



# Annual Report 2008

## Action Plan 2008 - 2009



## Executive Summary

The Midland Cancer Network (MCN) was the first cancer network established in New Zealand. This inaugural annual report summarises the background and service requirements of the network and key achievements to date.

Regional cancer networks work across organisational boundaries and take a proactive leadership, facilitation, coordinated and collaborative 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 and the associated Action Plan 2005-2010, and
- improve the journey of cancer patients and their family/whanau through the complex pathway of care, ensuring equitable, high quality, patient centred, evidence based and multidisciplinary care.

The Cancer Control Strategy Action Plan 2005-2010 has two goals:

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

Key cancer control achievements include:

- establishment of the MCN in October 2006 with formation of an executive group, appointment of a management team and establishing regional and national links
- development of a network operating framework which includes network roles and responsibilities, governance and participation framework for Maori, Pacific people and refugee and new migrants, communication plan, consumer participation framework and plan, network payment policy for stakeholder participation and consultation, reporting framework
- development of cancer control action plans for Bay of Plenty, Lakes and Waikato district health boards
- endorsement of a planning process to develop a Midland cancer network strategic regional cancer plan by June 2009
- service and patient mapping work programme of the major tumour groups, breast, lung, colorectal, prostate, ovarian in progress
- development of Midland early stage breast cancer report and action plan 2008-2010
- establishment of an inequalities work programme
- Midland non-surgical cancer treatment service plan supported by an implementation plan 2005-2010 has resulted in achievement of 12 of the 27 recommendations, with another 14 in progress
- business case approved and implementation commenced for the establishment of a resident medical oncology / haematology service based at Tauranga hospital and an outreach service at Whakatane hospital

- development of a Midland adolescent / young adult oncology / haematology service report and action plan 2008-2010, supported with appointment of a care co-ordinator and of a regional work group
- formation of a regional palliative care work group and annual work programme for 2008-09
- development of a care coordination framework for the major tumour groups, establishment of 12 new care co-ordinator positions across the region and formation of a regional work group that includes community, primary, secondary and tertiary representation
- the regional cancer centre (RCC), Hamilton currently is the national provider for high dose radiation brachytherapy for prostate cancer. The RCC has also improved cervical brachytherapy from an inpatient and theatre based service to an ambulatory setting within the RCC
- a fourth linear accelerator and new CT scanner has been installed in the RCC which has resulted in greater capacity to provide services
- achievement of the health target for radiotherapy waiting times
- reinstatement of a chemotherapy service at Taupo hospital
- Te Kahui Hauora Trust secured a Ministry of health contract to provide a three year (pilot) community cancer support service centred on reducing health inequalities and disparities amongst Maori
- The Whakatane cancer centre opened and the Tauranga building is in progress
- Waikato palliative care network has made significant achievement with implementation of the end of life programme - Liverpool care pathway in the community (rest homes and patients homes), general practices, and secondary / tertiary hospital settings
- a joint research project between Te Puna Oranga (Waikato DHB Maori Health Service) and Auckland University was completed. The research was titled 'The Barriers and Enablers for Maori Accessing Colorectal Cancer Services in the Waikato'. The project identified a number of disparities along the care pathway for Maori experiencing colorectal cancer.
- Waikato completed a stocktake of palliative care education and support needs of Maori providers
- Hosted Dr Lynne Maher, NHS Institute of Innovation and Improvement workshop on thinking differently, experience based design (patient involvement) and a model for sustainable change.

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## List of acronyms

AYA OHS – Adolescent/Young Adult Oncology/Haematology Service

BOP – Bay of Plenty

CNS – Clinical Nurse Specialist

COO – Chief Operating Officer

DHB – District Health Board

FSA – First Specialist Assessment

GM – General Manager

MCN – Midland Cancer Network

MDT – Multidisciplinary Team

NGO – Non-Government Organisation

NHS – National Health Service

NZCCS – New Zealand Cancer Control Strategy

PHO – Primary Health Organisation

RCC – Regional Cancer Centre

## **Section One: Midland Cancer Network**

This is the first annual report for the Midland Cancer Network. The annual report focuses on the Midland Cancer Network establishment phase as well as key activities and achievements of the network's constituent stakeholders within the Bay of Plenty, Lakes and Waikato districts.

### ***Background***

In some way, cancer touches the lives of every person. Cancer is complex and challenging.

Cancer is the second leading cause of death and a major cause of hospitalisation in New Zealand, with Maori disproportionately affected. The number of people contracting cancer continues to increase as our population ages. 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. The overall incidence and mortality rates of cancer are higher in Maori compared to non-Maori. Pacific peoples' cancer mortality rates are similar to those of Maori.

Cancer control is an organised and systematic approach to the reduction of cancer incidence, morbidity and mortality along the cancer continuum<sup>1</sup>.

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 (Action plan) (Cancer Control Taskforce, 2005) (NZCCS Action Plan) was released in March 2005 and the independent Cancer Control Council appointed in May 2005.

### ***Regional Cancer Networks***

The NZCCS Action Plan recommended the establishment of regional cancer networks. Regional networks work across organisational boundaries to promote a collaborative approach to service planning and delivery. The four regional cancer networks are based around the following DHB geographical coverage areas and the patient flow to the regional cancer centres. The four New Zealand networks are:

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<sup>1</sup> Prevention, early detection and screening, diagnosis and treatment, support and rehabilitation, palliative care, surveillance and research

- **Northern Cancer Network (NCN)** – Auckland, Waitemata, Counties Manakau, Northland
- **Midland Cancer Network (MCN)** - Waikato, Bay of Plenty, Lakes, *with an open invitation to Tairāwhiti and Taranaki*
- **Central Cancer Network (CCN)** – *Taranaki*, Whanganui, MidCentral, Hawkes Bay, *Tairāwhiti*, Wairarapa, Hutt Valley, Capital & Coast, *Nelson/Malborough*
- **Southern Cancer Network (SCN)** - Canterbury, Otago, West Coast, South Canterbury, Southland.

The DHBs in italics link with adjacent networks as they have significant patient flows into each region.

The Midland Cancer Network (MCN) was the first network within New Zealand to be established in October 2006 (Hewitt J., 2006). The geographical coverage for MCN is Bay of Plenty, Lakes, and Waikato, with an open invitation to the Tairāwhiti and Taranaki districts.

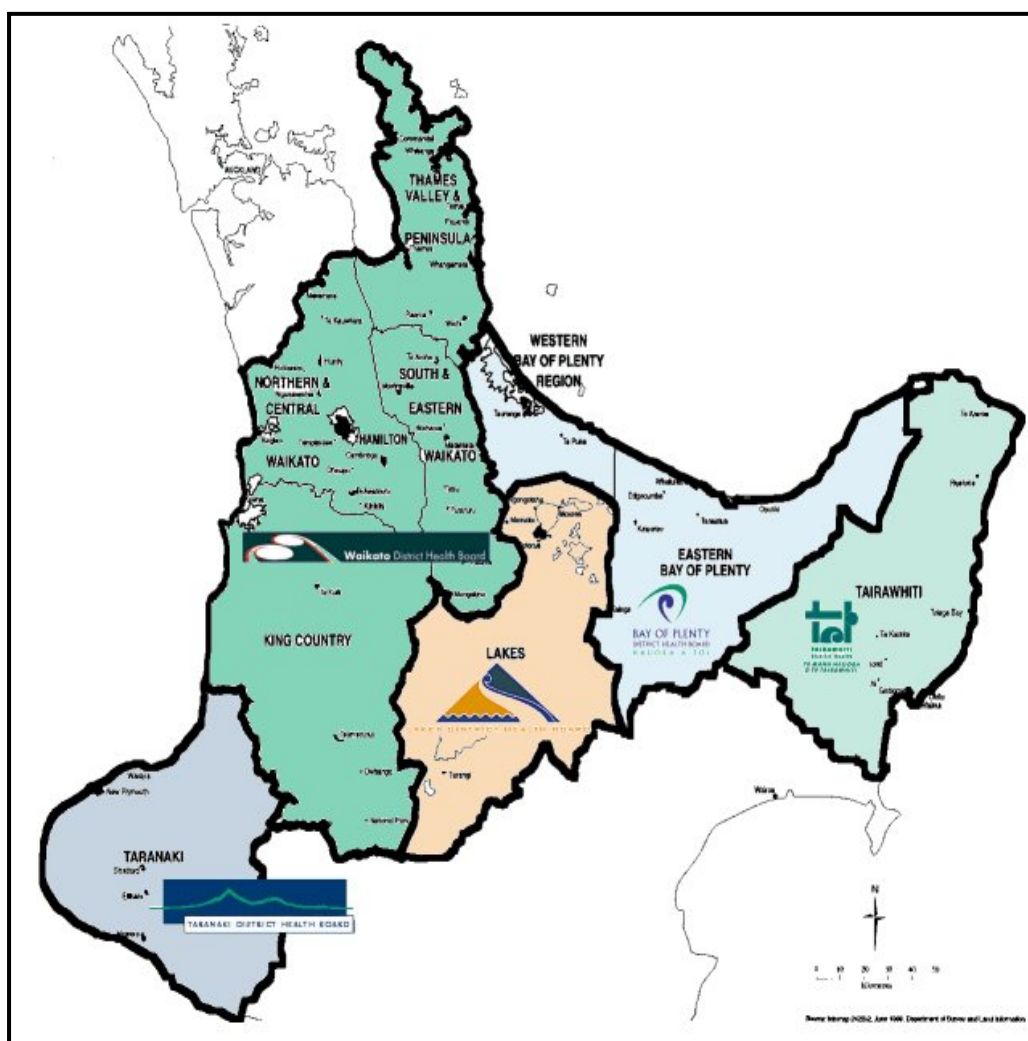


Image 1: MCN geographical region

## **Network service requirements**

In 2006, the Ministry of Health and stakeholders developed the following principles and objectives to guide development of regional cancer networks. Core principles to guide the implementation of the networks' structure and function include:

- providing a focus on improving the pathway of care for cancer patients, families and whānau by improving quality, access to and appropriateness of care
- having an organised structure that provides management and leadership to support coordination of activities and actions by groups and organisations within the network
- being accountable to their constituent DHBs through regular reporting, including performance against agreed output and outcome measures
- providing collaborative advice to support the existing decision making and accountability framework of DHBs
- providing a framework to support the input and engagement of Maori, Pacific people, non government organisations (NGOs) and consumers
- being multidisciplinary across all providers in cancer care and provide framework that supports both tumour and generic service multidisciplinary teams
- having an evidence based approach to advice and work programmes
- providing the focus for implementation of quality assurance programmes, guidelines and protocols
- facilitating the increase of total system efficiency regarding resources available to the cancer sector
- providing a transparent framework for the lines of advice, decision-making and accountability to the DHBs.

