manager, Regional Cancer Centre, Waikato Hospital. There is a strong link with professional nursing advisor / director positions.

As part of a multidisciplinary team looking after cancer patients the purpose of the position is to provide professional nursing leadership and expert clinical care and advice across the Waikato and ultimately to Midland DHBs.

Key responsibilities include:

- To develop and implement the Cancer Network Action Plan in collaboration with the network management team
- To facilitate the co-ordination of outreach oncology services
- To lead and develop outreach chemotherapy services
- To participate in the development and implementation of regional cancer service policies / protocols / guidelines / pathways / educational programmes
- To facilitate professional development and education for outreach oncology nursing staff
- To lead the delivery of expert nursing care, within an oncology treatment / chemotherapy services
- To participate in audit and other quality initiatives. To support the Project mapping manager in patient mapping and continuous quality improvement initiatives

It is envisaged as the role develops and with the formation of site specific groups and supporting care co-ordinator positions evolve that this role will take on more of a leadership role to:

- Ensure cross network integration of generic and tumour specific specialist oncological nursing care which is based on research, knowledge and experience, in order to maintain and raise standards of care in all settings
- Ensure there are lead nurses across the network and establish working relationships with the specialist nurses from the tumour specific multidisciplinary groups.

There is no proposal to alter this role but it is proposed that this position report to the Network Manager to ensure that the position is not subsumed into daily ward activities and remains flexible to undertake regional activities. This position would have strong relationships within the various hospitals and with the Directors of Nursing across the Midland region.

Administration / Analytical Support

Administration support is required to support the Cancer Network. It is envisaged that the level of resource will increase as the Cancer Network evolves and matures.

One of the key issues identified in the patient mapping project was the inadequacy and complexity of data and analysis. It is proposed that funding be budgeted to purchase data analyst capacity as required.

These positions would report to the Network Manager.

Project Officer

The Non-Surgical Cancer Treatment Service Implementation Plan (Midland DHBs, 2005) and initial findings from the patient mapping project have identified that there are numerous opportunities to utilise a project officer to undertake adhoc quality

improvement projects. It is proposed that funding be budgeted to purchase project management capacity as agreed by the Cancer Network Policy Board.

This position would report to the Network Manager.

Financial Implications

This plan recommends the establishment of a network model for cancer control across the Midland region. With such a proposal comes a cost; at this stage there has been no formal discussions across District Health Boards and other stakeholders (the Ministry of Health) in how the network will be fully funded.

The Midland DHBs have demonstrated that the February 2006 new targeted cancer funding has been fully allocated to establishing some of the resources required for a regional cancer network.

The Waikato DHB funded a project manager for the duration this project.

The Midland DHBs (Bay of Plenty, Lakes and Waikato) have funded the following sustainable positions to support the establishment of the Midland cancer network:

- Regional Clinical Director 0.2 fte
- Oncology Liaison Nurse (in progress) 0.5 fte (0.5 fte unfunded)

The Midland DHBs are looking to the Ministry of Health to formally engage and agree on the method to provide sustainable funding for:

- Network Manager 1.0 fte
- Network Project Mapping Manager 1.0 fte
- Administrator 0.2 fte (increase to 0.5 fte)
- Data Analyst 0.1 fte
- Project Officer (for adhoc projects) 0.5 fte
- **Total Personnel FTEs 2.8 fte**

Annual Budget	2006/07	2007/08	2008/09
Personnel costs	185,900 – 215,900	191,477 – 222,377	197,221 - 229,048
Outsourced costs	58,200	59,946	61,744
Non-Clinical Costs	17,889	18,426	18,824
Internal Costs	9,390	9,672	9,962
Overhead Costs	42,207	43,473	47,116
Contingency 5%	14,069	14,491	15,705
Sub Total Budget	327,655 – 357,655	337,485 – 368,385	350,572 – 382,399
Recommended Budget	337,655	347,785	376,928

One off capital budget is \$9,347 year one. One off capital budget is for set up costs such as computers, printer and office furniture.

Benefits and Risks

As previously indicated in the project findings sections there are known benefits for establishing a cancer network. The project workshop summarised the following benefits:

- **Increased knowledge and shared learning.** There is significant and diverse expertise within DHBs, a network can leverage off local expertise and allow shared learning including resource efficiencies
- **Improvements to the patient pathway.** The patient mapping aims to improve patient's cancer continuum flow, timely and equitable access, best practice standards of care, care is co-ordinated and improved communication
- **Culture of continuous quality improvement.** The network will adopt the Ministry of Health quality principles and framework, the PDCA cycle, the Midland DHB priority matrix for multiple recommendations (refer to Non-Surgical Cancer Treatment Implementation Plan) and will apply the Heat Equity Assessment Tool for initiatives.
- **Promote an enhanced multidisciplinary team approach.**
- **Forum to focus on links and relationships between health professionals, services and / or organisations.** To identify critical gaps in service provision, promote collaboration and shared solutions to regional service issues. Examples:
 - Workforce development
 - Improved data collection and review
 - Focus on equity of access, reduce inequities
 - Focus on prevention and health promotion
 - Community and intersect education and involvement

Key risks identified were:

- **Non-engagement of the process.** There is the risk that DHBs, PHOs, NGOs and community stakeholders do not engage with the process. This risk should be minimised through broad consultative and participation process that engages key stakeholders, including a robust communications and marketing plan.
- **Inadequate funding of resources.** There is the risk that the network infrastructure is not adequately funded and does not meet the NZCCS Action Plan recommendations. The Ministry of Health has indicated that establishment of regional networks is a phase one priority. This risk should be minimised through adequate, sustainable funding as indicated in this proposal.
- **Blurred accountability of the key stakeholders within the network.** This risk will be minimised by having a clear accountability structure.

Part Four – A Way Forward

The Ministry of Health has indicated that establishment of regional cancer networks is a phase one priority of the NZCCS Action Plan. The proposed Midland Cancer Network framework aligns with national and regional developments. The proposed framework will provide Midland DHBs with the vehicle to work towards achievement of the national cancer control strategies and outcome recommendations.

The Midland Cancer Control Network Project team has worked collaboratively with the Ministry of Health in developing this framework to ensure alignment with national directions. The Ministry of Health is working on a clear sustainable funding pathway on how the proposed regional cancer network infrastructure will be supported. The Ministry of Health has sent a strong signal to DHBs that cancer control activity is to continue to progress.

Midland Cancer Network Action Plan 2006-07

The following action plan proposes a way forward by building on existing Midland plans and developments to date. This is an interim action plan for the Midland Cancer Network. It is proposed that the Midland region will scope and develop a regional action plan demonstrating a move towards implementation of the NZCCS Action Plan.

As previously indicated regional cancer networks in New Zealand are evolving it will take time to build relationships and function in a new environment. The first year will be a learning phase at both a regional and national level as the various regional cancer networks are formed.

Milestone	Timeframe	Responsible
Identify sustainable network funding pathway	September 2006	Ministry of Health
Endorsement of Midland Cancer Network framework	September 2006	Midland CEOs
Advertise and appoint Network Manager	October 2006	GM Health Services
Advertise and appoint Network resources	Oct - Nov 2006	Network Manager
To establish Network Executive & orientate	November 2006	Network Manager
To develop the Oncology Liaison nurse role	2006-2007	Network Manager
To present project findings at the Ministry of Health national symposium	9 & 10 th November	Network Management Team
To develop a Midland Cancer Control Action Plan 2007 – 2010	December – May 2007	Network Executive
To continue to map the major tumour groups – ovarian, genetic high-risk assessment, haematology conditions	2006-2007	Project Mapping Manager
To develop a Midland Gynae-oncology model of care and plan 2007 – 2010	2006-2007	Network Management Team & Gynae / Onc representatives

Milestone	Timeframe	Responsible
To develop proposed genetic high risk assessment model of care for the Midland region	2007	Network Management Team
To hold regional workshop on mapping findings – breast and lung. To identify and prioritise recommendations and develop an action plan. As required establish Network site specific groups.	2007	Network Management Team
To continue implementation of the Midland Non-Surgical Cancer Treatment Services Plan.	ongoing	Non-Surgical Operations Network
To participate in national activities related to cancer control	ongoing	Network Management Team

In summary, development of networks is evolving and a process of review of the function and infrastructure is required to ensure that regional cancer networks are moving forward and achieving the set goals and objectives. The Network if adequately resourced and supported will have the capacity and capability to deliver against its core purpose and objectives.

