

Midland District Health Boards

Midland Cancer Network

Progress Report – July – September 2007

Executive Summary

This is the first progress report of the Midland Cancer Network's covering the quarter one period 1 July 2007 – 30 September 2007. This report summarises:

- the background to the formation of the MCN
- structure development of the MCN
- progress on key MCN projects
- national engagement and developments.

Key Achievements include:

- Resident Medical Oncology / Haematology Service in Tauranga business case work in progress, due for final draft in quarter 2
- Establishment of Adolescent / Young Adult Oncology / Haematology Service commenced with appointment of clinical nurse specialist and project officer (until 30 June 2008) and terms of reference for AYA OHS work group developed
- Outreach Specialist Palliative Care Services based at Lakes proposal for change endorsed by Midland GM Planning and Funding, plan to meet in quarter 2
- Midland Gynae-Oncology Service proposal for change to develop a regional model of care and service framework. Proposal for Change was endorsed by the Midland GM Planning and Funding forum. Data collection and patient flow analysis commenced, will be a delay due to lack of analytical resource, working on possible solutions
- Advance notification for additional MCN funding for addressing inequalities and resource support from PHI for next 3 years, effective 1 January 2008 (awaiting further information)
- Site specific work group generic terms of reference developed, including terms of reference for breast and AYA OHS
- Midland breast cancer mapping report of findings and action plan work in progress, final draft due in quarter 2

- Midland non-surgical cancer treatment operations network focus is on the national health target for radiation therapy
- Participation with the Cancer Control Council (CCC) evaluation of DHB and regional cancer network establishment
- Review and comment on the National Laboratory Screening Unit proposal via DHB planning and funding services
- Review and comment of the national draft Adolescent / Young Adult Service Specifications via DHB planning and funding services
- Formation of a Midland Care Co-ordinators forum to develop care co-ordination framework for the MCN, literature review in progress, model of care / framework under development
- MCN management team link in with the national governance structure – Manager member of the NZ Cancer Control Steering Group and Clinical Director member of the NZ Cancer Treatment Working Party and both members of the NZ Regional Cancer Network forum
- Agreed strategic cancer control plan framework and requested Midland Planning and Funding services to have consistent approach to presenting cancer health needs assessment information (due December 2007)
- Meeting held with Midland GM Maori services to build on Maori engagement framework and explore opportunities for advice and participation. Waikato GM Maori services to be member of the MCN Executive Group and provide regional link.

Introduction

The Midland Cancer Network (MCN) was formed in 2006 and was the first regional network established within New Zealand. The MCN plans to provide a quarterly progress report. This report covers the quarter one period 1 July 2007 – 30 September 2007. This report summarises:

- the background to the formation of the MCN
- structure development of the MCN
- progress on key MCN projects
- national engagement and developments.

Background

The Cancer Control Strategy Action Plan 2005-2010 (Action Plan) identified a number of priorities, including the continued development of regional cancer networks to enhance co-operation and collaboration of organisations involved with / or contributing to cancer control. The structures, scope and functions of regional networks are evolving in New Zealand. Regional networks are complex organisational and service delivery structures that work across organisational boundaries. Regional networks bring together key stakeholders to plan and deliver a set of comprehensive and integrated cancer services, that are co-ordinated across patient care pathways through a multidisciplinary team approach, for a given population area (region). Regional networks can increase access to comprehensive cancer services by promoting a collaborative approach to care planning and delivery.