By providing a framework to improve collaboration and coordination across cancer groups and services, networks are expected to achieve the following key objectives:

- promote the efficient and effective use of finite resources within and across DHB populations
- reduce disparities and improve equity of access
- close existing gaps in services and reduce duplication
- promote greater coordination of service planning and delivery
- promote a focus on patient access to, and experience of, the best quality care
- reduce barriers to co-ordinated service provision in order to ensure seamless care across providers
- account for performance across provider organisations
- provide expertise to support planning and development of services
- enable clinical audit and outcomes reporting
- implement multidisciplinary teams and clinical guidelines.

## **Network Funding**

Waikato DHB is the designated lead DHB for the MCN, receiving operational funding from the Ministry of health via a crown funding agreement variation. Network funding for the next three years includes:

- \$250,000 per annum for core network infrastructure
- \$250,000 per annum to address systemic causes for cancer inequalities (effective from 1 January 2008)
- \$50,000 per annum for data analysis to support network operations and planning (effective from 1 January 2008).

## **Structure**

The establishment and structure (figure 1) of the MCN has evolved and is built on existing structures and relationships. The MCN has national links with the network manager and two Planning and Funding GMs from within the Midland DHBs on the New Zealand Cancer Control Implementation Steering Group. The network clinical director is on the New Zealand Cancer Treatment Working Party.

## **Purpose**

The purpose of the MCN is to take a proactive leadership, facilitation and coordinated 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 and the associated Action Plan 2005-2010, and
- improve the journey of cancer patients and their family/whanau through the complex pathway of care, ensuring equitable, high quality, patient centred, evidence based and multidisciplinary care.

The Cancer Control Strategy Action Plan 2005-2010 has two goals:

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

To achieve these goals, the MCN has two work programmes aligned to the national goals; the service and patient mapping work programme, and the addressing inequalities work programme. The two work programmes cut across three Midland work streams:

- service specific work groups
- population specific work groups
- site-specific work groups.

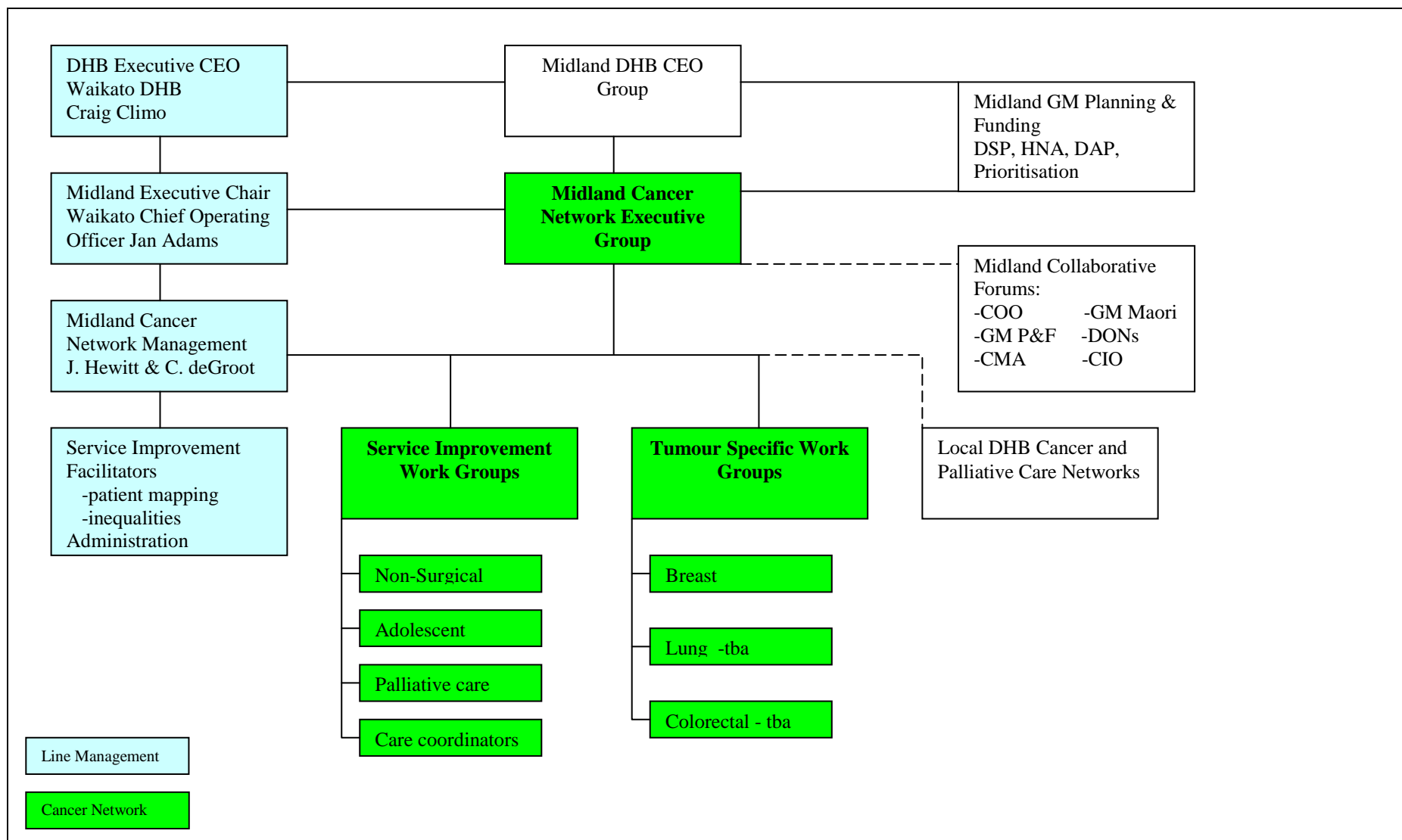


Figure 1: MCN Structure

## Objectives

The MCN's objectives include:

- supporting the delivery of effective, efficient, and equitable cancer services
- facilitating and provide a robust regional approach to service planning, prioritisation and implementation of the New Zealand Cancer Control Action Plan
- having a strong Maori focus, links, and active participation
- facilitating a collaborative approach to improve patients' journeys and to meet the needs for cancer service delivery across the Midland
- fostering a culture of continuous quality improvement.
- identifying opportunities to improve patient care across sectors and services
- ensuring 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
- taking a regional approach to ensure best practice initiatives and non-variable implementation of pathways and standards.

## MCN – The Team

### MCN Executive Group

The MCN Executive Group reflects representation from across the region and cancer continuum. The group holds quarterly face-to-face half-day meetings and one-hour monthly teleconferences in between. The group oversees and guides the operational activity of the Midland cancer control work programme.

Representation	Current Member
Chair	Jan Adams, COO Waikato DHB
GM Planning and Funding	Mary Smith, Lakes DHB
GM Maori Service	Riana Manuel, Waikato DHB
NGO	Graham Harbutt, Cancer Society (Diana Bowen to July 08)
Consumer	Roy Haar
BOP Planning & Funding	Mike Agnew
Lakes Planning & Funding	Rosemary Viskovic
Waikato Planning & Funding	Rachel Poaneki
BOP Service Manager	Peng Voon
Lakes Service Manager	Current vacancy (was Kevin Harris)
Waikato Service Manager	Neil McKelvie
Surgical Services	Kevin Harris, Surgical Services Health Waikato

Population Health	Barbara Garbutt, Manager, Population Health
Oncology Liaison Nurse	Suzanne Ryder, Oncology Liaison Nurse
Manager MCN	Jan Hewitt, Manager, MCN
Clinical Director, MCN	Dr Charles De Groot, Clinical Director, MCN
Tairawhiti DHB	Virginia Brind / Tom Scott, Planning & Funding

## **MCN Management Team**

The Network management team provides clinical and managerial leadership, facilitation and coordination. The management team includes:

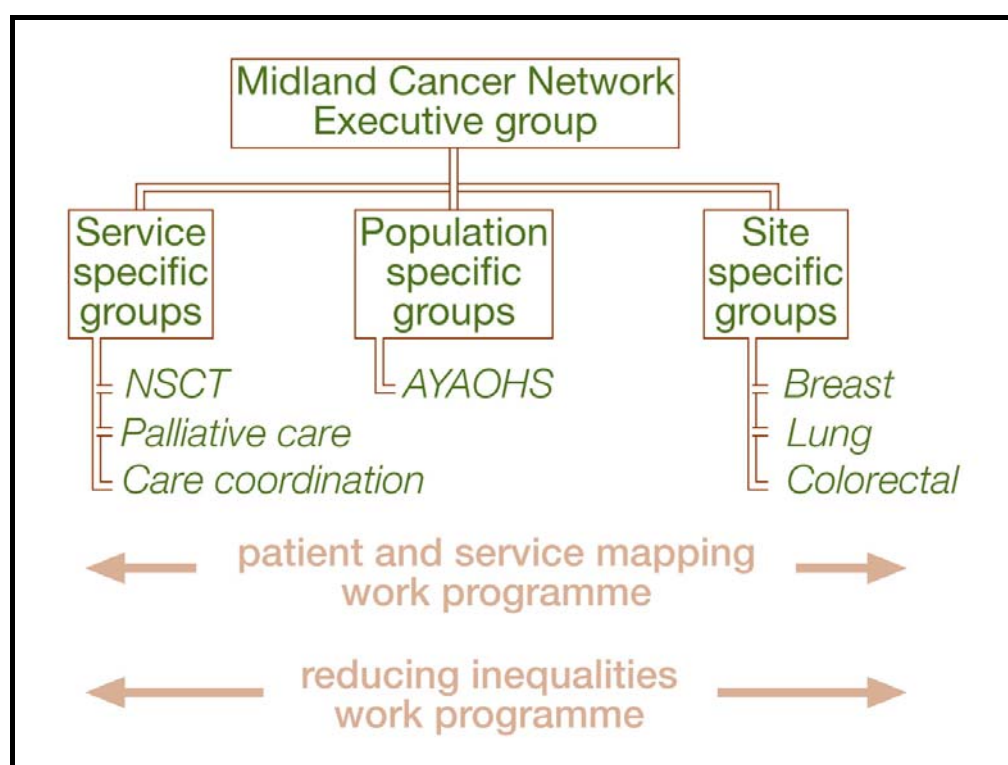
- Dr Charles De Groot – Clinical Director
- Jan Hewitt - Network Manager
- Loryn Scanlan – Service Improvement Facilitator (Service & Patient Mapping portfolio)
- Caleb Lewis – Service Improvement Facilitator (Addressing Inequalities portfolio)
- Jana Rowlands, Administrator (to May 08), Claudia Romano – Administrator (from August 08)
- Mariah Hudler – Project Officer (fixed term until 30th June 2009)
- Margie Hamilton – Project Officer (fixed term until 30th June 2009).