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Appendix 1 – Midland Region Cancer Control Network RFP

Cancer Control Strategy Implementation Fund

1. Title of Proposal

Midland Region Cancer Control Network Project

2. Total Funding sought

\$22,640 for six month 1 January 2006 – 30 June 2006

3.1 Organisation Details

(a) <i>Name of organisation</i>	Waikato District Health Board (on behalf of Midland DHBs)
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<p>(b) <i>Contact person</i></p>	<p>Project Sponsor Brent Wiseman, Chief Executive (Acting) Waikato DHB Phone (07) 839 8899</p> <p>Alternative contact Jan Hewitt, Project Manager Waikato DHB Development and Support Unit, Level 3 Hockin Building P.O. Box 934 HAMILTON Phone (07) 834 3635</p>
<p>(c) <i>Experience / credentials in delivering cancer services</i></p>	<p>DHBs are required by Government statute to effectively fund and manage health and disability services to improve health status of their populations. The DHBs are guided by the objectives of the New Zealand Health Strategy (2000) and cancer is a critical priority for the Government and DHBs.</p> <p>The Midland DHB CEO group has determined that the Non-Surgical Cancer Treatment Services Plan for the Midland Region (Barber, 2004) will form the framework for the development of oncology services for the Midland Region. Recommendation 14 of the Plan recommends that a regional cancer control group should be established to provide learning opportunities and identification of issues in relation to the implementation of the New Zealand Cancer Control Strategy for the region.</p> <p>The Regional Cancer Centre based at Waikato Hospital, Hamilton is the recognised tertiary centre for the Midland Region cancer services. This is based on a ‘hub and spoke’ approach. This project aims to strengthen this approach through working together to ensure a networked and coordinated service, which will improve integration, coordination and continuum of care for cancer patients across the Midland Region.</p>
<p>(d) <i>Dimensions of organisation (if an NGO)</i></p>	<p>The active involvement of NGOs is essential. There is a wide range of community organisations and support groups, including Māori and Pacific organisation involvement with cancer control. NGO activities contribute to the patient journey across the cancer continuum. Informal links with NGOs already exists and the Network concept provides opportunities to formalise and strengthen these links as well as build capacity and capability within the community.</p>

<div>(e)</div>	<div>Names and credentials of person(s) providing the service(s)</div>	<div>Project Sponsor : Brent Wiseman, Acting CEO Waikato DHB</div> <div>Project Team:</div> <table><tr><td>Jan Hewitt</td><td>Project Manager, Development & Support</td><td>Waikato</td></tr><tr><td>Dr Jeremy Long</td><td>Clinical Director Cancer Services</td><td>Waikato</td></tr><tr><td>Dr Sharon Kletchko</td><td>Director Planning & Service Development</td><td>Bay of Plenty</td></tr><tr><td>Suzanne Gower</td><td>Portfolio Manager</td><td>Lakes</td></tr><tr><td>Jan Barber</td><td>Regional Planner</td><td>Midland DHBs</td></tr><tr><td>Paul Dumble</td><td>Manager Business Re-engineering,</td><td>Waikato</td></tr><tr><td>Karen Lorigan</td><td>Group Manager, Adult Services</td><td>Tairāwhiti</td></tr><tr><td>Lesley Mack</td><td>Analyst Planning and Funding</td><td>Taranaki</td></tr><tr><td>Dr Anita Bell</td><td>Public Health Medicine Specialist</td><td>Waikato</td></tr><tr><td>Rachael Collier</td><td>Cancer Society, Waikato / Bay of Plenty Division</td><td></td></tr></table>	Jan Hewitt	Project Manager, Development & Support	Waikato	Dr Jeremy Long	Clinical Director Cancer Services	Waikato	Dr Sharon Kletchko	Director Planning & Service Development	Bay of Plenty	Suzanne Gower	Portfolio Manager	Lakes	Jan Barber	Regional Planner	Midland DHBs	Paul Dumble	Manager Business Re-engineering,	Waikato	Karen Lorigan	Group Manager, Adult Services	Tairāwhiti	Lesley Mack	Analyst Planning and Funding	Taranaki	Dr Anita Bell	Public Health Medicine Specialist	Waikato	Rachael Collier	Cancer Society, Waikato / Bay of Plenty Division	
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<div>(f)</div>	<div>Names and contact for two referees</div>	<div>Midland DHB Project</div>																														

3.2 Details of Proposal	
(a) <i>Aims and /or objectives</i>	<p>Internationally health systems have been searching for better ways to improve their performance and improve the patient journey. There is a strong international move toward managed clinical networks, such as a cancer control network. A network has been described as a group of key stakeholders including health professionals and organisations from primary, secondary and tertiary care and third sector (NGOs), working in co-ordinated manner, unconstrained by existing boundaries, to ensure patient focused equitable provision of high quality effective services.</p> <p>The New Zealand cancer Control Strategy Action Plan 2005 – 2010 indicates a key priority for phase one is to establish regional cancer control networks. The Ministry intention is that regional networks will be established nationwide, to facilitate organisations involved in cancer services to work together and deliver high-quality seamless care (MOH, 2004).</p> <p>The current system allows individual providers to establish new/enhanced services without any discussion or involvement with other providers. Stakeholders become frustrated due to lack of communication, duplication of effort and resource.</p> <p>The aim is to scope the development of a Midland Region Cancer Control Network model and framework to support a co-ordinated and aligned service delivery and development across the Midland region to enable equitable and agreed continuum of care for the people of the region.</p> <p>Objectives include:</p> <ul style="list-style-type: none"> • To fit with the strategic direction of the Midland DHBs • To ensure the network model is acceptable to key stakeholders across the cancer continuum • To ensure the network model aligns with the national Cancer Control Strategy principles and strive to achieve the national strategies
(a)(i) <i>Alignment with Cancer Control Strategy Action Plan (see clause 4.1 of the RFP documentation)</i>	<p>Overall priorities for Phase One implementation of the New Zealand Cancer Control Strategy Action Plan 2005-2010</p> <p>Establish regional cancer networks</p>

<p>(b) <i>Approach / strategies</i></p>	<ol style="list-style-type: none"> 1. To appoint for the duration of the project a clinical director to provide clinical leadership 2. To identify the current Midland region DHB structures and Midland regional forums 3. To complete a literature review of network models 4. Analysis and assess alignment of current structures with requirements of a network 5. To develop a network framework and model that: <ol style="list-style-type: none"> I. Determines clear functions and responsibilities II. Provides a structure that allows flexibility for different services and opportunities III. Provides an infrastructure that enables knowledge transfer such as clinical guidelines IV. Network structure that incorporates regional clinical leadership and management support V. Promotes a care co-ordination and multidisciplinary team approach to cancer control for both integrated programmatic teams (i.e. breast cancer continuum) and generic teams (i.e. palliative care, pathology) 6. To formalise the Midland region non-surgical cancer treatment services operations network 7. To inform key stakeholders on the benefits and value of a cancer control network 8. To develop an implementation plan on the recommended network model that includes a timeline for implementation, financial analysis of what can be done within existing budgets and for additional resources required to implement
<p>(b)(i) <i>new or enhancement of existing initiatives (see clause 2.8 of RFP document)</i></p>	<p>The Midland DHBs endorsed a project proposal to establish a regional network (January 2005). A small working group was established however the timing for this project was too early and ambitious. At the same time the Midland region non-surgical cancer treatment project commenced and at the national level the NZ Cancer Control Action Plan was being released and national direction related to the networks was lacking, therefore the project was not pursued at this time.</p> <p>The Midland DHBs have some experience in that the non-surgical cancer treatment services project is being formalised into a network with responsibility to implement the Non-Surgical Cancer Treatment Services for the Midland Region Plan (Barber, J. 2004).</p> <p>This project is a new initiative for the Midland DHBs.</p>

<p>(b)(ii) <i>Reducing inequalities (see clause 2.9 of the RFP documentation)</i></p>	<p>All DHBs have statutory obligations under the New Zealand Public Health and Disability Act 2000 to reduce inequalities. Reducing inequalities for Maori is a Treaty of Waitangi obligation and priority for the Government. DHBs support the principle of reducing inequalities and this is reflected in each of the Midland DHB's Health Needs Assessment and Analysis, Strategic Plans and DAPs.</p> <p>Cancer Control Strategy evidence supports that there are real and substantive health inequalities with certain population groups such as:</p> <ul style="list-style-type: none"> • Maori • Pacific People • Lower socio-economic <p>Understanding the patient journey across the cancer control continuum is essential when planning the provision of culturally appropriate and effective services to reduce morbidity, mortality and inequalities. This project will provide intelligence of current service delivery, identify gaps and areas for improvement. Concepts and strategies in the project include:</p> <ul style="list-style-type: none"> • Continued development of demographic and need for cancer control, including to identify the prevalence of illness within populations and between populations (Maori Advisory Group Reference 2004) • To ensure cultural effectiveness of service delivery, i.e. cultural assessments, cultural information • Inclusion of holistic health principles in cancer control service delivery • Involve Maori and Pacific People expertise in mapping of the patient journey to assess the cultural appropriateness of cancer services • Identify areas of inequalities through collection of relevant data for each tumour group • Apply the Health Equity Assessment Tool (HEAT) to policy and funding decisions regarding cancer control initiatives • To encourage and support Maori and/or Pacific providers and mainstream workforce capability to respond more effectively to the needs of Maori and Pacific People • Build an effective interface between primary, secondary and tertiary health service inclusive of Maori and Pacific providers • Work with other aligned sectors to address issues that act as determinants of health for Maori and Pacific people.
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(c)	<i>Milestones</i>	Project commences	1 January 2006
		Appointment of Clinical Director	January 2006
		Project team established with terms of reference	January 2006
		Non-surgical cancer treatment network established	January 2006
		Literature review completed	February 2006
		Network model and framework options develop	April 2006
		Consultation on recommended model	May 2006
		Midland Region Cancer Control Network signed off by Midland CEO	June 2006
		Project complete and project report completed	30 June 2006
(d)	<i>Timeline</i>	Project Timeframe -1 January 2006 – 30 June 2006	

