



Midland District Health Boards

Midland Cancer Network

Summary Progress Report – January - March 2008

This is the Midland Cancer Network's (MCN) progress report covering quarter three period 1 January 2008 – 31 March 2008. This report builds on previous reports and summarises progress to date on progress on the key MCN work programme.

Midland Cancer Network Management team

- Dr Jeremy Long has resigned from the Network Clinical Director role to take up a new position in Australia, effective 30th May 2008. Recruitment has commenced.
- Provided comments on the Ministry draft Crown Funding Agreement variation for the Regional Cancer Network for the next three years.

Early Stage Breast Cancer

- Midland breast cancer mapping report of findings and action plan is in final round of consultation. Final report scheduled for end of April 2008
- Breast Cancer Work Group terms of reference developed, discussions are occurring on appointment of a clinical chair and planning has commenced for the first meeting to be scheduled
- Recruitment for 0.5fte project officer fixed term for one year in progress. This position will assist with the formation and support of the work group and annual work programme.
- Waikato breast care co-ordinators audit of 27 women (54% response rate) found that women would find it useful to have an opportunity to meet with a nurse to discuss – what is radiation therapy, what is chemotherapy, how it may affect you, the emotional impact of cancer and anything else that maybe concerning the woman at that time. Outcome initiative – nurse led clinic between surgery and waiting to be seen by oncology.

Patient Mapping Work Programme

- Work programme in progress for lung, colorectal, prostate and ovarian. Will focus on completing lung review
- NZ Regional Cancer Networks agreed to adopt the Victorian Patient Management Framework to guide a consistent approach to patient / service mapping work programmes. Framework adapted for Network developed and endorsed

- MCN Care co-ordination / continuity of care framework completed
- The MCN and Central cancer network managers had an opportunity to visit the Victorian State DHS and meet with two integrated cancer service managers in Melbourne (report attached).

Non-Surgical Cancer Treatment Work Group

- Terms of reference updated and recruiting members to work group
- Review of progress against the non-surgical cancer treatment service plan for the Midland region (2004. Barber, J.) commenced, report due April / May. Initial findings indicate that 12 of the 27 recommendations have been achieved and remainder in progress.
- MCN has been asked to contribute to the Ministry Long Term Systems Framework – service capacity and quality work stream. The Midland region has been a leader in cancer treatment service planning and co-ordination through the development of its non-surgical cancer treatment services plan and continuing work of the regional cancer network, the Midland region has been used as an illustrative example of what planning and coordination can achieve and issues that may arise during planning for cancer services.

BOP Resident Medical Oncology / Haematology Service

- Resident Medical Oncology / Haematology Service in Tauranga model of care and business case work completed. Plan to send through to Midland GM Planning and Funding forum in April for endorsement.

Regional Strategic Plan

- MCN executive group approved framework and interim plan (A proposal for establishing the Midland cancer network 2006) in February. Plan sent to Midland GM Planning and Funding forum for endorsement
- The four NZ regional cancer networks are collectively exploring the feasibility of a cancer control health needs assessment, building on local DHB HNAs. This is supported by new funding indicated in Ministers letter to DHBs in January 2008

Adolescent / Young Adult Oncology / Haematology Service

- Clinical nurse specialist has commenced service delivery
- AYA OHS work group established in March 2008

Palliative Care

- Outreach Specialist Palliative Care Services based at Lakes proposal for change endorsed by Midland GM Planning and Funding
- Midland meeting held in December to discuss collaborative opportunities for new service components; end of life programmes; education for generalists; 24/7 telephone advice and support for generalists (medical and nurse). Awaiting CFA to fully understand requirements. Further meeting planned
- Draft Midland region palliative care work group terms of reference developed

- Indication that additional CTA funding maybe made available for additional registrar training positions in palliative care, estimate an additional 9 required for NZ, awaiting further information.

Gynae-Oncology

- Waikato appointment for a Gynae-Oncology nurse co-ordinator in progress

Care Co-ordination

- Formation of a Midland Care Co-ordinators forum established, terms of reference in progress. Oncology Nurse group established
- Waikato appointments for: Colorectal nurse co-ordinator (1.0 fte); Gynae-Oncology nurse co-ordinator (0.5 fte); MDT co-ordinator (0.5 fte) in progress
- Waikato care co-ordination database project is a quality initiative to improve care, timeliness and monitor waiting times to standards has completed phase 1 and almost completed phase 2
- March care co-ordinators forum included guests from Northern and Central cancer networks

Inequalities

- Advance notification of additional MCN funding to allow support for addressing inequalities and analytical support.
- The four NZ regional cancer networks developed inequalities project brief, fact sheet and position description, consultation occurred within network's and peer reviewed by experts
- Recruitment has commenced for MCN project manager who will hold an inequalities portfolio