## **Work Streams**

The network concept commenced with the Midland non-surgical cancer treatment operations network, resulting from of the first regional cancer plan for non-surgical cancer treatment services (Barber J., 2004).

The following diagram identifies the MCN work streams established or in the process of being established:

- non-surgical cancer treatment (medical oncology, radiation oncology, haematology)
- palliative care
- care coordination (community, primary, secondary and tertiary care coordinators forum)
- adolescent / young adult oncology / haematology service
- breast (regional work group, with the first meeting planned for October 2008)
- lung (regional work group planned for November 2008)
- colorectal (yet to be established).



**Figure 2: MCN Work programmes and work streams**

The service and patient mapping and reducing inequalities work programme are discussed in more detail in section two.

### ***MCN Operating Framework***

The MCN was required to submit a plan to the Ministry of Health on a planning process for developing a regional strategic cancer control plan (Hewitt J., 2008). The New Zealand regional cancer networks agreed to collectively work to develop a consistent regional cancer network operating framework to be the foundation for developing the regional strategic plans.

The following have been developed to date:

- network structure, roles and responsibilities
- terms of reference for the work groups
- governance and participation framework for Maori, Pacific and refugees and new migrants
- communication plan
- care coordination framework
- consumer participation framework and plan
- network payment policy for stakeholder participation and consultation
- service and patient mapping work programme fact sheet and project scope
- inequalities work programme fact sheet and project scope.

## **Section Two: Progress to Date**

The MCN helps to facilitate bringing together Midland DHB regions cancer control stakeholders to work collaboratively to plan and deliver services to patients in a more efficient and effective manner.

The MCN has been involved in many projects since its inception in 2006. This section provides an overview of the progress the MCN and its stakeholders have made to date in key areas such as:

- Midland non-surgical cancer treatment services plan 2005-2010
- establishment of the BOP resident medical oncology / haematology service
- development of a care coordination framework, establishment of new co-ordinator positions and a regional work group
- patient and service mapping work programme
- Midland early stage breast cancer plan 2007-2010
- addressing inequalities work programme
- Midland palliative care work group
- establishment of the adolescent / young adult oncology / haematology service (AYA OHS) and work group
- gynae-oncology service improvement development
- Regional Cancer Centre initiatives
- update on progress from DHBs.

### ***Midland Non-Surgical Cancer Treatment Service Plan***

The Midland DHB CEOs group mandated the regional planning of non-surgical cancer treatment services. The Non-Surgical Cancer Treatment Services Plan for the Midland region (MNSCTS plan) (Barber J., 2004) formed the framework for the development of adult medical oncology, radiation oncology and haematology services. The plan was based on international and New Zealand guidelines for best practice and included twenty-seven recommendations that are categorised into eight work streams.

In 2005 the service plan recommendations were prioritised and an implementation plan was developed (Scanlan L. & Hewitt J., 2005) which identified the specific tasks required to work towards achieving the recommendations. At that same time, the cost to implement the original plan was estimated at around \$17.5 million over a five to seven year period. There was no funding attached to the service and its implementation plan. It was acknowledged that the cost of implementation of the plan may be greater than the revenue available and prioritisation of the recommendations and a phased approach to implementation would be required and dependent on the funding

available. A Midland network group was established to commence implementation within allocated resources.

In 2008, a stocktake of progress against the recommendations from the implementation plan highlighted that of the 27 recommendations, 12 have been achieved, 14 are ongoing and one is not ready for progressing now. The following summarise the key achievements of the eight workstreams.

### **Patient focus care coordination**

Of the three recommendations, one has been achieved and the two are in progress. Key achievements include:

- development of a Midland cancer network care coordination framework
- development of a regional care co-ordinators forum
- appointment of care co-ordinator positions at all of the participating DHBs (this is further discussed under workforce)
- employment of a Maori cancer nurse specialist at Lakes DHB
- national pilot project to provide a community-based cancer support service for Maori patients in the Lakes DHB (this is detailed later in the report).

### **Integrated care**

The two recommendations are in progress with key achievements:

- funding for recruitment of a multidisciplinary team (MDT) co-ordinator for the Regional Cancer Centre to advance the MDT approach
- telemedicine equipment purchased for Te Kaha and Opotiki, BOP DHB
- stocktake of MDT meetings and work commenced on developing a MCN MDT framework.

### **Role delineation**

The one recommendation within this work stream has been achieved. The Midland non-surgical cancer treatment service role delineation framework developed is believed to be the first such model to be developed within New Zealand.

Role delineation is a process that determines the complexity of the clinical activity undertaken by services, a staff profile, equipment, facilities and the other support services required to ensure that services are safely provided and appropriately supported. A role delineation model is used to describe the service profiles and roles of hospitals in the Midland region. It is also used to guide the planning and development of new services at a level necessary to ensure sustainable, high quality, safe and effective care. A stocktake of non-surgical cancer treatment services and supporting services was completed for each Midland hospital. The Midland non-surgical cancer treatment role delineation model has six levels and was developed using the New South Wales role delineation model as a guideline.

The main determinants of the role delineation model are the availability of:

- different types of services (chemotherapy administration, clinics provided on-site, radiation therapy)
- diagnostic equipment (CT scan, MRI, ultrasound and nuclear medicine)
- professional staff (specialised skills, competencies, and leadership)
- facilities (for chemotherapy administration, day procedures and consulting space)
- reference to population size and predicted number of cancer cases.

Key achievements include:

- establishment of a resident medical oncology / haematology service at Tauranga, BOP DHB (this is detailed later in the report)
- a new chemotherapy suite at Whakatane Hospital, BOPDHB
- reinstated chemotherapy administration services at Taupo Hospital, Lakes DHB.

## **Leadership**

There are four recommendations within the leadership work stream that have all been achieved. Key achievements include:

- establishment of the Midland Cancer Network
- regional work groups established as required
- regional clinical director of the Midland cancer network funded and appointed
- cancer champions appointed at each of the participating DHBs.

## **Contracts**

This work stream has five recommendations; two have been achieved. Key achievements include:

- chemotherapy now coded as haematology or medical oncology
- initiating a coding split for medical oncology and radiation oncology first specialist assessments (FSA) and follow-up (FU)
- introducing regular reporting and active management of haematology waiting lists
- an audit of BreastScreen Aotearoa and Ministry funded provider arm breast treatment revenue streams was completed and results identified that all procedures were being coded appropriately.

## **Information Systems**

The two recommendations are in progress, with key achievements:

- better access to clinical information for visiting specialists working off site from the Regional Cancer Centre

- scoping of the development of a cancer care coordination database system to measure waiting times between critical points of the patient journey for the major tumour groups by Waikato DHB.

## **Equipment**

Two recommendations with a key achievement being:

- fourth Linac and new CT scanner implemented which has resulted in greater capacity to provide services.

## **Workforce**

These work streams have eight recommendations, with four achieved and the anticipated achievement of all workforce recommendations within the plan's timeframe. Key achievements:

- fourth haematologist commenced December 2007
- business case for fifth haematologist has been approved and recruitment commenced
- recruited medical oncologist for Tauranga resident service
- resident haematologist and second medical oncologist positions approved and recruitment commenced for Tauranga
- medical oncologists at recommended levels, however currently recruiting to vacancies at Waikato
- radiation oncology staffing align with suggested levels
- chemotherapy suite due to open in Thames Hospital in August 2008 with an increase of a chair and oncology nurse
- cancer care co-ordinators positions include:
  - Waikato – Clinical nurse educator oncology outreach (0.5), lung (1.6), haematology, adolescent / young adult (1.0), gynae – oncology (0.5), colorectal (1.0), breast screen (0.5) and breast (1.5), MDT co-ordinator (0.5 administration position)
  - BOP – generic care co-ordinator (1.0), breast (1.0), cancer CNS for Tauranga and Whakatane (chemotherapy focus) (0.6)
  - Lakes – generic (1.0) and Maori care co-ordinators (1.0).

## ***BOP Resident Medical Oncology/Haematology Service***

In response to the Non-Surgical Cancer Treatment Plan for the Midland region (Barber J. 2004), in 2004 the BOP DHB budgeted for the appointment of a medical oncologist position based at the Tauranga hospital. There were difficulties recruiting to this sole position. The MCN facilitated a work group to develop a resident medical oncology / haematology service framework and plan that outlined how the BOP DHB and Regional Cancer Centre would initially support a sole practitioner, as well as having a detailed and phased approach to implement all the service requirements to support a fully

developed and sustainable resident service (Hewitt J. 2008). The framework included a significant review of all BOP DHB clinical and supporting services and links utilising the Australian Medical Workforce Advisory Committee guidelines (1998) and the New South Wales guide to role delineation (1992).

The development of this service framework is designed to improve patient care in the BOP DHB by providing a service that is as close to the patients' homes as feasible, that emphasises multidisciplinary care to ensure the services are effective and efficient, and one that ensures quality and safety in all aspects of patient care.

The service requires two medical oncologists and a haematologist with supporting staff and services, including strong links and continued outreach services from the Regional Cancer Centre, based in Hamilton.

Once recruitment has been successful, and phase two completed, the resident medical oncology / haematology service will enable:

- a sustainable BOP DHB resident medical oncology/haematology ambulatory service at Tauranga and include better servicing of the Whakatane population
- BOP DHB to meet the increasing complexities of inpatient admissions locally with a reduced need to transfer patients to the Regional Cancer Centre based in Hamilton
- enhanced local chemotherapy services
- Regional Cancer Centre radiation oncology service and visiting clinics to continue
- continued development of the cancer control multidisciplinary team approach; education of medical and nursing staff; joint review meetings with other clinical services, clinical trial involvement; quality and risk management activities.