(d)(i) <i>Service Priorities (see clause 4.4(b) of the RFP documentation)</i>	As previously indicated Cancer Control is a service priority for the Midland DHBs. The CEOs of the Midland DHBs have demonstrated this commitment through supporting initial resources to commence planning the project in preparation of submitting a proposal nationally. Alignment of the Cancer Control strategies can be demonstrated in the Midland DHB DAPs.
(e) <i>Demographics</i>	<p>The Midland region is the cumulative area covered by Bay of Plenty, Lakes, Tairāwhiti, Taranaki and Waikato DHBs. It encompasses a significant geographical area with a diverse population,³ with a large proportion of the region's population residing in rural and isolated areas. Some 19.2% of the regions population reside in these rural and isolated areas (compared to 12.2% nationally). The Regional Cancer Centre in Waikato provides clinical haematology, medical oncology, and radiation oncology services to the Bay of Plenty, Lakes and Waikato DHB populations. The Regional Cancer Centre covers 4,0439 km² that is approximately 71% of the Midland region. As identified in the Midland Regional Non-Surgical Cancer Services Treatment Plan (2004) the Regional Cancer Centre population was 611,400 in 2001 and is projected to reach 705,300 by 2021.</p> <p>There is a projected 6% increase in cancer for females between 1996 and 2011 to an incidence of 450 per 100,000. For the same time period, the projected increase for males is 7% to an incidence of 510 per 100,000⁴.</p> <p>The 1999 cancer registration rate for Māori (300.4 per 100,000 population) was higher than for non-Māori (287.3 per 100,000). The Māori female rate of 303.6 per 100,000 was nearly equal to the Māori male rate of 309.3 per 100,000⁵. It is expected that the Māori age standardised cancer mortality rates will continue to exceed that of non-Māori.</p> <p>Cancer is the second leading cause of mortality (27%) in New Zealand as well as a major cause of hospitalisation (7% in NZ). The majority of the increase in cancer cases is due to population growth and increasing age of the population. The demographic trends indicate an increase in cancer incidence, especially in population priority groups such as Maori and the older population, that will place increasing demand on cancer services and resources. The patient mapping and parallel processes project will assist in ensuring that the Midland DHBs are planning and delivering efficient and culturally effective services to meet the needs of the population in the future. (See attached demographic information)</p>
(f) <i>Performance Measures</i>	<p><i>Midland region Clinical Director is appointed by January 2006</i></p> <p>Midland region non-surgical cancer treatment service operations network is implemented by January 2006</p> <p>Midland region cancer control network is developed and signed off by 30 June 2006</p>

³ Main urban areas are very large urban areas centred in a city or major urban centre, with a minimum population of 30,000. Secondary urban areas are very urban areas centred on large regional centres, with populations between 10,000 and 29,999

⁴Waikato DHB Health Needs Assessment & Analysis, Waikato DHB (2005)

⁵ Non-Surgical Cancer Treatment Service Plan for the Midland Region , Midland DHBs (2004), pg.26

(g) <i>Responsibilities</i>	The project team will be responsible for achievement of the project goal and objectives. Members of the project team have a responsibility to keep key people of their organisation informed of progress. Project manager is responsible to leading and facilitate the project including completing progress and final reports.
(h) <i>Community involvement and engagement (if applicable)</i>	The project will consider all key stakeholders across the cancer continuum. Each of the DHBs has the ability to communicate progress and obtain feedback from community health forums as required.
(i) <i>Risk management</i>	<p>Risk</p> <ul style="list-style-type: none"> • Cancer Control Network Project programme too ambitious <p>Mitigation</p> <ul style="list-style-type: none"> • Learnings from international literature • Sound project management and robust reporting and evaluation mechanisms • Monthly project team meetings to provide watching brief, monitor, direction and support • Phased approach, which allows priorities to be reconsidered at various stages, design and deliver what we can within resources <p>Risk</p> <ul style="list-style-type: none"> • Taranaki and Tairāwhiti non alignment of current patient flows with network concept <p>Mitigation</p> <ul style="list-style-type: none"> • Identify current issues for each DHB • Principal Advisor Cancer Control has indicated support to work through issues and possible solutions <p>Risk</p> <ul style="list-style-type: none"> • Lack of regional resources and infrastructure to support project <p>Mitigation</p> <ul style="list-style-type: none"> • Regional agreement by the participating DHBs to support this area of work • Clinical leadership through appointment of Clinical Director for duration of the project

<div>(j)</div> <div>Professional expertise</div>	<div>Clinical Director will provide clinical leadership for the project</div> <div>The DHBs will support the project with project management and expertise within each of the organisations</div>																								
<div>(k)</div> <div>Quality</div>	<div>The concept of networks is to support a continuous quality improvement philosophy and methodology.</div>																								
<div><div>3.3</div><div>Budget (GST exclusive)</div></div> <div><div>Explain how the budget has been arrived at, and submit detailed costing on a separate budget sheet.</div></div>	<table><thead><tr><th>Resource Requirement</th><th>Volume</th><th>Amount</th><th>Project \$</th></tr></thead><tbody><tr><td>Clinical Director</td><td>0.2 FTE</td><td>@ \$38,000 pa</td><td>\$19,000</td></tr><tr><td>Project meetings</td><td>6</td><td>@ \$200 per session</td><td>\$1,200</td></tr><tr><td>Transport costs</td><td>24</td><td>@ \$60 per day</td><td>\$1,440</td></tr><tr><td>Printing of Project Reports</td><td>50</td><td>@\$20 each</td><td>\$1,000</td></tr><tr><td colspan="3">TOTAL PROJECT COST</td><td>\$22,640</td></tr></tbody></table> <div>Notes:</div> <div><div><div>-</div><div>0.2 FTE is to appoint a Clinical Director to work within the project team and Midland DHBs for 6 months</div></div><div><div>-</div><div>Transport costs is for Clinical Director to travel to Midland DHBs</div></div><div><div>-</div><div>Other project team staff and incidental costs will be met by individual DHBs</div></div></div>	Resource Requirement	Volume	Amount	Project \$	Clinical Director	0.2 FTE	@ \$38,000 pa	\$19,000	Project meetings	6	@ \$200 per session	\$1,200	Transport costs	24	@ \$60 per day	\$1,440	Printing of Project Reports	50	@\$20 each	\$1,000	TOTAL PROJECT COST			\$22,640
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<div><div>3.4</div><div>Evaluation / Sharing learnings</div></div> <div><div>If applicable, describe how the initiative will be evaluated or the learnings can be shared.</div></div>	<div>A quarterly progress report will be submitted by the Midland Region Cancer Control Network Project Team to the Midland CEO forum. This report will be made available to the Ministry of Health.</div> <div>The final report of the project will be made available that will summarise the key themes and findings of the project including proposed Network framework for the Midland Region.</div>																								

Address to return your proposal to:

Rebecca Berlips

Cancer Control Strategy Implementation Fund RFP

Clinical Services Directorate

Ministry of Health

PO Box 5013

Wellington

Or e-mail: rebecca_berlips@moh.govt.nz

Appendix - (f) Demographics

Geographical Location

The Midland region is the cumulative area covered by Bay of Plenty, Lakes, Tairāwhiti, Taranaki and Waikato DHBs. It encompasses a significant geographical area with a diverse population. The region covers 56,738km², and comprises 21% of the New Zealand's land area⁶. Waikato DHB is the largest in size, covering 37% of the area, while Taranaki is the smallest, covering only 14% of the total region⁷.

The Regional Cancer Centre provides clinical haematology, medical oncology, and radiation oncology services to the Bay of Plenty, Lakes and Waikato DHB populations. The Regional Cancer Centre covers 4,0439 km² that is approximately 71% of the Midland region.

The Midland Region Mental Health and Addictions Needs Assessment (2005) identifies that although there are a number of urban areas in the region (both main and secondary⁸), a large proportion of the region's population resides in rural and isolated areas. Some 19.2% of the regions population reside in these rural and isolated areas (compared to 12.2% nationally).

The main urban areas in the Midland region are the:

- Hamilton zone;
- Cambridge zone;
- Te Awamutu zone;
- Tauranga;
- Rotorua;
- Gisborne; and
- New Plymouth.

The secondary urban areas in the Midland region are:

- Tokoroa;
- Taupo;
- Whakatane; and
- Hawera.