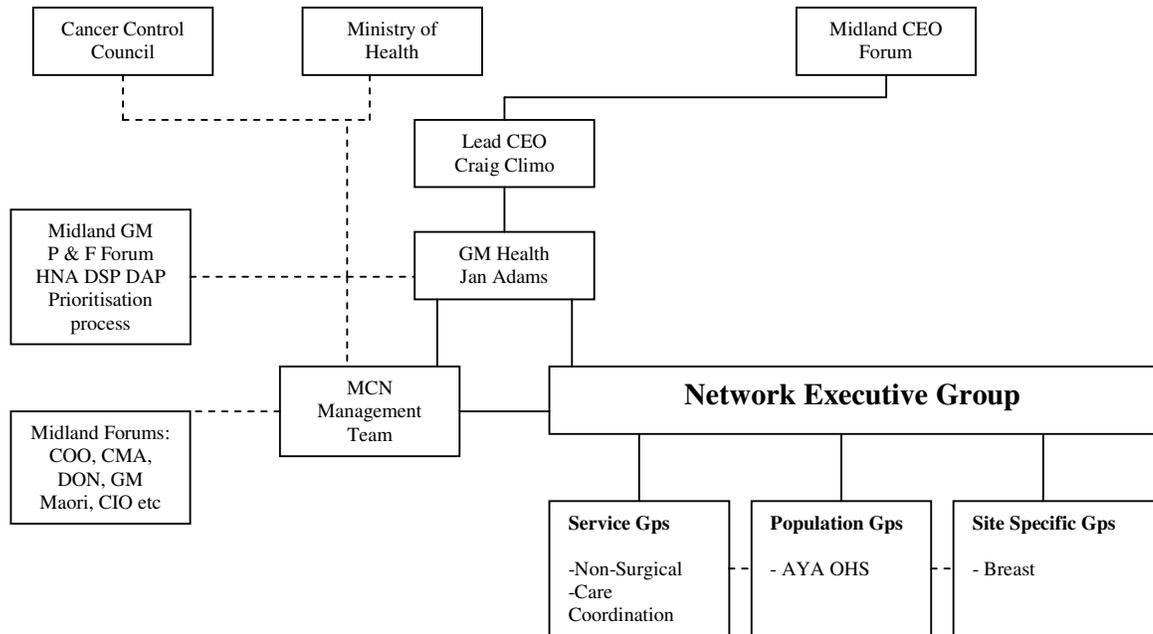
The Ministry of Health funded the establishment of the regional cancer networks through a lead DHB via the eighth omnibus variation to the 2004/05 Crown Funding Agreement (CFA). The CFA provides resource to support the network management infrastructure that will provide leadership, co-ordination and facilitation to assist constituents of the network to achieve the regional strategic cancer control plan.

The MCN was formed in October 2006 following endorsement of the Midland Region Cancer Control Project report - A Proposal for Establishing the Midland Cancer Network (Hewitt J. 2006). This report included an interim work plan. Waikato DHB, the lead DHB, will ensure the establishment of the regional network and will manage the regional network on behalf of the three designated DHBs (Lakes, Bay of Plenty and Waikato). MCN has an open invitation to Tairāwhiti and Taranaki DHBs.

A key requirement of the MCN during the establishment phase is to work collaboratively to develop a Regional Cancer Control Strategic Plan agreed by the local DHBs.

MCN Organisational Framework

The MCN structure builds on current structures and forums within the Midland DHBs. The structural framework is not intended to be an additional management hierarchy and does not replace the responsibilities or accountabilities of individuals, services or organisations within the network for decision making or service provision.



The above structure diagram highlights the MCN workstreams development to date.

MCN Management Infrastructure

The Network management team provides clinical and managerial leadership and includes:

- Clinical Director Dr Jeremy Long (0.2 fte)
- Manager Jan Hewitt (1.0 fte)
- Patient Mapping Manager Loryn Scanlan (0.8 fte)
- Administration support / PA¹ Jana Rowlands (0.5fte)
- AYA OHS Project Officer² Mariah Hudler (1.0 fte)

Network Funding

The Ministry has funded \$500,000 over 2006-2008 for the Network management infrastructure. The Ministry has indicated a minimum funding level of \$250,000 p.a. for the Network infrastructure.

At a meeting with the NZ Cancer Control Steering Group in September it was also agreed that each regional network would be funded for the following;

- \$250,000 p.a. for the next three years (effective 1 January 2008) to be used to address inequalities with respect to cancer

¹ Commenced 1 October 2007

² Adolescent / Young Adult Oncology Haematology Service project officer fixed term until 30 June 2008.

- \$50,000 p.a. for the next three years (effective 1 January 2008) to be used to contract the Public Health Intelligence Unit resource specifically for cancer control.

The MCN has identified the need to support the establishment of tumour workstreams. The logistics of this concept needs to be worked through.

MCN Work Programme

This section summarises progress of the MCN annual work programme initiatives including;

- Patient mapping
- Non-Surgical Cancer Treatment Operations Network
- AYA OHS
- Specialist palliative care outreach
- Gynae-Oncology services
- Development of Regional Cancer Control Strategic Plan
- Care Co-ordinators Forum
- Patient Advocate Project
- Maori Engagement and Participation

Patient Mapping Work Programme

Patient journey and parallel process mapping completed for early stage breast cancer and in progress for:

- Lung
- Colorectal
- Prostate
- Ovarian

In addition to the mapping the following is being completed for each tumour stream:

- Log of staff issues
- Consumer perspective i.e. focus groups, review of compliments / complaints
- Variation analysis of each hospital map
- High level health needs analysis for each tumour group
- Analysis of waiting time between key stages of the journey
- Inequalities analysis
- Regional report of findings and action plan for each tumour stream
- Establishment of a regional site specific group.