### **Progress to date**

The first phase has commenced with the first medical oncologist, Dr Richard North appointed in mid-January 2008 along with other supporting positions such as the nurse specialist for cancer care coordination. The resident medical oncologist has strong links and works with colleagues at the Regional Cancer Centre for peer support on a regular basis. Recruitment has started for a second medical oncologist and a haematologist however, it is recognised that the lead time to recruit to medical specialist positions can be lengthy.

Since the appointment in January, medical oncology first specialist assessments (FSA) clinics in Tauranga and Whakatane have been implemented and supported with the continuation of FSA clinics at Waikato. This has meant more continuity for patients with subsequent attendance by

the BOP medical oncologist, rather than the visiting specialists. As at 30 June 2008, 116 new patients and 407 follow-ups have been undertaken in Tauranga and Whakatane outpatient clinics.

The opening of the Whakatane cancer centre in November 2007 and building of the Tauranga cancer centre has enabled facilitation of a multidisciplinary team approach for local cancer services and linking with the community.

Other achievements include strengthening links with local primary and the community services, purchasing the agreed regional chemotherapy prescribing software (OncSoft) and continuation of the current level and flow of chemotherapy services at both Waikato and BOP.

### **Care Coordination**

Care coordination is a multi-faceted approach to achieving continuity of care, which is best viewed as an outcome of care as experienced by the patient. The care coordination approach aims to ensure that care is delivered in a logical, connected and timely manner so that the health and personal needs of a patient are met.

The MCN care coordination framework provides a common language and focuses on the whole health service and multidisciplinary teams taking joint responsibility for care coordination rather than relying solely on an individual care co-ordinator. This system of care promotes the building of relationships between health services, health care providers, and patients to ensure the continuity of care for patients and their family/whanau.

A Midland care coordination work group has been established from August 2007. Membership has widened to include care coordination representatives from community NGOs, primary, Maori provider, secondary, and tertiary services across the cancer continuum.

A new Hamilton Cancer Society liaison nurse was employed to support people staying at the Lion's Cancer Lodge, Hamilton and to cover the Coromandel and Taumarunui area. A new Tauranga Cancer Society nurse started 26 May 2008.

### **Patient and Service Mapping Work Programme**

An episode of care for a cancer patient is a complex series of interactions. It involves many people, and extends across a number of clinical departments, services and organisations. A single worker generally does not know all of the processes / people involved in the whole patient journey. Because the

journey crosses boundaries and organisations there is a clear potential for the breakdown in the process of care. In order to understand the patient journey better, and to improve their experience, patient and service mapping has been undertaken.

In the context of cancer, patient and service mapping are comprehensive approaches used to:

- capture and understand the patient's whole current journey
- establish what, how and where services are delivered and who provides the services
- identify key issues for the patient and the service providers across the continuum
- identify gaps in service delivery
- measure system performance
- identify opportunities for service improvements
- enable the development of strategic plans for the improvement of cancer services

Patient mapping involves:

- mapping the patient journey and parallel processes
- identifying variations in clinical practices and processes
- collating staff perspectives on issues and constraints
- obtaining consumer perspectives and experience along the continuum
- auditing waiting times across key stages of the journey
- inequalities sub-analysis
- comparison of journey times with national and international standards and benchmarks
- analysis of cancer statistics
- assessment against patient management frameworks which set out the requirements for optimal care
- assessment against the NHS high impact changes
- discussion of patient mapping findings in workshops with key stakeholders
- developing recommended improvements

Service mapping involves:

- determining the range of cancer services provided by DHBs and other health service providers
- determining the level of activity which is undertaken (e.g. general or specialist)

- identifying who delivers the cancer services i.e. health care providers who are involved in the management of patients
- identifying how the activity is delivered
- identifying existing interactions and relationships and flows.

The patient and service mapping work programme links with national and regional strategies including New Zealand Cancer Control Strategy and its Action plan, the NSCTSP for the Midland region and its implementation plan and DHBs' cancer control action plans. It also links with nationally-led projects on guidance for access and referral to cancer services, planning and delivery of supportive care; regional cancer network projects on patient management frameworks, multidisciplinary care, reducing inequalities; and it links with the MCN work programme, and service and site specific work groups.

Patient journey and parallel process mapping has been completed for early stage breast cancer. The lung cancer service and patient mapping project scope has been endorsed and the work programme has commenced. Work programmes are in progress for the colorectal, prostate, and ovarian cancer groups.

The Victorian Patient Management Framework is used to guide a consistent approach to patient/service mapping work programmes adapted for MCN.

### ***Midland Early Stage Breast Cancer Patient Mapping Report and Action Plan 2007-2010***

Breast cancer is the leading cause of cancer registrations and deaths for non-Maori women in New Zealand, and the leading cause of cancer registrations and the second leading cause of death (after lung cancer) for Maori women.

The need to map the patient's cancer journey was identified in the Midland Region Non-Surgical Cancer Treatment Service Progress Report 2005 Implementation Plan 2005-2010 (Midland DHBs, 2005) and links with government cancer priorities set out in the New Zealand Cancer Control Strategy Action Plan 2005-2010 (Ministry of Health, 2005).

The Midland Early Stage Breast Cancer Patient Mapping Report and Action Plan 2007-2010 (Breast Report and Action Plan) (Scanlan L. & Hewitt J., 2008), released in June 2008, consolidates the significant amount of work that has been undertaken over a two-year period to understand the patient journey and how services are delivered across the three Midland districts.

The breast cancer care pathways were mapped for both asymptomatic (screening detected) and symptomatic patients. The steps of the patient

journey captured covered the cancer continuum including screening, assessment and diagnosis, treatment and follow-up care.

The work programme used to inform this report and action plan included:

- mapping the patient journey and parallel processes
- mapping 15 individual patient journeys to validate the above
- identifying variations in clinical practices and breast cancer service delivery
- collating staff perspectives on issues and constraints
- obtaining consumer perspectives and experiences
- auditing waiting times across key stages of the journey
- ethnic inequalities analysis
- comparison of journey times with national and international standards and benchmarks
- analysis of breast cancer statistics and breast screening coverage trends
- discussion of findings in workshops with relevant staff at each of the participating DHBs to inform the development of an action plan.

The breast report and action plan identifies ten key attention areas with supporting specific actions. The key attention areas include:

- establishment of the Midland breast cancer work group
- reducing inequalities and improving outcomes for Maori and Pacific women with breast cancer
- improving access to clinical services and reducing variations in service provision
- improving multidisciplinary care
- improving care coordination
- improving communications across the breast cancer care community
- improving access to supportive care
- workforce monitoring
- service planning and technology assessment
- improving breast screening coverage and reducing inequalities in breast screening programmes across the Midland region.

The breast report and action plan focuses on how the systems of service delivery and the patient's experience of the journey can be improved across the whole pathway of care.

The breast report and action plan recommended the establishment of a Midland Breast Cancer Work Group (breast cancer work group). The breast cancer work group will take a proactive clinical leadership approach to breast cancer, oversee the implementation of the regional action plan, and advise on possible initiatives to reduce inequalities across the breast cancer care

continuum and the impact breast cancer has on patients and their families/whanau. The MCN has allocated some resource to support the work group in 2008-09 to prioritise the recommendations and advance implementation.

The breast report and action plan also detail national, regional and local initiatives implemented and/or in progress such as:

- the development of national guidelines for access and referral to cancer services; management of early stage breast cancer and supportive and rehabilitative care guidelines
- links with other network initiatives such as the Midland AYA OHS
- the appointment of cancer care co-ordinators (breast or generic) at all of the participating Midland DHBs. A key role of the cancer care co-ordinators is to support the patient through their journey, ensure continuity of care, and integrate care across the continuum of clinical services and between secondary hospitals and the Regional Cancer Centre.
- the implementation of regular monitoring of wait times for breast surgery by Waikato DHB. A fulltime replacement consultant general surgeon started at Waikato Hospital in September 2007 and a further consultant is due to start in August 2008.
- the reduction of waiting times for breast surgery from around 16 days to 7 days in the BOP region due to the recruitment of an additional breast surgeon and a breast cancer nurse. The Bay of Plenty DHB experiences shorter waiting times than other regions due to the levels of clinical resources and an increased access to operating theatre facilities.
- the implementation of a nurse led breast cancer support and assessment clinic to assist women in the Waikato region on their journey. This clinic provides women with the opportunity to speak to a nurse about different treatments and their effects, both physically and emotionally, and anything else that may be concerning the woman at that time.
- leading the scoping and feasibility, development and implementation of the pilot of a care coordination database for breast cancer by Waikato DHB.

### ***Reducing Inequalities Work Programme***

The NZCCS Action Plan outlined numerous actions with respect to reducing inequalities across the cancer continuum at national, regional and district levels. From 1<sup>st</sup> January 2008, the MCN was allocated additional funding to support the networks infrastructure to enable greater emphasis to address systemic causes of inequalities with respect to cancer. The four New Zealand

networks have collaborated on the development of a joint project scope, fact sheet and position description for undertaking this initiative.

The approach focused on three dimensions of access:

- how individuals get to the system,
- provider behaviour towards the individuals, and
- the manner in which the system itself is organised.

As indicated in Section One, the MCN has appointed a service improvement facilitator, Caleb Lewis, to the addressing inequalities portfolio. Phase one of the project scope is in progress with completion of:

- Maori, Pacific and refugees and new migrants governance structure and participation framework
- stocktake of Maori providers and services
- review of the DHBs' health needs assessments with respect to cancer control and inequalities
- stocktake of national, regional and local inequalities research.

### ***Palliative Care***

For palliative care the MCN is inclusive of malignant and non-malignant palliative care.

There are three regional key attention areas to this palliative care section:

- request for the development of a specialist palliative care outreach service for Lakes DHB
- development of the New Zealand specialist palliative care service specifications and associated new funding
- local DHBs have palliative care plans and local networks that are advancing palliative care within their districts. Progress is summarised later in the report under update from local DHBs.

The MCN, in partnership with the Lakes DHB planning and funding palliative care portfolio manager and the Waikato DHB palliative care service prepared a proposal for change for the Midland general managers planning and funding and the Midland CEO group. The proposal for change was for Waikato DHB to support the development of an outreach specialist palliative care service within the Lakes district. The proposal was endorsed in February 2007, however development has not progressed due to limitation of resources and the Ministry announcement of funding related to the national specialist palliative care service specifications (SPCSS).

National SPCSS are the result of a two-year project between the palliative care sector (New Zealand Palliative Care Working Party), the Ministry of Health and DHBNZ. The SPCSS require going through a formal sign off process.