⁶ Waikato DHB Health Needs Assessment & Analysis, Waikato DHB (2005)

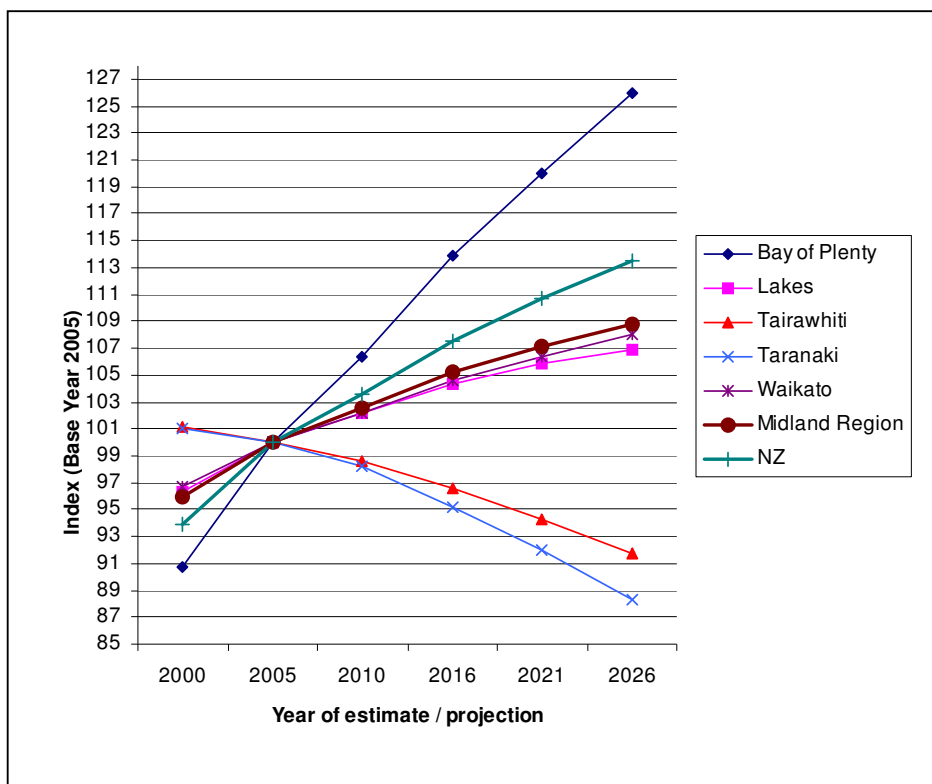
⁷ Midland Region Mental Health and Addictions Needs Assessment, Midland DHBs (2005)

⁸ Main urban areas are very large urban areas centred in a city or major urban centre, with a minimum population of 30,000. Secondary urban areas are very urban areas centred on large regional centres, with populations between 10,000 and 29,999

Population Size

As identified in the Midland Regional Non-Surgical Cancer Services Treatment Plan (2004) the Regional Cancer Centre population was 611,400 in 2001 and is projected to reach 705,300 by 2021. The graph following shows the projected population changes in the Midland region and New Zealand from 2000 to 2026.

Population Changes in Midland Region DHBs & NZ, 2000 - 2026



Source: Central Regions' Technical Advisory Services Ltd

The projected population growth as revealed in the graph is likely to mean an increase in the number of cancer registrations or deaths. This will mean an increased burden on cancer services in the Midland region.

Age & Gender & Ethnicity

The population age groups most at risk of developing cancer, are those in the middle and older age groups. The proportion of the population over 40 in the Midland region is predicted to increase and the proportions that are 65+ will continue to increase at a significantly greater rate than the total population.

Figures show that from 1996 to 2026 the population of females in the Midland region is projected to grow by 14.7% from 374,220 to 438,934. Over the same time period, the male population is projected to grow by 13.3% to 422,981.

The ethnic composition of the region's population is expected to change, (for example there is an expected increase in the total Māori population to 27.1% for the region, which compares to a national figure of 16%), and these changes are not expected to be uniform across the region. Tairāwhiti DHB is expected to experience the largest increase in Māori population (from 47.3% in 2001 to 54.1% in 2016), and Bay of Plenty DHB the smallest increase (from 25.8% to 26.4%)⁹.

The following two tables further detail the age, gender and ethnicity information for the Midland region¹⁰:

Ethnic Specific Age Distribution Total, Midland Region & NZ, 2005

Midland Region				
Age Group (yrs)	Maori	Pacific People	Other	Total
0-4	22,840	1,255	31,180	55,275
5-9	23,730	1,485	35,360	60,575
10-14	23,310	1,455	41,140	65,905
15-19	20,880	1,345	39,740	61,965
20-24	15,300	1,185	32,690	49,175
25-29	13,130	1,035	26,850	41,015
30-34	13,600	1,075	35,180	49,855
35-39	12,910	1,075	40,440	54,425
40-44	13,170	990	45,050	59,210
45-49	11,320	800	44,580	56,700
50-54	8,650	595	40,810	50,055
55-59	6,450	445	38,780	45,675
60-64	4,749	315	31,860	36,924
65-69	3,813	255	26,360	30,428
70-74	2,642	175	23,510	26,327
75-79	1,550	100	20,360	22,010
80-84	685	30	14,430	15,145
85+	290	10	11,120	11,420
Total	199,018	13,625	579,440	792,083

⁹ Waikato DHB District Annual Plan 2005 –2006, Waikato DHB (2005)

¹⁰ Source: Central Regions' Technical Advisory Services Ltd (2005)

Age-Gender Distribution in the Midland Region, 2001

Age Group (5yr)	Female	Male	Female	Male	Total
0-4	6.91%	7.68%	27,612	29,061	56,673
5-9	7.21%	8.01%	28,845	30,315	59,160
10-14	7.40%	8.20%	29,571	31,029	60,600
15-19	6.67%	7.31%	26,649	27,663	54,312
20-24	6.50%	6.64%	25,992	25,122	51,114
25-29	6.90%	6.61%	27,588	25,020	52,608
30-34	7.65%	7.30%	30,588	27,597	58,185
35-39	8.13%	7.80%	32,490	29,499	61,989
40-44	7.56%	7.57%	30,222	28,641	58,863
45-49	6.59%	6.62%	26,334	25,062	51,396
50-54	6.17%	6.37%	24,681	24,093	48,774
55-59	4.76%	4.94%	19,014	18,675	37,689
60-64	4.13%	4.13%	16,509	15,633	32,142
65-69	3.48%	3.43%	13,926	12,990	26,916
70-74	3.25%	3.09%	12,993	11,688	24,681
75-79	2.84%	2.24%	11,358	8,472	19,830
80-84	2.02%	1.25%	8,094	4,722	12,816
85+	1.83%	0.80%	7,332	3,015	10,347
Total	100%	100%	399,798	378,297	778,095

There is projected a 6% increase in cancer for females between 1996 and 2011 to an incidence of 450 per 100,000. For the same time period, the projected increase for males is 7% to an incidence of 510 per 100,000¹¹.

The 1999 cancer registration rate for Māori (300.4 per 100,000 population) was higher than for non-Māori (287.3 per 100,000). The Māori female rate of 303.6 per 100,000 was nearly equal to the Māori male rate of 309.3 per 100,000¹². It is expected that the Māori age standardised cancer mortality rates will continue to exceed that of non-Māori.

Cancer Burden Summary Profile

Cancer is the second leading cause of mortality (27%) in New Zealand as well as a major cause of hospitalisation (7%) in New Zealand¹³. The majority of the increase in cancer cases is due to population growth and increasing age of the population. Some examples of the major cancers showing change are:

¹¹ Waikato DHB Health Needs Assessment & Analysis, Waikato DHB (2005)

¹² Non-Surgical Cancer Treatment Service Plan for the Midland Region, Midland DHBs (2004), pg.26

¹³ New Zealand Health Strategy, Ministry of Health (2000)

- Female breast cancer - where the incidence is predicted to account for 28% of all female registrations by 2011, however the mortality rates is predicted to continue to decline. Māori registration rates are slightly higher than non-Māori with a considerable higher mortality rate.
- Cervical cancer – where the incidence and mortality continues to decline, however Māori females are twice as likely to be diagnosed with cervical cancer compared to non-Māori female with a mortality rate four times higher.
- Colorectal cancer - is predicted to decline in both men and women, possibly due to diet and exercise. Registrations are lower for Māori than non-Māori.
- Lung cancer - continues to decrease in incidence and mortality for men, while female incidence is expected to rise. Lung cancer mortality rates are two to three times higher among Māori males than non-Māori males and more than three to four times higher in Māori females than non-Māori females. The increase in mortality for females will mean lung cancer will become the leading cause of female cancer death by 2012.
- Melanoma - is expected to remain among the top five or six cancers for males and females. Non-Māori registration rates for melanoma in 1999 were 10 times higher than the Māori rate.
- Prostate cancer - indicates a small increase in incidence with the majority of increase due to population growth and the ageing population. Māori registrations rate are lower than non-Māori, however mortality rates for Māori is higher than non-Māori. Prostate cancer is predicted to be the leading cancer for male incidence and death by 2011.
- Liver and Stomach cancer for Māori registration is considerably higher than non-Māori.