Lakes Cancer Control Stakeholders Workshop

- Lakes DHB hosted a stakeholders workshop on 17th March 2008. An overview of the Cancer Control Strategy, MCN, Lakes Cancer Control Action Plan and local initiatives was provided to the group. This was followed by discussions of where there were opportunities to enhance service delivery. Themes of the opportunities were around:
 - Directory of cancer services / service mapping
 - Multidisciplinary team development
 - Enhance communication and connections with primary care, including improved communication of prevention strategies occurring in the community with secondary services
 - Supportive care
 - Early referral to palliative care
- Agreement that 1 - 2 Lakes forums would be held per annum to share learnings and update on progress. In addition the group agreed to utilise the MCN updates as an opportunity to share information.

Notes from Meetings with Cancer Control Teams, Victoria, Australia

11 March 2008

Jan Hewitt, Manager, Midland Cancer Network

Jo Anson, Manager, Central Cancer Network

Summary / Actions

- DHS Cancer and Palliative Care Services - priority areas of multi-disciplinary care, care co-ordination, supportive care and reduction in variances of practice
- Integrated Cancer Services (ICS) undertake similar roles to the NZ Regional Cancer Networks - identified many opportunities to share learnings / resources. Paediatrics has a separate ICS.
- Recommend developing a relationship with the DHS initially using the Patient Management Frameworks as a starting point.

Cancer and Palliative Care Services Victoria, Department of Human Services (DHS)

Met With:

Elise Davies, Manager, Cancer and Palliative Care Services
Jane Jones, Manager, Multi-disciplinary Care Project
Patricia McGarrity, Acting Manager, Quality and Performance Management
Adam Chapman, Manager, Radiotherapy and Chemotherapy Services
Spiri Galetakis, Acting Manager, Integrated Cancer Services
Amanda Bolleter, Project Manager, Palliative Care Services
Cathy Purdon, Project Manager, Chemotherapy Services
Ming, Project Manager, Data
Charlene MacLeod, Manager, Victoria Cancer Agency (Research body)
Sophie Gravel, Project Manager, Victoria Cancer Agency

Summary of discussions:

- Following state wide strategy document developed range of policies guidelines and toolkits
- Priority areas of multi-disciplinary care, care co-ordination, supportive care and reduction in variances of practice
- Learnings:
 - Aim to have a mixture of large and small projects – get wins at all levels
 - Clinicians must be involved to maximise change management
 - ICS supported to be autonomous but also require direction / structure
- Some key projects in progress:
 - Supportive care – guidelines and toolkit due 31st May 08. Currently auditing services for supportive care (sending tool)
 - Radiotherapy – single unit evaluation imminent.

- Chemotherapy – new service planning and funding review – previously no strategic planning carried out in the State. Qualitative review (staff and consumers) nearly completed. Also will look at workforce. Queensland project – reviewing protocols and matching to level of provider
- Care co-ordination policy focussed on taking a systems approach versus relying on the development of specific co-ordination roles. In discussion with NSW the reliance on co-ordinator positions result in de-skilling of workforce, reduced team accountability for communication / co-ordination and risk of service falling over when individual(s) not there. Systems issues aren't addressed.
- Consumer participation framework developed - variable uptakes in ICS, looking to develop consumer registry, training for consumers provided by Health Issues Centre via CancerVoices. Also commented on importance of educating clinicians re working with consumers
- Patient Management Frameworks – open to NZ to utilise and adapt (acknowledge source). Recommend facilitate key clinicians to review prior to implementation in NZ.
- Victoria Cancer Outcomes Project (VCON):
 - Enhance the Victoria cancer registry to include more than basic registration and mortality and move to direct electronic input versus using coders
 - DHS and ICS noted that data is an issue but working to maximise use of what they have.

Palliative care

- Is part of cancer within the DHS however the focus is via the palliative care consortia (palliative care stakeholders networks) rather than the ICS – they do collaborate. DHS funded \$0.84m to assist with establishment.
- Key priority projects include work force development (medical), rural access initiatives including rural medical access and after hours model for palliative care e.g. scholarship funding (slow uptake), strengthening community palliative care services and communication
- 2009 review and refresh state-wide plan

Victoria Cancer Agency

Independent of DHS. Developing a cancer research strategy and working with key stakeholders – public and private- to co-ordinate research activity and working with ICS to identify gaps

Resources provided:

- Improving Cancer Care in Australia – compilation of publications on CD
- Victoria Cancer Registry powerpoint and VCCRD Data Dictionary List
- Victoria Cancer Agency
 - Awards presentation booklet
 - Cancer Research in Victoria – report on cancer research activity '05
 - Victoria Cancer Research strategy powerpoint
- A guide to enhancing consumer and carer participation in Victoria's integrated cancer services