In the SPCSS there are seven components in total. The first four were present in some form in the old specifications and are now updated. These were:

1. initial referral assessment
2. ongoing follow-up care
3. inpatient care
4. grief and loss support

Three new components were identified:

5. last days of life care programme
6. education programme for generalists and support services
7. 24/7 telephone advice and support to generalist providers (medical and nursing).

In 2007/08 the Ministry of Health released funds to DHBs to commence implementation of the three new components.

The MCN facilitated a meeting with the palliative care stakeholders (December, 2007) to explore opportunities for regional collaboration<sup>2</sup> on implementation of the new service components. There was agreement to work collaboratively and wherever possible share resources.

The 2008-09 work programme incorporates:

- the implementation of the end of life Liverpool Care Pathway (LCP) across the region. A LCP lead facilitator foundation day is to be held in August 2008
- the development of a core standard specialist palliative care education package and resources for generalist palliative care providers
- a gap analysis of current services against the SPCSS by DHB planning and funding services
- each DHB to identify specialist medical palliative care links to support 24/7 and implementation of LCP.

At present, all districts have 24/7 nursing support and advice in place by lead local hospices and the Waikato and Lakes districts have 24/7 medical support and advice services in place.

In 2007-08, Waikato released one off specialist palliative care nursing scholarship funds to support the advancement of end of life programmes and education support for generalist palliative care providers. The MCN facilitated this process and contributions from these scholarships will be shared across the Midland region.

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<sup>2</sup> Regional collaboration was recommended within the Crown Funding Agreement to DHBs

In addition, one off funding was allocated to an NGO in 2006-07 to develop an integrated psycho-oncology model of care framework and business case which includes services to address palliative care needs. The draft plan was released in August 2007, while the Waikato DHB Executive Group supported the concept, the paper as presented was not endorsed. The gap between desired proposed state and available resourcing for prioritisation and feedback from the Waikato DHB Executive Group meant that additional resources would be required to rework the proposal. The MCN manager, at that point in time did not have sufficient resources to carry on development given other network priorities. It is anticipated that this valued work will be picked up again by the MCN, linked with the national supportive care guidelines. The health professionals view this gap in service as a high priority.

### ***Adolescent/Young Adult Oncology/Haematology Service***

The adolescent sub-group of the New Zealand cancer treatment working party developed adolescent young adult oncology haematology service (AYA OHS) service specifications. Previously co-ordinators were established in the paediatric oncology centre. In 2007-08 the Ministry of Health funded Waikato DHB to commence development of a Midland adolescent young adult oncology haematology service through employment of an adolescent care co-ordinator.

In addition the MCN led an AYA project with key stakeholders to plan the development of the AYA OHS across the Midland region. A clinical nurse specialist, Ellyn Profitt started in January 2008 and has had a caseload of 30 patients, with up to five inpatients at any time.

The project objectives were:

- the development of a youth model of care and framework
- the stocktake of AYA OHS services and providers and analysis of the stocktake against national AYA OHS service specifications
- an adolescent and young adult oncology workforce stocktake and development of an AYA OHS training programme
- the development of multidisciplinary team (MDT) framework, systems and processes, including links with the supra-regional MDT
- the development of a framework to promote AYA participation in age appropriate clinical trials
- the implementation of a plan for AYA with cancer and their family / whanau to transition to the local Late Effects Assessment Programme (LEAP).

The key findings, developments and recommendations from this project were summarised in a progress report and action plan 2008-2010 (Hudler, 2008).

In March 2008, the Midland AYA OHS Work Group was established. This group meets quarterly. The work group will oversee the implementation of the service specifications and subsequent action plan of the progress report. Their findings and recommendations will be incorporated into the MCN work programme.

## **Highlight update from Local DHBs**

### ***Bay of Plenty District***

Key achievements include:

- development of a BOP DHB cancer control action plan 2007-2010
- recruitment of medical oncologist to the district
- funding approved for an additional medical oncologist and haematologist
- positive flow-on effect in terms of other Midland providers, Waikato in particular
- construction of two cancer centres
- recruitment of a smoke free coordinator
- recruitment of HeHa community educator
- recruitment of HeHa district coordinator
- recruitment of cancer care co-ordinator.

### ***Lakes District***

Lakes DHB cancer control action plan was developed in 2007. Key achievements include:

#### ***Goal One – Reduce the incidence of cancer through primary prevention***

- Local cancer champion appointed, David Boles, Cancer Nurse Specialist.
- Smoke free hospitals coordinator employed in May 2008. Smoke free DHB programme in place and continues to develop.
- 100 per cent of Lakes patients are screened for tobacco use and appropriate intervention is given.
- Reduction in adult smoking prevalence
- Increased uptake of cessation services by Maori
- Reduction in Year 10 daily smokers from 11.7% in 2005, to 8%.
- Green Prescription programmes available throughout the Lakes district. Includes lifestyle coaches in Sport Bay of Plenty, Sport Waikato, and Health Rotorua PHO.

- Three primary schools have achieved Sunsmart accreditation from the Cancer Society.
- HPV Immunisation programme funded by MOH. Lakes DHB Project Manager started in June 2008 and a draft project implementation plan has been completed.

***Goal Two – Ensure effective screening and early detection to reduce incidence and mortality***

- A trend of improvements in the uptake of breast screening by Maori and Pacific women.
- A trend of reduction in the mortality for Maori women from breast cancer in Lakes district.

***Goal Three – Ensure effective diagnosis and treatment of cancer to reduce morbidity and mortality***

- Wait times for radiation and medical oncology services meet timeframes.
- Formalised multidisciplinary care is established for major cancer groups.
- A range of service providers attended a cancer stakeholders meeting in March 2008; it is intended that this forum continue.
- Improved district-wide coverage by cancer care coordinators.
- Lakes patients receive medical and radiation oncology cancer services inline with recommended time frames.

***Goal Four – Improve the quality of life for those with cancer, their family and whanau through support, rehabilitation and palliative care***

- Agreement made with Waikato Palliative Care service for telephone advice service 24 hours per day, 7 days per week.
- Remaining recommendations from the Lakes DHB Palliative Care Review (2002) have been completed within workforce and funding capacity.
- Regional intersectoral group developed for palliative care patients and their families.
- Database of services established in Lakes DHB as part of MCN.

**Te Kahui Hauora**

Te Kahui Hauora Trust is an iwi provider based in Rotorua providing services within the Lakes district such as problem gambling, health promotion, Maori advocacy (in Rotorua Hospital) and administrative support to NGO traditional Maori healing groups. More recently, the Trust secured a Ministry of Health

contract as part of the cancer control strategy to provide a three-year (pilot) support service centred on reducing health inequalities and disparities amongst Maori. This service ensures consumers and whanau are supported throughout the various levels of the cancer continuum.

The service commenced in December 2007 with the appointment of a project manager and two Hunga Manaaki cancer care co-ordinators (for both the community and hospital). Each co-ordinator brings with them in-depth knowledge of Maori models of practice frameworks and an understanding of the complexities of the health field. They ensure continuity between bio-medical constructs and Maori holistic therapies to enabling a smooth transition for consumers and whanau from hospital to community (and vice versa) whilst preventing consumers from falling through the 'cracks' because ongoing support mechanisms were not in place.

Key achievements include:

- a combined caseload of 59 service users
- production of an inaugural 2008 Matariki calendar which featured local cancer survivors
- service has been promoted at 15 major health promotion events with a total crowd estimate of 20,000 – 25,000 in attendance
- developing a personalised patient journal modelled off the West Coast PHO edition.

The journal will include care plans, medical history/information and a personal entries section. Furthermore, it will be formulated on a 'Maori flavoured theme' so that consumers feel comfortable and their mana (autonomy) remains intact.

The service has been going for approximately eight months now with the prospects of further development of the service. The team are adamant they have made a significant contribution to the community as well as the lives of each whanau they come in contact with, and look forward to the next couple of years.

### ***Waikato District***

Waikato DHB cancer control plan 2007-2010 was developed in February 2007.

### **Regional Cancer Centre**

In February 2006, the RCC treated its first prostate brachytherapy patient as part of a pilot programme. The programme was approved by Waikato DHB's Ethics Committee and Clinical Board and involved twenty patients in the Waikato region receiving High Dose Radiation (HDR) Brachytherapy.

In June 2006 at a national DHB's CEO forum it was agreed to fund Waikato DHB to extend its brachytherapy services to cover the upper North Island.

Waikato and Capital and Coast DHBs were the two brachytherapy sites. However due to resourcing issues at Capital and Coast DHB Waikato has been providing a national brachytherapy service for prostate cancer.

The RCC has improved service delivery for cervical brachytherapy from an inpatient and theatre service setting to an ambulatory setting within the RCC. This commenced August 2008.

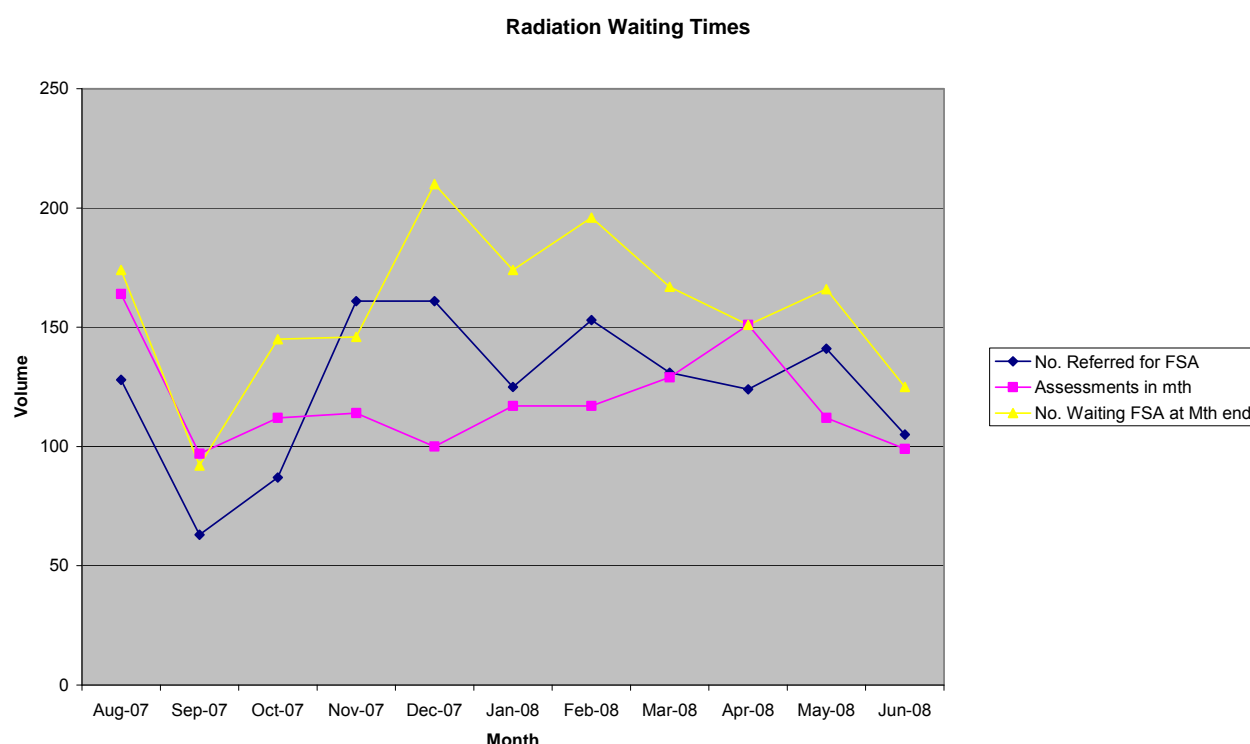
## Reporting on Radiotherapy Waiting Times