The demographic trends indicate an increase in cancer incidence, especially in population priority groups such as Māori and the older population, that will place increasing demand on cancer services and resources. The patient mapping and parallel processes project will assist in ensuring that the Midland DHBs are planning and delivering efficient and culturally effective services to meet the needs of the population in the future.

Appendix 2 – High Level Clinical Flow Stocktake

Midland DHB Cancer Network Clinical Stocktake

- Regional outreach clinics
 - Medical oncology (Rotorua, Tauranga, Thames and Whakatane)
 - Radiation oncology (Rotorua, Tauranga, Thames and Whakatane)
 - Haematology (Rotorua, Tauranga, Thames and Whakatane)
- Regional Chemotherapy delivery (Haematology and Medical Oncology)
 - (Rotorua, Tauranga, Thames, Taupo and Whakatane)
 - Nurse Lead
 - Specialist support from the RCC
 - Regional clinics
 - Email
 - Telephone
- Regional treatment protocols generated by the RCC
- Uniform prescribing of chemotherapy
- Allocated consultant oncologists for the region
 - Easy, ready access to discuss clinical issues for:
 - Chemotherapy nurses
 - Consultants, Registrars and House Surgeons
 - Pharmacists
 - Local formal and informal discussions on clinical issues
- Regional MDMs
 - Head and Neck
 - Breast
 - Chest
 - Lymphoma
- Palliative care support – very informal
- Regional nurses organisation
 - Support
 - Education
 - Common protocols
 - Training

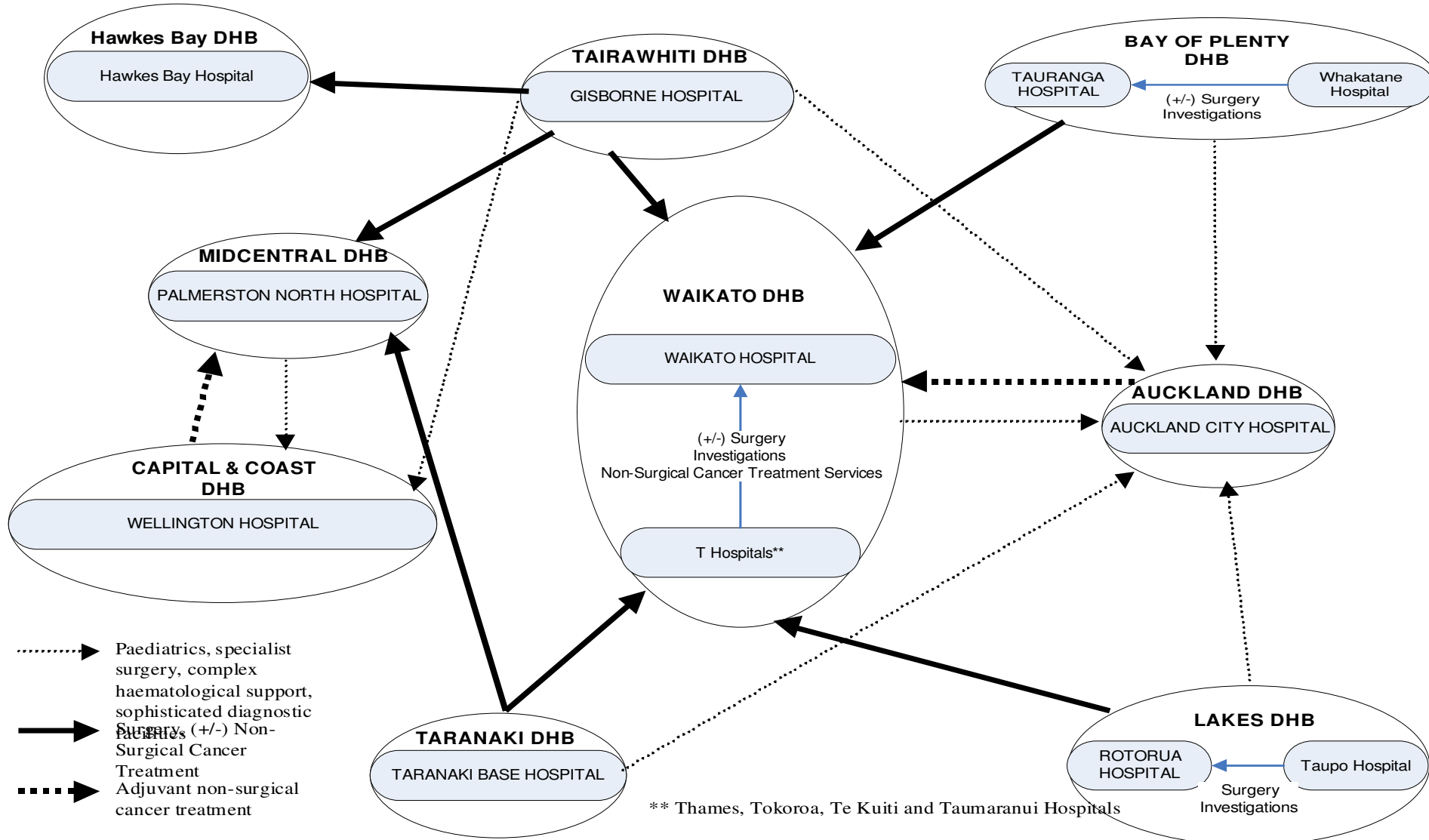
The focus therefore is to build on achievements as laid out in the Midland Region Non-Surgical Cancer Treatment Services Implementation Plan (Midland DHBs, 2005). Some of the developments are well underway:

- Patient mapping
 - Breast
 - Lung
 - Colorectal
 - Prostate

Will need to develop and apply standards and audit for improvement

- Regional Clinical leadership & resourced Network
 - Regional Clinical Director
 - Network Manager (as Project Manager until October 2006)
 - Network Liaison / Lead Nurse (Waikato appointed 0.5 fte, Bay of Plenty in progress)
 - Network Mapping Project Manager (as Project Manager until 30-12-06)
 - Care Co-ordinators for tumour groups
 - Regional lung based at Waikato (1.6 fte),
 - Breast at Waikato (1.5 fte) and Bay of Plenty (1.0 fte), with Regional Lead Breast Screening co-ordinator at Waikato (0.5 fte)
 - Generic cancer co-ordinator at Rotorua (0.8 fte) and Bay of Plenty (1.0fte in planning stage)
- More formalised MDM structures and co-ordination

MIDLAND DHBS CANCER PATIENT FLOWS



***HIGH LEVEL STOCKTAKE OF CANCER SERVICES PROVIDED
BY HOSPITALS AND RELATED HEALTH SERVICES ACROSS
THE MIDLAND REGION*****• WAIKATO DHB**

Hospital/Health Service	Cancer Services
<i>Waikato Hospital</i>	Assessment Diagnosis Surgery Regional Cancer Centre
<i>Thames Hospital</i>	Assessment Surgery (breast only) Non-Surgical Cancer Treatment Services - chemotherapy administration, visiting specialists
<i>TeKuiti Hospital</i>	Surgery (breast only)
<i>Breast Screen Midland</i> <i>(Breast Care Centre, Waikato Hospital and Mobile Screening Units)</i>	Imaging Assessment Diagnosis

• BAY OF PLENTY DHB

Hospital/Health Service	Cancer Services
<i>Tauranga Hospital</i>	Assessment Diagnosis Surgery Non-Surgical Cancer Treatment Services - chemotherapy administration, visiting specialist clinics
<i>Whakatane Hospital</i>	Assessment Diagnosis Surgery Non-Surgical Cancer Treatment Services - chemotherapy administration, visiting specialist clinics
<i>Breast Screen Midland</i>	Imaging Assessment, Diagnosis

• **LAKES DHB**

Hospital/Health Service	Cancer Services
<i>Rotorua Hospital</i>	Assessment Diagnosis Surgery Non-Surgical Cancer Treatment Services – chemotherapy administration, visiting specialist clinics
<i>Taupo Hospital</i>	Assessment Non-Surgical Cancer Treatment Services - chemotherapy administration
<i>Breast Screen Midland</i>	Imaging Assessment Diagnosis