The Midland Breast Cancer Mapping Report and Action Plan first draft is almost complete for consultation. The Breast Cancer Work Group terms of reference have been developed, Chair appointed and due to meet in the near future.

The MCN in partnership with Waikato DHB plan to host Dr Lynne Mayer, Head of the NHS Institute for Innovation and Improvement to present:

- Improvement & Innovation Themes from the NHS
- Experience Based Design – Patients Leading Change
- Holding the Gains–NHS Sustainability Model & Guide.

In partnership with Waikato Women's Health the MCN is assisting with piloting of Lean Thinking tools and Experience Based Design concepts to improve access to colposcopy services at Waikato.

At a recent NZ RCN meeting it was agreed in principle to adopt the Victorian State Patient Management Framework, refer to www.health.vic.gov.au/cancer

Midland Non-Surgical Cancer Treatment Operations Network

The MRNSCT Operations Network now meets quarterly and the primary focus is on the recent health target for radiotherapy waiting time and chemotherapy outreach. The terms of reference are been adapted to reflect the establishment of the MCN and structural framework.

BOP Resident Medical Oncology/Haematology Service Business Case

The business case for development of a resident medical oncology / haematology service based in Tauranga, Bay of Plenty DHB is in progress. BOPDHB is the lead for development of this business case in partnership with Waikato DHB and the MCN. BOP aim to have the business case out for wider consultation in quarter 2. A working draft is available.

Adolescent / Young Adult Oncology / Haematology Service

Waikato DHB Regional Cancer Centre is the lead for the employment of the Adolescent Care Co-ordinator. Key community and Waikato, Lakes and Bay of Plenty DHBs stakeholders have been consulted on the establishment of the Adolescent / Young Adult Care Clinical Nurse Specialist (AYA OHS CNS) position.

The AYA OHS will come under the umbrella of the MCN, and formation of a regional forum is planned to ensure ongoing consultation with other regional DHBs on the establishment, development and ongoing duties of the co-ordinator.

The Adolescent / Young Adult Care Clinical Nurse Specialist has been employed by the Regional Cancer Centre, based at Waikato Hospital.

An AYA Oncology Haematology Service (AYA OHS) Project Officer has been employed within the MCN until 30 June 2008 to assist with the establishment of this service within the Midland region.

The project officer will assist with developing the AYA OHS model of care framework for the Midland region ensuring links with the supra-regional service

based in Auckland. This framework will link into the Midland Cancer Control Strategy Plan. In addition the project officer will work towards the following;

- the development of a training programme for those involved with adolescent / young adult cancer care
- a paediatric and adolescent oncology workforce stocktake
- the development of multidisciplinary team processes
- participation in clinical trials.

The CNS and project officer have made contact with Auckland's AYA OHS CNS and LEAP programme co-ordinator. The MCN has arranged for the New Zealand AYA OHS Advisory Group to present and share learnings to the MCN Executive Group in the near future.

Key stakeholders have provided feedback on the national draft AYA OHS service specifications.

Lakes Specialist Palliative Care Business Plan

Lakes DHB and the MCN proposal for change was endorsed by the Midland GM Planning and Funding forum to scope and develop a detailed business plan for Waikato DHB to support the development of an outreach specialist palliative care service within the Lakes district. This initiative aligns with the draft national specialist palliative care service specifications.

In addition the Ministry has indicated that additional palliative care funding is available effective 1 January 2008 on a PBF to advance three new service components:

- Last days of life programmes
- Education programmes for generalists
- Telephone advice and support for generalists.

A regional palliative care forum is planned for December / January to discuss this initiative along with the new palliative care funding.

Gynae-Oncology Model of Care and Framework

Waikato DHB and the MCN proposal for change was endorsed by the Midland GM Planning and Funding forum to scope and develop a detailed business plan for a Gynae-Oncology model of care and service framework. Data analysis of volumes of cases per DHB has commenced however there are delays due to the availability of analyst support.

Developing a Midland Cancer Control Strategic Plan

The primary purpose of the regional strategic cancer plan is to describe how the network will support regional stakeholders to achieve the goals of the Cancer Control Strategy, and to establish high-level objectives for the next 3 – 5 years (appendix 1). The Midland DHBs Cancer Control Plans align actions required for predominately phase 1. Work needs to commence on reviewing phase 2 action plan requirements.