Ministry of Health Reporting information 2007 -2008:

Radiation Oncology:

The regional cancer centre has gradually reduced the radiation therapy waiting times and has had an excellent result with recruitment. The RCC is fully staff for radiation oncologists, radiation therapists and medical physicists.

**Graph 1: Waikato RCC Radiotherapy Waiting Times 2007-08**



## Radiation Therapy Performance

The Royal Australian and New Zealand College of Radiologists collate data every six months comparing the performance of RRC with the overall New Zealand performance, and overall Australian performance for radiotherapy.

The following parameters are used, and the figures assessed for three categories of patients, those receiving radical, palliative or emergency radiotherapy.

Standard Good Care

Radical treatment within 14 days  
Palliative treatment within 2 days  
Emergency treatment within 24 hours

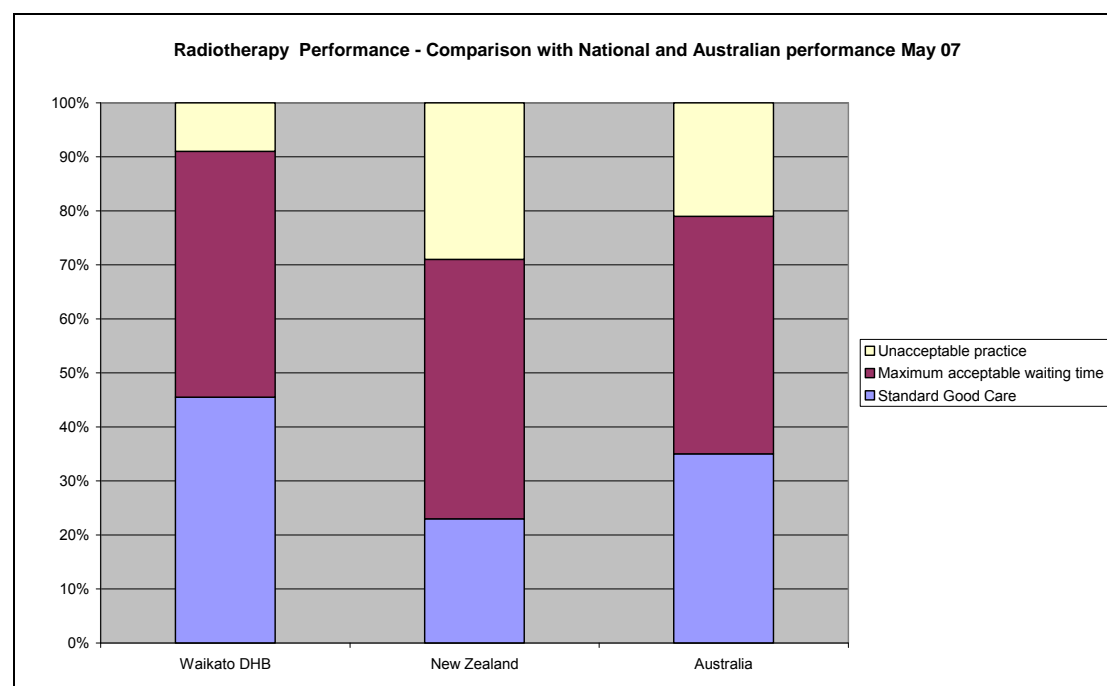
Maximum Acceptable  
Waiting Times

Radical treatment within 28 days  
Palliative treatment within 14 days  
Emergency treatment within 48 hours

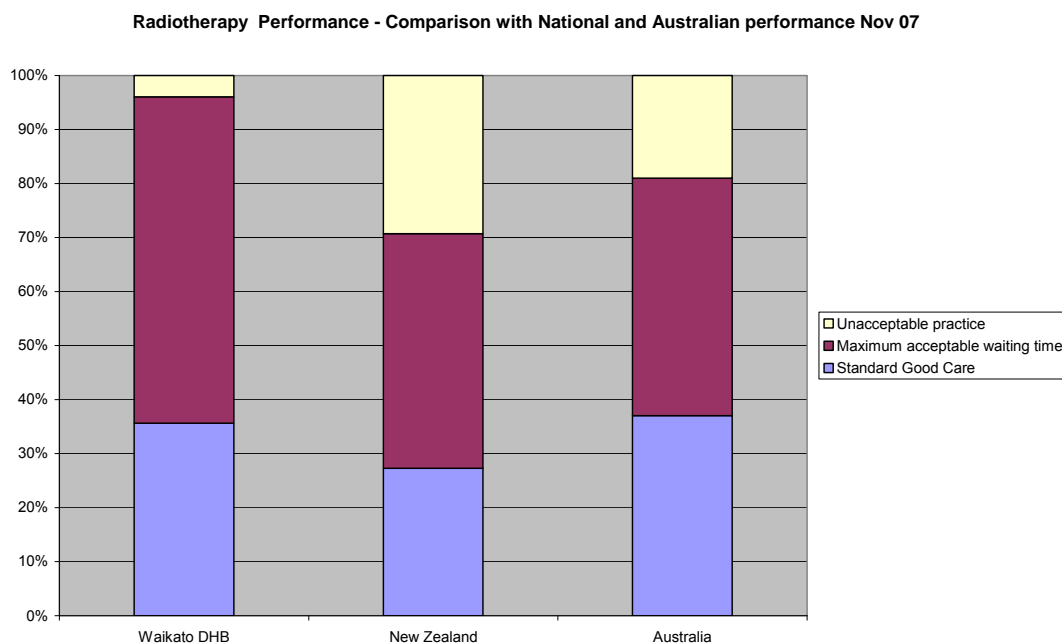
Unacceptable practice is outside these time limits.

The RCC has performed consistently favourably in comparison with national and Australia performance. The last two sets of data taken over the past twelve months are graphed below.

**Graph 2: Waikato RCC radiotherapy performance compared with NZ and Australia – May 2007**



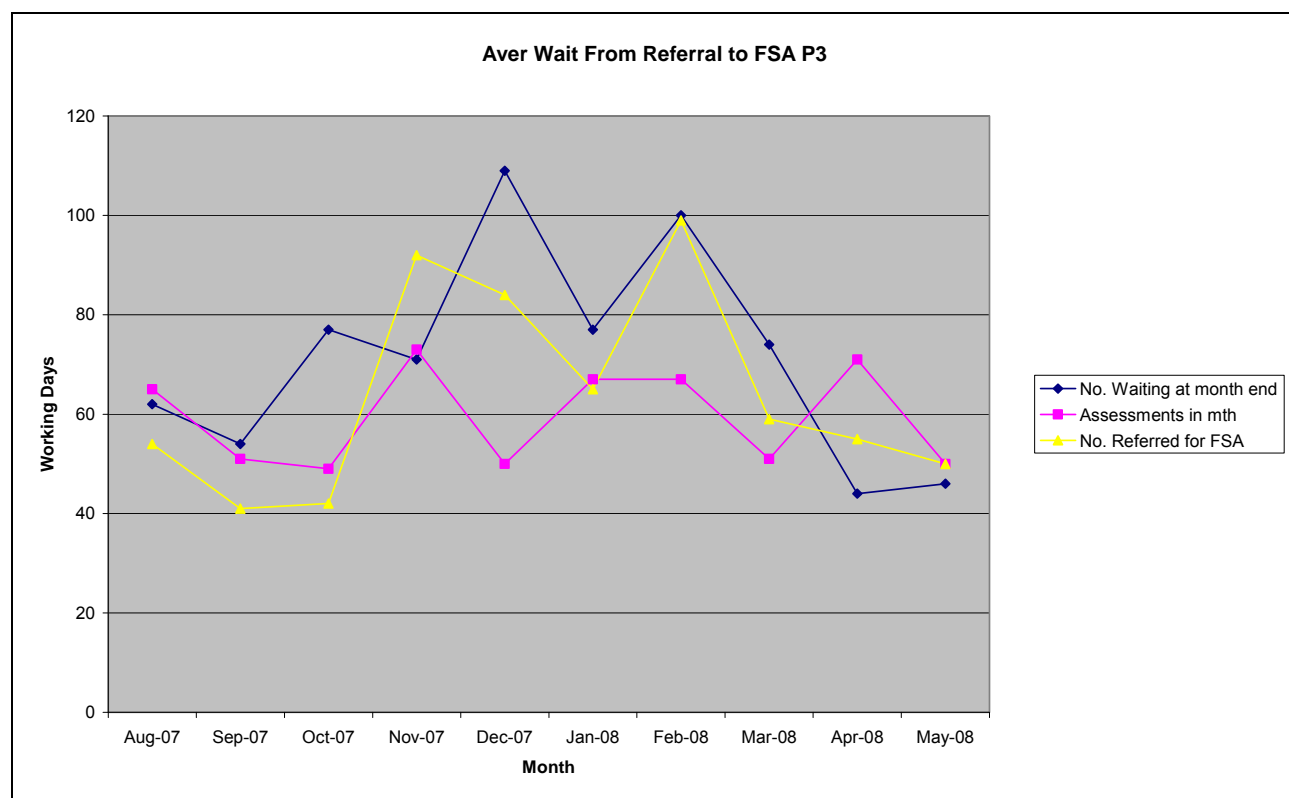
### Graph 3: Waikato RCC radiotherapy performance compared with NZ and Australia – November 2007