• **TAIRAWHITI DHB**

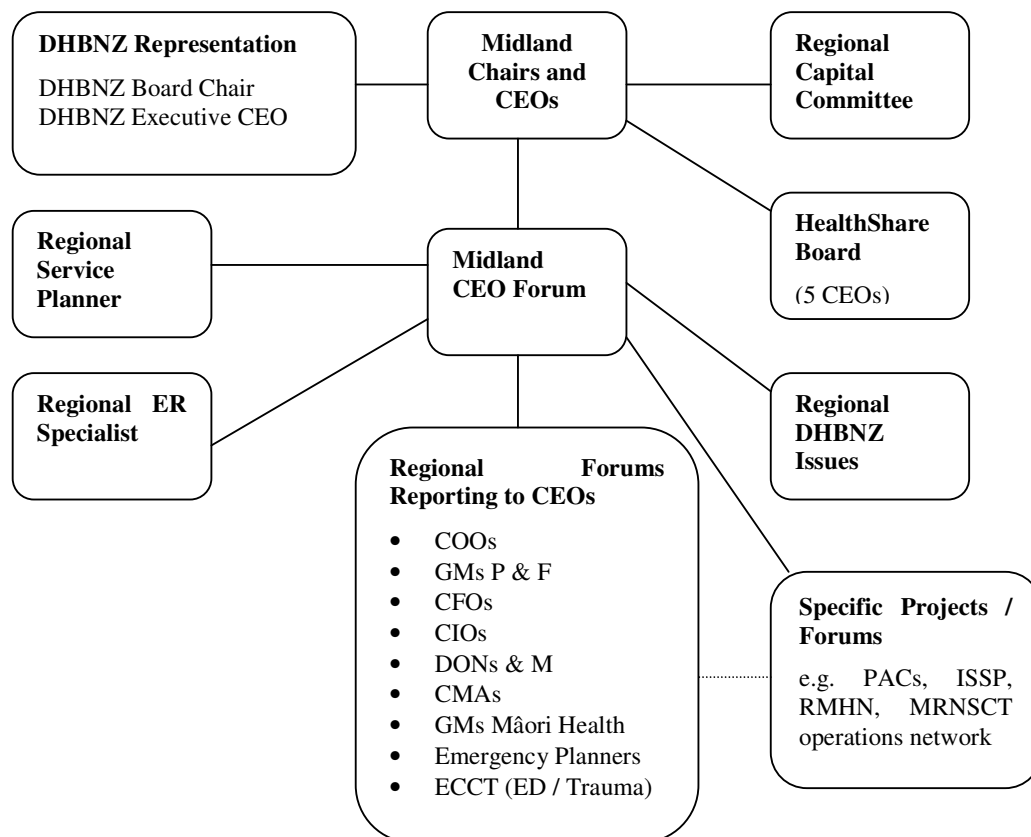
Hospital/Health Service	Cancer Services
<i>Gisborne Hospital</i>	Assessment Diagnosis Surgery Non-Surgical Cancer Services – chemotherapy administration, visiting specialist clinics (MidCentral DHB)

• **TARANAKI DHB**

Hospital/Health Service	Cancer Services
<i>Taranki Base Hospital</i>	Assessment Diagnosis Surgery Non-Surgical Cancer Services – chemotherapy administration, visiting specialist clinics (MidCentral DHB)
<i>Hawera Hospital</i>	Non-Surgical Cancer Treatment Services – visiting specialist clinics (MidCentral DHB)

Appendix 3 – Midland DHB Collaborative Activity

The following diagram summarises the current structure of Midland DHBs Collaborative Activity



The Midland Region Non-Surgical Cancer Treatment Operations Network (MRNSCT Ops Network) currently reports monthly on progress to the Midland CEO forum with copies of reports to Midland COOs, GM Planning and Funding, CMAs, DONs and GM Māori Services.

The traditional model within the New Zealand system has been the hub and spoke model of cancer care. This model applies to the Waikato Regional Cancer Centre (RCC). The model has largely survived because of largely informal clinical networks, these are described in Appendix 2. The model of care has served the Midland region well over many years, but needs improvement.

Appendix 4 - Midland Region Mental Health Network

The network concept is not new within the Midland region. The Midland region mental health and addiction network (Midland DHBs, 2006) formed in 2004-05 has been reconfigured to align with a new strategic environment. A lead DHB approach has been taken, with Bay of Plenty DHB the lead. Consideration is given to the function, structure and resourcing of this network.

A brief overview of the various forums and groups is provided.

Midland CEOs and DHB planning and funding General Managers forums provide strategic leadership to matters of interest and concern for the five DHBs, and ensures well informed decisions are made for the future.

The Midland Mental Health Group, comprises of portfolio managers from the five DHBs and the regional team aims to assist in the provision of regional direction and development. Functions include:

- The provision of planning assistance
- Guidance and support to DHBs through stakeholder engagement
- Development of planning frameworks as tools and resources
- Research, analysis and review / evaluation
- Information sharing
- Developing and utilising clear planning and implementation processes and support
- Advise to the regional team on direction
- Provision of clarity and steer to planning and funding GMs and DHB CEOs to provide leadership to the sector through accurate and timely information
- Robust recommendations including pathways for action, and
- Regular (bi-monthly) value added reporting
- Provision of regional service direction and development by supporting regional approach to workforce development, sector development and service quality improvement, research, analysis and review of services
- Ensuring regional specialist resources are developed, developing and utilising transparent process for developing regional services
- Ensuring input to regional and national processes, and linking with regional and national information.

In addition there are:

- Local Advisory Groups made up of stakeholders
- Regional forums
 - Midland regional consumer network
 - Nga Purei Whakataa Ruamano – provides Māori leadership to the sector
 - Midland clinical leadership forum – set up to promote the development of regional clinical leadership and accountability

- Regional limited term reference groups – short term, task specific reference groups to provide expert advice on specific regional projects
- Additional regional network activities
 - Regional hui – convened for specific purposes such as external or national consultation
 - An annual regional conference – to promote leadership, learning, networking and sharing among the wider sector
 - Newsletter – quarterly highlighting progress, show casing innovation and celebrating achievement
 - Website – access to plans, meeting minutes, schedules of regional meetings, project updates, links to out of region sites and other relevant information
 - Family and whānau – participation occurs locally through local advisory group representation and regional hui.

The resources to support this network include 4 ftes:

- Midland region mental health network manager – role is to co-ordinate shared service development across the region, facilitate local and regional networks, enable groups to contribute to planning of mental health services locally and regionally, and consolidate the mental health strategy. This position has been in place since early 2002.
- Midland region mental health strategic planner – this position was created in 2004-05 annual plan to increase the focus on integrated strategic approach to planning and service development in the region. This position has been in place since August 2004.
- Midland region mental health workforce development coordinator – responsible for the regional mental health workforce development strategic plan.
- Midland region common capabilities co-ordinator – responsible to develop a Common Capabilities Training Plan for 2005-2010 (Midland DHBs, 2006).

The mental health network was formed in 2004-05 with a lead DHB and its structure and functions have evolved over time. Many of the functions of the mental health network align with the findings from the literature review. The Midland region mental health network is resource intensive with core infrastructure of four full time equivalents.

Appendix 5 – MRNSCT Operations Network Terms of Reference



Terms of Reference for

Midland Region Non Surgical Cancer Treatment Operations Network

Purpose

The Midland Region Non-Surgical Cancer Treatment Operations Network (Operations Network) will take a proactive leadership approach to the agreed Non Surgical Cancer Treatment Service Plan recommendations for the Midland Region, and ensures that well-informed decisions are made to achieve successful outcomes.

The Operations Network will be responsible for supporting and advising the DHBs about the issues, activities and priorities related to the implementation of the Non Surgical Cancer Treatment Service Plan (2004) and the associated Implementation Plan (2005) for the Waikato, Bay of Plenty and Lakes District Health Boards (DHBs). The group will focus on activities related to operational planning and decision making to achieve a successful implementation of the Non Surgical Cancer Treatment Service strategies within the Midland Region population.

The Midland CEOs have directed that all regional plans are subject to the prioritisation process and each is seen as part of a 10-20 year strategy for health gain. Due to the extent and resource implications of the recommendations required that a phased and prioritised approach be taken to the implementation of the regional Plan.

Membership

Membership for this group will comprise of the following:

Chair – Acting General Manager Health Services

Project Managers

Midland Region Clinical Director Cancer Services

Cancer Service Manager, Waikato

Cancer Services Operations Manager, Waikato

Waikato DHB Planning & Funding Portfolio Manager

BOP DHB Planning & Service Development Unit

Service Manager, Medicine, BOPDHB

Associate Director of Nursing Lakes DHB

Personal Health Portfolio Manager Lakes DHB

Local champion Lakes DHB

Local champion BOPDHB DHB

The Steering Group will co-op other key stakeholders and support staff as necessary.

Objectives

- To deliver on the agreed recommendations of the:
 - Midland Region Non-Surgical Cancer Treatment service Plan (2004) and
 - Midland Region Non-Surgical Cancer Treatment Service Implementation Plan (2005)which aims to achieve the strategies and goals of:
 - Improving Non-Surgical Cancer Treatment Services in New Zealand (2001)
 - The New Zealand Cancer Control Strategy (2003)
 - The New Zealand Cancer Control Strategy Action Plan 2005 – 2010 (2005).
- Development of annual Midland Region Non-Surgical Cancer Treatment Service action plan to include planning priorities which reduce inequities, service quality improvement, workforce development, education and training.
- To monitor and evaluate service provision including reporting of data to inform and shape future service development.
- To improve patient care outcomes across the Non-Surgical Cancer Treatment Service continuum of care.