Other

Reviewed and provided regional comment on the National Laboratory Screening Unit proposal via the planning and funding service.

Review and provided regional comment on the national draft Adolescent / Young Adult Oncology / Haematology Service specifications.

Maori Engagement

The MCN manager presented to the Midland GM Maori service forum and asked for direction on the best way forward of building on existing structures and services to engage Maori in Cancer Control.

The Chair of this forum is to provide feedback to the MCN manager. Waikato GM Maori Services will be a member on the MCN Executive Group and provide the link to regional forum.

Consumer Advocate Project

The MCN Executive Group consumer advocate representative unfortunately had to resign as a representative and also as project officer for the consumer advocate project. This project was to develop a consumer advocate framework for the MCN.

Recruitment of a consumer advocate has commenced. The NZ Cancer Control forum in November has a key theme of consumer participation and the MCN will await findings from this forum before advancing with the MCN consumer project.

Midland Care Co-ordinators Work Group

The MCN at the request of care co-ordinators held two regional meetings. From these meetings the key roles and functions of care co-ordinators has been defined, a breast care co-ordinator model of care has been developed. In progress is a formalised terms of reference, a systematic care co-ordination literature search for definitions, roles and care co-ordinators framework to adopt for the MCN and a generic care co-ordinators model of care.

National Engagement & Developments

Ministry of Health

The Managers of the RCNs will be members of the NZ CC Steering Group and the Clinical Directors will be members of the NZ Cancer Treatment Working Party and both will be representatives on the NZ RCN forum.

The Ministry of Health have a detailed work programme refer to www.moh.govt.nz/cancercontrol

Cancer Control Council

The CCC role is to provide leadership, to monitor and review implementation of the NZCCS and to foster collaboration and co-ordination efforts of the Council, Ministry and the wider sector.

In August 2007 the CCC published the “Mapping Progress: the first two years of the cancer control strategy action plan 2005-2010” presents key findings of achievements and / or work in progress, evaluation and recommendations for the regional cancer networks (RCN) and guide for the CCC.

The CCC in partnership with the RCN have developed a website that allows networks to display their information – refer www.cancercontrolcouncil.govt.nz

The MCN has arranged for the CCC CEO to present to the MCN Executive Group (October 2007) on the role and functions of the CCC and findings of the Mapping Progress Report.

Appendix 1 - Notes for Regional Strategic cancer plans - Sept 07

General

- The chief purposes of the regional strategic cancer plan are to describe how the network will support regional stakeholders to achieve the goals of the Cancer Control Strategy, and to establish high-level objectives for the next 3—5 years.
- The regional strategic plan should be succinct. It may include summarized content from district cancer plans, the regional work plan or regional service plan, but should avoid restating their content in detail.
- It should be readable and informative to an educated outsider (eg, Minister, health journalist) and should explain how the network will drive improvements beyond what stakeholders could achieve working alone.
- It has been agreed by the networks that the plans should use a common framework to enable consistency between networks and facilitate collaboration; a modification of the Victorian framework (incorporating reducing inequalities as a feature across the spectrum of care) has been suggested.
- It should be informed by a population health approach, giving an overview of regional cancer priorities and achievable targets for health gain and reducing inequalities.

Suggested content areas

1. Statement of purpose of the strategic plan:

- Place the strategic plan in context, showing how it links to the national Cancer Control Action Plan and to DHB district cancer plans
- Use an agreed framework that is consistent with that of other networks

(one page)

2. Set out how stakeholders will work together as a region:

- Describe the network structure, relationships (including how the network will involve and engage DHBs, professionals, NGOs, consumers and Maori) and how the network will influence and support decision making (include network diagram here)

(may be 2-3 pages)

3. Indicate what they plan to do

- provide a succinct regional situation analysis covering the key features of the region's geography, population, cancer burden and service delivery

(maybe 1—2 pages)

- establish priorities, taking into account national directions and local needs, and aiming to add value to the individual DHB cancer plans
 - describe the key areas where they will advise on and support DHB planning and
 - reducing inequalities in access
 - service improvement (eg, supporting and extending multidisciplinary teams and meeting the Health Targets
 - workforce development
 - service planning
 - data collection and management
 - palliative care
4. How they will be accountable to the government, public and their stakeholders
- Milestone for production of a detailed work plan
 - communication plan for keeping all stakeholders informed