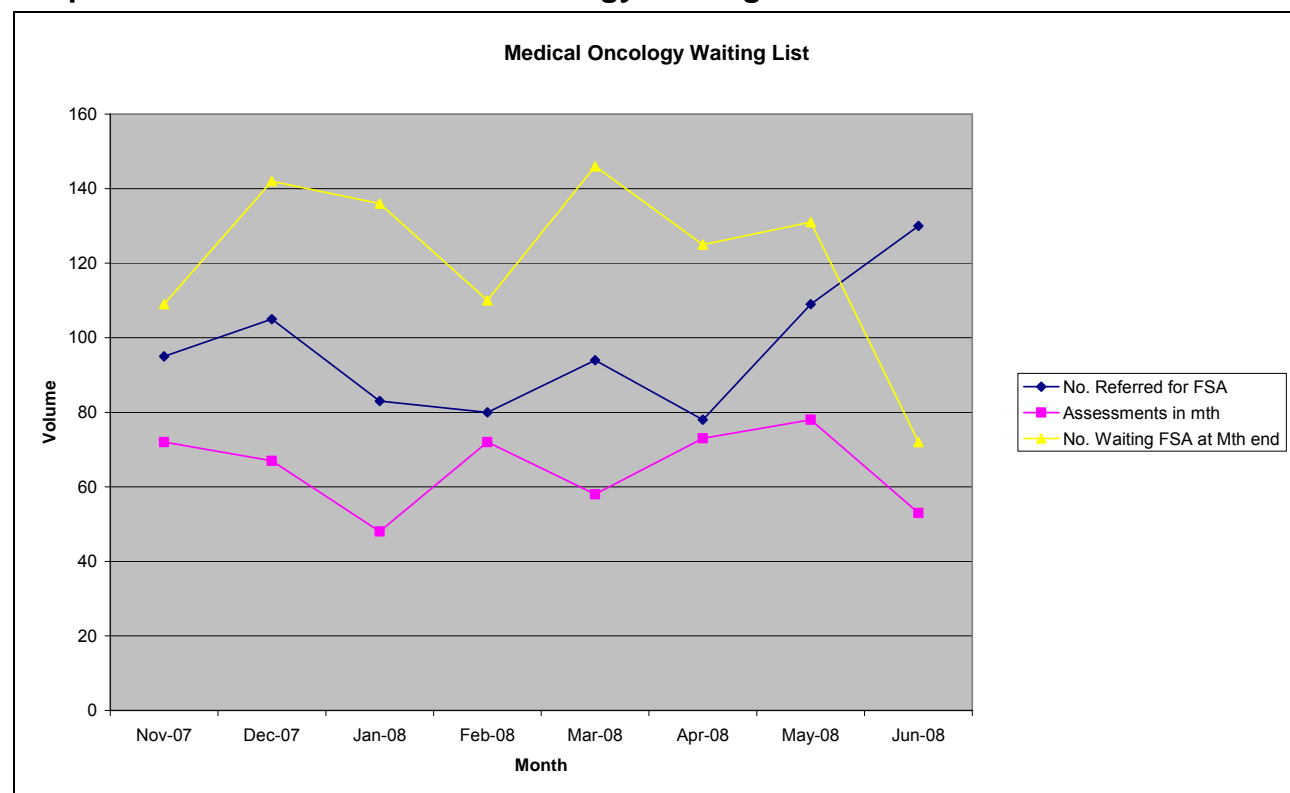
#### Medical Oncology:

The waiting times have extended in the later part of 2007-08 due to vacancies. Recruitment is in progress supported with locums.

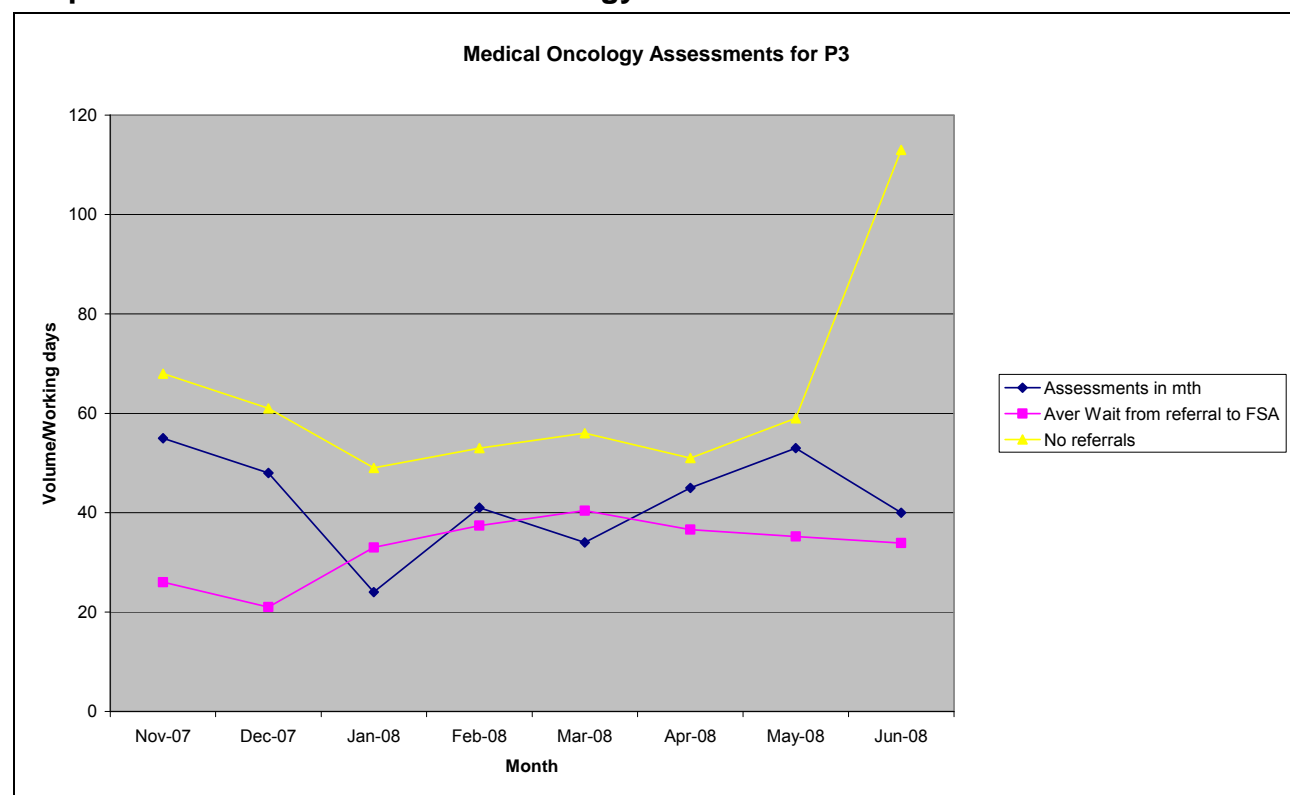
### Graph 4: Waikato RCC average wait from referral to radiotherapy FSA P3



**Graph 5: Waikato RCC Medical Oncology Waiting List Nov 07 – June 08**



**Graph 6: Waikato RCC Medical Oncology Assessments P3 Nov07-Jun08**



### ***Maori Accessing Colorectal Cancer Services***

In early 2008, a joint research project between Te Puna Oranga (Maori Health Service) and Auckland University was completed. The research was titled 'The Barriers and Enablers for Maori Accessing Colorectal Cancer Services in the Waikato'. The project identified a number of disparities along the care pathway for Maori experiencing colorectal cancer.

The research provided a focus on reducing inequalities for Maori, and provided recommendations to improve access to effective care for Maori. The report looked at national, regional and local data, and provided an analysis of statistics and intervention / initiatives that may be in place. It is expected that this report will inform the planning of health services for Maori within the Waikato DHB. Findings of this research will be incorporated into the MCN service and patient mapping of colorectal cancer in 2008-09 work programme.

### ***Stocktake of Palliative Care Education and Support Needs for Maori Providers***

The Waikato palliative care operations network endorsed this project. The project commenced November 2007 with the aim of completing a stocktake identifying the education and support requirements Waikato Maori providers have in relation to palliative care.

Te Puna Oranga met with 11 Waikato Maori providers to discuss their education and support needs and the findings are categorised as:

- provision of services by Waikato Maori providers in relation to palliative care
- awareness of the Waikato Palliative Care Strategy Plan 2005-2010
- linking with specialist palliative care services
- education and support needs
- palliative care resources
- funding
- improving palliative care for Maori
- current palliative care services within the Waikato DHB district.

Recommendations from the stocktake have been incorporated into the Waikato palliative care action plan 2008-09 (Hewitt. J., 2008) and are as follows:

- to continue to promote palliative care by working in collaboration with Maori providers
- the development of palliative care education and information resources for Waikato Maori providers, and Maori whanau moving through the palliative care system
- the establishment of a strengthening relationships network between Waikato specialist palliative care services and Waikato Maori providers through primary care.

## **Palliative Care**

Significant achievement has been the implementation of the end of life Liverpool care pathway across the Waikato district. The Waikato DHB has seventeen collaborating sites registered with the LCP Central Team in the United Kingdom.

Implementation has included nine wards in Waikato hospital. It is the network's belief that Thames hospital is the first rural hospital in New Zealand to implement the LCP in all areas – two wards and the emergency department. A district-wide implementation for Thames-Coromandel is in progress, with Thames general practitioners (GPs) and two residential care facilities using the LCP with the support of the Thames' district nurses. We also believe this is the first district approach to LCP implementation within a DHB region in New Zealand.

Hospice Waikato have embraced the LCP and are now supporting GPs in Cambridge, Ngaruawahia and Hamilton East to deliver evidence-based end-of-life care to people dying in their own homes. The Waikato Primary Health Organisation and Pinnacle, agreed to pilot the LCP with GP's in Cambridge and Ngaruawahia in July 2007. The numbers of deaths in these two areas proved to be low, and a decision was made to extend the use of the LCP by GP's in the community alongside those residential care facilities who the GP's were also providing services for. This has enabled the roll out of the 'community LCP' to regain traction and momentum.