- To ensure that a detailed business plan is developed for implementation of agreed recommendations that scopes resource requirements and implications of implementation. To ensure that all activities and interventions planned to be used/implemented throughout the Midland Region meet acceptable standards of best practice and clinical efficacy. To ensure that accountability and responsibility for outcomes are defined for each initiative.
- To support and ensure a review of current patient mapping processes is undertaken across the DHBs for the various tumour groups and options identified for improving services to patients. To determine the need to realign roles to encompass care co-ordinators across the continuum of care and / or appoint care co-ordinators. To ensure care coordination facilitates the delivery of culturally appropriate services.
- To act as key communicators for the distribution of information among key stakeholders.
- To participate in national initiatives, and communicate developments.
- To address any other ad hoc matters, issues or risks, that the group identifies that is within the realms of the Non-Surgical Cancer Treatment Service Plan for the Midland Region.

Chair and Administration Function

The administration function entails the preparation and circulation of agenda, recording and circulating the minutes, coordinating meeting arrangements and the distribution of information among members.

Chair:	Acting General Manager, Health Services, Waikato DHB	Jan Adams
Administration:	Project Manager, Waikato Development & Support Unit	Jan Hewitt

Meeting Schedule

Frequency:	Monthly Tuesday 1 – 2pm.
Venue:	Bryant Education Centre (to be confirmed on agenda)

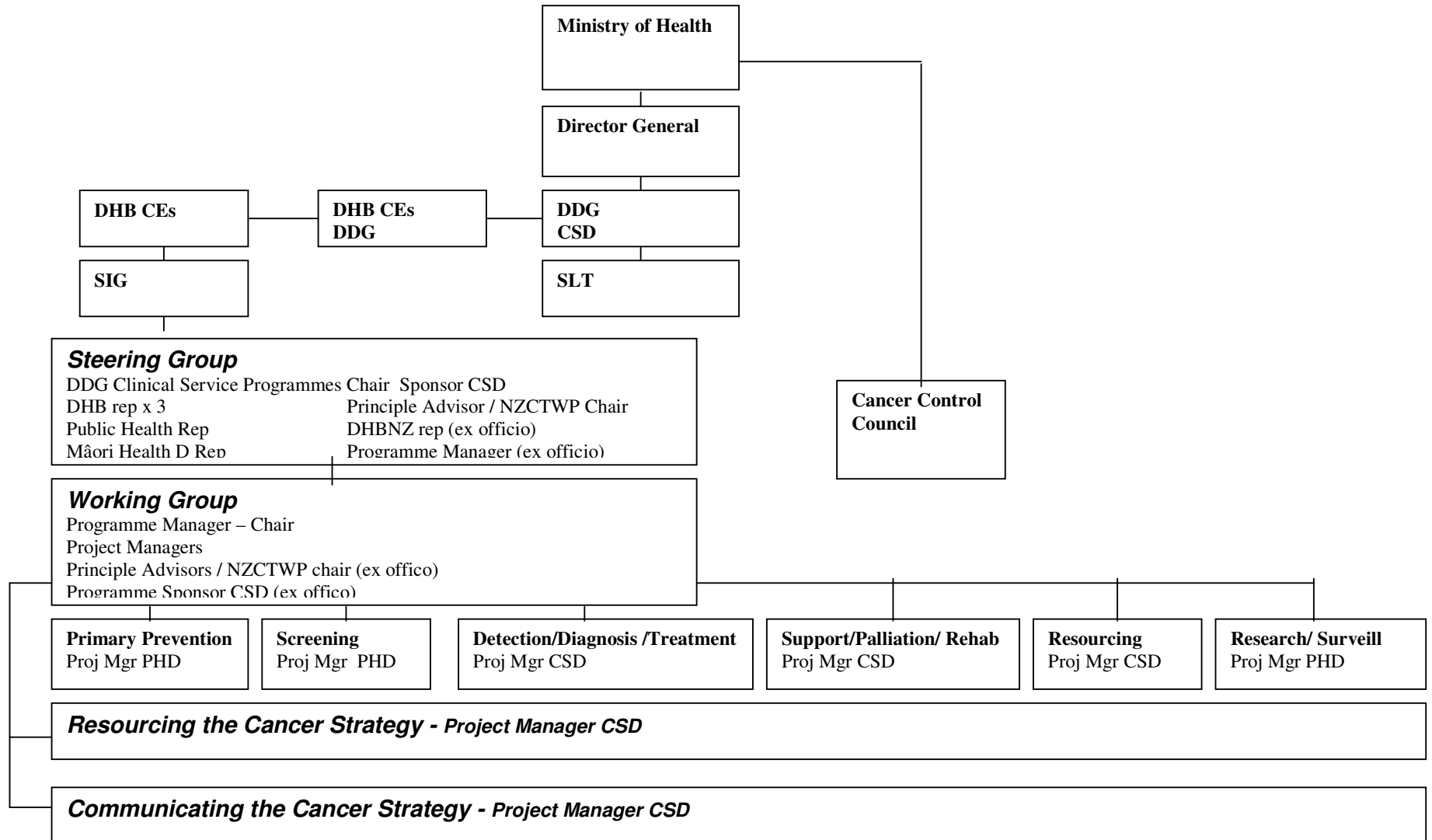
Minutes and Agenda

- Minutes are circulated to members within seven days of the meeting via email.
- Agenda items are sought ten days preceding each meeting
- The agenda is circulated by the Friday before meetings including all papers to be discussed.
- Briefing/background papers will be prepared and circulated prior to the meeting. If a decision is required a recommendation will be clearly stated at the end of the paper.

Reporting and Communication

- The Operations Network Chair reports to the Waikato DHB Chair.
- Monthly report to Midland CEOs and copied to:
 - Midland DHB GMs Planning and Funding
 - Midland DHB COOs
 - Midland GMs Māori Health
 - Midland DONs
 - Midland CMAs
- An annual progress report and annual operating plan is developed by the project Manager.
- Minutes will be made available to other Midland DHBs as requested.
- The process for managing any correspondence from the Operations Network will be directed by the Chair.

Appendix 6 – National Cancer Control Programme Governance





Appendix 7 – Other NZ DHBs Cancer Network Development

Regional Cancer Control Networks are still evolving in New Zealand. The following gives a summary overview of progress (as at July 2006) of other DHBs outside of Midland. The areas discussed are the South Island, Auckland and Northern Midcentral, and Central region.

The South Island DHBs¹⁴ commissioned South Island Shared Service Agency Limited to develop the non-surgical cancer treatment services plan for the South Island: medical and radiation oncology (SISSAL, 2005). Following endorsement of this plan was the proposed establishment of the South Island Oncology Co-ordination Group. This group would ensure consistent and high-quality cancer services across the South Island and would lead the implementation of the service plan for non-surgical cancer treatment services. In principle agreement has been reached regarding the establishment of the network (terms of reference, structure, governance and provisional funding) and are in the process of considering funding for this initiative (Wood, M. 2006). The indicative funding required is \$206,031.

The Auckland and Northern DHB¹⁵ CEOs have endorsed the concept of a regional cancer control network. Northern District Shared Agency (NDSA) project manager has commenced the process to facilitate the development of an Auckland / Northern Cancer Network. NDSA (for the three metro DHBs) for cancer has a regional service planning group (PSP) and a regional steering committee (RSC - operations management function). It is planned to include a network group to the NDSA structure. Development is at an early stage (Martin, C. 2006) with a proposal for discussion (Old, 2006). Early discussions indicate that the network will not develop a regional plan but identify and focus on regional priorities. It is proposed in the first year the network will set up the Network Steering Group and Network Management Group and establish links / relationships with RSP and RSC, regional networks and national bodies (MOH and Cancer Control Council). The network focus will to set up engagement frameworks for Māori, Pacific People, consumers, NGOs and primary care; look a tumour specific project (eg. colorectal); and look at a service improvement project (eg. palliative care). The indicative budget for year one is \$400k¹⁶ from the recent target cancer funding (MOH, March 2006) and the networks brief and function will be reviewed after year one. The proposals require formal approval.

A Midcentral Region Cancer Plan development is in progress (Bull, R. 2006) with a copy recently forwarded to the Ministry for approval. This plan recommends establishment of a Central Region Cancer Control Network¹⁷ and considers expansion

¹⁴ South Island DHBs referred to are: Canterbury, Otago, Nelson–Marlborough, South Canterbury, West Coast and Otago DHBs.

¹⁵ Auckland / Northern DHBs include: Northland, Auckland, Waitemata and Counties-Manakau DHBs.

¹⁶ Resources – Clinical Director 0.2 fte, Network Manager 1.0 fte, Project Manager 1.0 fte.

¹⁷ Central Region includes: Hawkes Bay, MidCentral, Taranaki, Tairāwhiti, Wairarapa and Whanganui DHBs.

of the network to include Capital and Coast, Hutt and Nelson-Marlborough DHBs (outside the original project brief). Each DHB has signed a letter of support for the development of the network concept on provision that the funding issue will be discussed with the Ministry of Health. The establishment of the Central Region Network builds on the achievements of treatment focus through the Regional Cancer Treatment Advisory Group to have a more organised regional structure based around the cancer continuum. The indicative funding required for the establishment of the network is \$249,700 - \$279,700 per annum and the request for additional funding from the Ministry of Health.