Southern Melbourne Integrated Cancer Service – SMICS

Met with:

Judith Congalton, Strategic Planner / Manager SMICS

Summary of discussions:

- Focus on primary care projects
 - information to GPs post chemotherapy
 - information to GPs when discharging urology patients back to their care
- Piloting a patient held record currently with neurological tumour patients

Resources provided:

- GP Partnership projects booklet
- Consumer Participation Resource Sheet 1 & 2
- Model of Consumer Recruitment and Management
- Optimising consumer participation in Cancer Services – model for consumer participation in quality improvement
- Annual Report 2006/07
- Medical Oncology Information to GPs:
 - Letter to GP re protocol used and contact details
 - Patient information Sheet – use NSW CI-SCAT protocols
 - GP Survey
- Enhancing GP communication:
 - GP Survey
 - Outpatient Service Feedback forms for patients being discharged back to GPs for follow-up – radical prostatectomy, cystectomy, nephrectomy
- Pilot of a patient held record for neurological tumour patients:
 - Personal Treatment Record
 - Participation consent form – Quality Improvement Activity
 - Brain and Spinal cord tumours resource book – The Cancer Council, Victoria
 - Patient Information Sheet - Quality Improvement Activity: Pilot of a patient held record for neurological tumour patients
 - How to get the most from your patient held record kit – Information for patients and carers
 - Clinician Information Sheet – Quality Improvement Activity: Trial of a patient held record for neurological tumour patients

North Eastern Metropolitan Integrated Cancer Services - NEMICS

Met with:

Christine Scott, Program Manager
Katherine Simons, Manager Quality and Projects

Summary of discussions:

- MDT meetings critical for success in engaging clinicians and basis for care co-ordination
- Takes time, resource, relationship management and involves complex organisational change
- NEMICS had a different opinion re the care co-ordination policy, seeing value in some co-ordination roles especially where there is variance in resourcing across the providers. Roles a driver by clinicians
- Foundation of information for tumour streams based on service mapping versus detailed patient journey mapping
- Established and realigned the PMF assessment matrix to simplify for clinicians implementation – copy provided
- Receives \$1.4M per annum, service commenced 05/06 for 5 year term. Has approx 12 FTEs on fixed term contracts –Long term view is for ICS to take on planning and funding role for cancer services in their region
- 5 Service Improvement Facilitators and 1 quality role – have portfolios – 2 tumour streams and one service/site (hospital, primary)
- NEMICS Quality Manager role – provides link with provider organisations Quality Managers and accreditation processes as well as developing quality competencies within the ICS
- Began with \$10K per tumour work group – tender process within each tumour stream to get them to take ownership and underway
- Hospitals are starting to engage with NEMICS when doing their annual / cancer planning
- Long term view is for the ICS to take on a planning and funding role for cancer services – concern around how this could be unbundled

CANNET Project

- Run by Cancer Australia and each pilot funded for \$1m over 2 years.
- Victorian pilot site is NEMICS and HumeICS – one metro and one regional/.rural – not statewide
- NEMICS Manager is the programme line manager and both clinical directors are part of Cannet plus 3 FTE project managers

Objectives:

- Professional development – COSA developing online training packages in the following areas: MDT, oncology skills for health professionals (generalists), supportive care, consumer participation
- Rural access
- Active consumer involvement
- Effective primary care involvement

- Multidisciplinary teams

Resources provided:

- Linking cancer care
- Achieving best practice cancer care
- Clinical excellence in cancer care
- A guide to enhancing consumer and carer participation in Victoria's Integrated Cancer Services
- VCR Powerpoint presentation and VCCRD Data List

- Cancer research in Victoria
- The Victorian Cancer Research Powerpoint presentation

- SMICS GP partnership projects
- SMICS Outpatient Service Feedback – radical prostatectomy
- SMICS GP survey with chemotherapy information
- SMICS Annual report 2006/07
- SMICS consumer participation resource sheets (1 & 2)
- SMICS optimising consumer participation in cancer services – model for consumer participation in quality improvement
- SMICS model for consumer recruitment and management
- SMICS participation consent form
- SMICS personal treatment record
- SMICS patient information sheet(3)

- NEMICS Clinical audit – tumour streams
- NEMICS – Patient Management Framework – matrix
- NEMICS newsletters (5)
- NEMICS Executive group terms of reference
- NEMICS Reference group terms of reference
- NEMICS Service mapping exercise
- NEMICS proposal for pilot study to develop and implement a model for supportive care within NEMICS
- NEMICS Service improvement facilitator position description

- Cancer Australia Newsletters (5)