Central region¹⁸ discussions commenced on the option to form a Lower North Island Network.

¹⁸ Capital and Coast and Hutt Valley DHBs

Midland Cancer Network Executive Group Terms of Reference



Terms of Reference for Midland Cancer Network Executive Group

The Midland Cancer Network will be responsible for supporting and advising the DHB's about the issues, activities and priorities related to the implementation of the New Zealand Cancer Control Strategy Plan Action Plan (Action Plan, MOH, 2005).

The Midland DHBs have directed that all regional plans are subject to the prioritisation process and each is seen as part of a 10 – 20 year strategy for health gain. The cancer network policy board provides guidance to DHBs on priorities and implications.

Purpose

To take a proactive leadership approach to the agreed cancer control recommendations and to coordinate and promote the development of high quality, equitable cancer services across the Midland region.

The group is responsible to the Network Executive Sponsor.

Membership

Membership for this group will comprise of the following: *(the following is proposed based on work to date and requires confirmation)*

Chair – Acting GM Health Services Waikato DHB

Regional Clinical Director

Service Manager, Waikato DHB

Service Manager, BOP DHB

Service Manager, Lakes DHB

Portfolio Manager Planning and Funding Waikato DHB

Portfolio Manager Planning and Funding BOP DHB

Portfolio Manager Planning and Funding Lakes DHB

Public Health Medicine Specialist, Population Health

Māori Health

Primary Health

Cancer Society

Clinical representative, Lakes DHB

Clinical representative, BOP DHB

Consumer representative

Network Manager

Tairāwhiti DHB representative

Taranaki DHB representative

Intersect representative

The Cancer Network Executive Group is to co-op other key stakeholders and support staff as necessary.

Responsibilities

- To develop a Midland Cancer Action Plan for endorsement by the Network Policy Board. The Action Plan incorporates the total cancer continuum, which aims to achieve the strategies and goals of:
 - The New Zealand Cancer Control Strategy (2003)
 - The New Zealand Cancer Control Strategy Action Plan 2005 – 2010 (2005)
- To identify and agree priorities for delivering high quality services across the Network
- Stocktake of cancer continuum services to identify gaps and / or issues to be included in planning priorities which aim to reduce inequities and improve quality of services to patients and their family / whānau, workforce development, education and training
- To provide an annual report on progress
- To receive and endorse service improvement, site specific and local provider implementation groups plans and reports
- To commission the above groups to undertake specific pieces of work
- To support and ensure a review of current patient mapping processes is undertaken across the Midland DHB's for the various tumour groups and options identified for improving services / outcomes to patients across the cancer continuum of care
- To ensure that a detailed business plan is developed for implementation of agreed recommendations that scopes resource requirements and implications of implementation. To ensure that all activities and interventions planned to be used/implemented throughout the Midland region meet acceptable standards of best practice and clinical efficacy. To ensure that accountability and responsibility for outcomes are defined for each initiative
- To deliver on the agreed recommendations of the:
 - Midland Region Non-Surgical Cancer Treatment service Plan (2004) and

- Midland Region Non-Surgical Cancer Treatment Service Implementation Plan (2005)

which aims to achieve the strategies and goals of:

- Improving Non-Surgical Cancer Treatment Services in New Zealand (2001)

and to achieve the strategies and goals of:

- New Zealand Palliative Care Strategy Plan (2001)
- To monitor and evaluate service provision including reporting of data to inform and shape future service development for the Midland region
- To lead and promote monitoring of the Networks performance in relation to regional and national standards
- To share knowledge and local DHB initiatives / developments as required
- To work collaboratively on regional initiatives and agreed priorities. To advise DHBs on opportunities for funding prioritisation
- To develop effective working relationships with key organisations associated with cancer services within DHBs, PHO's private and voluntary sectors
- To act as key communicators for the distribution of information among key stakeholders
- To participate in national initiatives, and communicate developments
- To advise the Network Policy Board on area of poor performance and / or issues, making recommendations for improvement
- To address any other ad hoc matters, issues or risks that the group identifies that is within the realms of Cancer Control for the Midland Region.

Chair and Administration Function

The administration function entails the preparation and circulation of agenda, recording and circulating the minutes, coordinating meeting arrangements and the distribution of information among members.

Chair: General Manager, Health Services, Waikato DHB
Administration: Cancer Network secretariat

Meeting Schedule

Frequency: Monthly: day and time TBA.

Venue: TBA with the ability to tele-conference

Minutes and Agenda

Minutes are circulated to members within seven days of the meeting via email.

Agenda items are sought ten days preceding each meeting.

The agenda is circulated one week prior to the meeting including all briefing/background papers to be discussed. If there is a significant briefing paper then two weeks will be allowed for members to adequately review the document. If a decision is required a recommendation will be clearly stated at the end of the paper.

Reporting and Communication

- The Cancer Network Executive Group Chair reports to the Waikato DHB CEO.
- A monthly Executive Group report to the Network Policy Board
- The monthly Executive Group report will be copied to Midland DHB CEOs via the Waikato DHB CEO
- The monthly Executive Group report will be copied to:
 - Midland DHB GM's Planning and Funding
 - Midland DHB COO's
 - Midland GM's Māori Health
 - Midland DON's
 - Midland CMA's
- An annual Action Plan is developed and submitted to the Midland DHB CEO group for endorsement
- Any matters related to DHB HNA, DSP, DAP and / or prioritisation process will be processed through the Midland Region General Manager Planning and Funding Group.
- An annual progress report is developed and submitted to the Midland DHB CEO group for endorsement
- A Cancer Network newsletter is prepared and distributed quarterly
- Minutes will be made available to other staff within the Midland DHBs as requested.
- The process for managing any correspondence from the Cancer Network Executive Group will be directed by the Chair.



Terms of Reference for Midland Cancer Network Management Team

The Midland Cancer Network will be responsible for supporting and advising the DHB's about the issues, activities and priorities related to the implementation of the New Zealand Cancer Control Strategy Plan Action Plan (Action Plan, MOH, 2005).

The Midland DHBs have directed that all regional plans are subject to the prioritisation process and each is seen as part of a 10 – 20 year strategy for health gain.

Purpose

To lead and facilitate the development programme and function of the cancer network.

The team is responsible to the Network Executive group via the Chair.

Membership

Membership for this group will comprise of the following:

Position	Status of appointment	Report to
Regional Clinical Director	Appointed	Chair Executive Group
Network Manager	Not approved	Chair Executive Group
Oncology Liaison Nurse	In progress	Operations Mgr Oncology
Project Mapping Manager	Not approved	Network Manager
Administration Support	Not approved	Network Manager

Outsourced resources will include:

Analyst	Not approved	Network Manager
Project Officer	Not approved	Network Manager

Responsibilities

- To lead and promote the development of the Midland Cancer Network organisational infrastructure
- To develop, lead and co-ordinate the Network cancer programme
- On behalf of the Network to formulate the Midland Cancer Network plans in line with national policy. This will include:
 - 3 year Action Plan

- Workforce plan
 - Tumour / site specific action plans as required
- To ensure plans are endorsed by the Network Executive group, and as appropriate through the Midland DHB General manager Planning and Funding forum, and through change management processes lead the implementation of the plans recommendations
- To interpret impact of national initiatives on the Midland Cancer Network making recommendations to the Executive Group
- To facilitate the establishment and effective functioning of the Network site specific, service and local implementation sub-groups
- To undertake patient mapping the parallel processes for the major tumour groups, review the data and identify gaps and service variations to standards
- With advice from the Network site specific groups, agree specific pathways and service provision across the Network
- To ensure the development of common operational policies across the Network
- To undertake specific pieces of work commissioned by the Executive Group
- To ensure effective communication with all key stakeholders to facilitate communication across professional / organisational boundaries to ensure a seamless provision of cancer service
- To ensure Network wide users perspective's inform the development of cancer services
- To represent the Midland Cancer Network at a local, regional and national level
- To oversee / project manage the implementation of any successful Midland proposals
- To provide clinical and management leadership to the Network
- To produce an annual report on the Cancer Network for the Midland DHBs CEO group

Reporting and Communication

- The Cancer Network Management team reports to the Chair, Network Executive Group
- The management team is responsible for preparing a monthly Executive Group report to the Midland DHB CEO group and the report will be copied to:
 - Midland DHB GMs Planning and Funding
 - Midland DHB COOs
 - Midland GMs Māori Health
 - Midland DONs
 - Midland CMAs

- An annual Action Plan is developed and submitted to the Midland DHBs CEO for endorsement
- An annual progress report is developed and submitted to Midland DHBs CEO group for endorsement
- A Cancer Network newsletter is prepared and distributed quarterly
- Minutes will be made available to other staff within the Midland DHBs as requested.