Facilitating buy-in from two major residential care organisations – Guardian and Radius – has proved to be a successful method of implementing the residential care LCP in a number of sites.

For further detailed information refer to the Waikato palliative care progress report 2007;action plan 2008-09.

## **Gynae-Oncology**

An integrated service team has helped the Waikato women's service to review the value stream map of specimen and referral tracking process for coloscopies. As a result of this review an ability to reduce the wait time for women from 84.59 working days to 10.07 working days was identified.

## **Care Co-ordinators**

Waikato DHB utilised new cancer implementation funding to appoint a gynae-oncology nurse co-ordinator. Stephanie Campbell-Wilson will commence in this role 25<sup>th</sup> August 2008.

New cancer funding has also gone towards appointment of a colorectal nurse co-ordinator, Judith Warren who will commence 28<sup>th</sup> August 2008 and a multidisciplinary team co-ordinator, Marlene Benham will commence 11<sup>th</sup> August 2008.

## Section Three: Action Plan 2008-2009

The following work plan is ambitious therefore, five key priorities are identified for reporting that align with priority requirements of the:

- New Zealand Cancer Control Strategy Action Plan 2005-2010
- Regional Cancer Networks Crown Funding Agreement
- Ministry of Health Cancer Targets.

The five key focus areas for reporting in 2008-09 are:

1. MCN Strategic Cancer Control Plan
2. Adolescent / Young Adult Oncology / Haematology Service
3. Reducing Inequalities
4. Patient / service mapping (breast, lung)
5. Radiation Therapy Target.

Key Focus Area	Specific actions	Milestones	Timeframe	Who will do the work
<b>MCN Executive Group representation is developed</b>	1. MCN develops a strong partnership with Maori across the region building on existing DHB structures	<ul style="list-style-type: none"> <li>• Identify and build DHB Iwi governance structures into the MCN framework</li> <li>• Stocktake of Maori providers for each DHB completed</li> <li>• Cancer control strategies and action plan to address Maori inequalities is developed</li> </ul>	<ul style="list-style-type: none"> <li>• July – Dec 2008</li> </ul>	<ul style="list-style-type: none"> <li>• DHB GM Maori</li> <li>• MCN / Midland Maori GM Forum</li> </ul>
	2. MCN develops a strong partnership with consumers and builds on the DHB community consultation and engagement frameworks	<ul style="list-style-type: none"> <li>• MCN framework for consumer participation developed and implemented</li> <li>• Consumer representative employed onto Executive Group</li> <li>• DHB community consultation and engagement frameworks identified</li> </ul>	<ul style="list-style-type: none"> <li>• July 2008</li> <li>• August 2008</li> </ul>	<ul style="list-style-type: none"> <li>• MCN</li> <li>• Executive DHB P &amp; F portfolio managers</li> </ul>

Key Focus Area	Specific actions	Milestones	Timeframe	Who will do the work
	3. MCN develops a strong partnership with Pacific People across the region building on existing DHB structures	<ul style="list-style-type: none"> <li>Identify DHB Pacific People governance structures</li> <li>Stocktake of Pacific People providers for each district completed</li> </ul>	<ul style="list-style-type: none"> <li>Aug 2008</li> </ul>	<ul style="list-style-type: none"> <li>MCN &amp; Executive</li> </ul>
	4. MCN develops strong relationships with primary across the region	<ul style="list-style-type: none"> <li>Consultation occurs to identify an appropriate partnership model</li> <li>Stocktake of PHOs is completed</li> </ul>	<ul style="list-style-type: none"> <li>June 2009</li> </ul>	<ul style="list-style-type: none"> <li>MCN &amp; Executive</li> </ul>
<b>MCN Management team is developed</b>	5. Identify facilities requirements and relocate to new MCN offices	<ul style="list-style-type: none"> <li>Relocated to new facilities</li> </ul>	<ul style="list-style-type: none"> <li>2008</li> </ul>	<ul style="list-style-type: none"> <li>MCN Manager, P&amp;I Manager</li> </ul>
	6. Identify information requirements for the work programme and obtain analytical resource to support MCN work programme	<ul style="list-style-type: none"> <li>Analytical resource appointed</li> </ul>	<ul style="list-style-type: none"> <li>August 2008</li> </ul>	<ul style="list-style-type: none"> <li>MCN Manager</li> </ul>
	7. Identify project management support for work streams	<ul style="list-style-type: none"> <li>Work streams are supported through MCN portfolios</li> </ul>	<ul style="list-style-type: none"> <li>ongoing</li> </ul>	<ul style="list-style-type: none"> <li>MCN Executive</li> </ul>
	8. Continue to discuss options & benefits for local DHB Cancer Control Network concept	<ul style="list-style-type: none"> <li>Local DHB Cancer Control Network concept developed</li> <li>MCN Manager exits Waikato DHB initiatives</li> </ul>	<ul style="list-style-type: none"> <li>ongoing</li> </ul>	<ul style="list-style-type: none"> <li>MCN Executive</li> <li>COO</li> </ul>
<b>MCN develops strong relationship with stakeholders through regular communication</b>	9. MCN develops strong partnerships with providers and promotes open and regular communication	<ul style="list-style-type: none"> <li>Communication plan developed and implemented</li> <li>Options for website identified and implemented</li> <li>Quarterly MCN newsletter sent to stakeholders</li> <li>MCN Quarterly reports produced and circulated</li> <li>Open Annual MCN meeting</li> <li>Annual MCN report on progress</li> </ul>	<ul style="list-style-type: none"> <li>July 2008</li> <li>Dec 2008</li> <li>Dec 2008</li> <li>Jan / April / Jul / Oct</li> <li>Date tba</li> <li>July 2008 &amp; 09</li> </ul>	<ul style="list-style-type: none"> <li>MCN Manager</li> <li>MCN PA</li> <li>MCN PA</li> <li>MCN Manager</li> <li>MCN Executive</li> <li>MCN Manager</li> </ul>

Key Focus Area	Specific actions	Milestones	Timeframe	Who will do the work
<b>MCN meets CFA reporting requirements</b>	10. MCN supports DHB DAP planning and reporting process 11. Bi annual DAP reporting 12. Planning framework developed to develop strategic plan 13. MCN Strategic Cancer Control Plan	<ul style="list-style-type: none"> <li>MCN assists DHB P &amp; F 2008-09 DAP planning process as required</li> <li>DAP reporting on RCN as per CFA</li> <li>Framework developed and endorsed</li> <li>Strategic Cancer Control Plan developed</li> </ul>	<ul style="list-style-type: none"> <li>ongoing</li> <li>June 2009</li> </ul>	<ul style="list-style-type: none"> <li>MCN Mgr/ P &amp; F</li> <li>MCN Mgr / P &amp; F</li> <li>MCN</li> </ul>
<b>Midland Cancer Network Strategic Cancer Control plan</b>	14. Develop Midland Cancer control HNA 15. Stocktake of Midland progress against NZCCS Action Plan 16. MCN operating framework developed	<ul style="list-style-type: none"> <li>MCN Strategic Cancer Control Plan developed</li> </ul>	<ul style="list-style-type: none"> <li>June 2009</li> </ul>	<ul style="list-style-type: none"> <li>MCN</li> <li>All stakeholders</li> </ul>
<b>MCN Patient Mapping Programme</b>	17. Victoria Patient Management Framework adopted and implemented	<ul style="list-style-type: none"> <li>Attend national workshop</li> <li>If adopted framework incorporated into mapping programme</li> </ul>	<ul style="list-style-type: none"> <li>August</li> </ul>	<ul style="list-style-type: none"> <li>Patient Mapping Manager</li> </ul>
Breast	18. Write up findings from Midland Breast Cancer Mapping programme & recommendations 19. Breast Cancer Work Streams TOR endorsed & group meets 20. Chair appointed 21. Recommendations prioritised 22. 2008-09 work plan agreed	23. Midland Breast Cancer Mapping Report and Action Plan completed 24. Breast cancer work stream established 25. Priorities for 2008-09 decided and plan to implement commenced	<ul style="list-style-type: none"> <li>July 2008</li> <li>November 08</li> <li>ongoing</li> </ul>	<ul style="list-style-type: none"> <li>Breast Cancer Project Officer</li> <li>Breast Cancer teams</li> </ul>
Lung	26. Opportunities from lung pathway improvements identified	<ul style="list-style-type: none"> <li>Lung project scope developed and commenced</li> <li>Lung action plan developed</li> </ul>	<ul style="list-style-type: none"> <li>July – Nov</li> <li>June 2009</li> </ul>	<ul style="list-style-type: none"> <li>Patient Mapping Manager</li> <li>Lung cancer teams</li> </ul>

Key Focus Area	Specific actions	Milestones	Timeframe	Who will do the work
Colorectal	27. Opportunities from colorectal pathway improvements identified 28. Waikato colorectal nurse co-ordinator role implemented 29. Consider the proposed bowel cancer screening pilot	<ul style="list-style-type: none"> <li>Colorectal project scope developed</li> <li>Waikato colorectal nurse co-ordinator employed</li> </ul>	<ul style="list-style-type: none"> <li>January 2009</li> </ul>	<ul style="list-style-type: none"> <li>Patient Mapping Manager</li> <li>RCC</li> </ul>
Ovarian	30. Opportunities from ovarian pathway opportunities identified	<ul style="list-style-type: none"> <li>Ovarian project scope developed</li> <li>Waikato gynae-onc nurse co-ordinator employed</li> </ul>	<ul style="list-style-type: none"> <li>June 2009</li> <li>March 2009</li> </ul>	<ul style="list-style-type: none"> <li>Patient Mapping Manager</li> </ul>
Prostate	31. Opportunities from prostate pathway opportunities identified 32. Consider results from CCN primary prostate pilot project	<ul style="list-style-type: none"> <li>Prostate project scope developed</li> <li>Incorporate pilot findings into MCN work programme</li> </ul>	<ul style="list-style-type: none"> <li>June 2009</li> <li>January 2009</li> </ul>	<ul style="list-style-type: none"> <li>Patient Mapping Manager</li> </ul>
<b>Population Specific Work Streams are developed</b> AYA OHS	33. AYA OHS TOR endorsed & group meets 34. Chair appointed 35. Stocktake of services and providers completed 36. Analysis against service specification and NZCCS Action Plan completed 37. AYA OHS Model of Care developed 38. AYA OHS care coordination framework completed 39. AYA OHS MDT framework completed including link with super- regional service 40. Workforce stocktake analysis completed and training programme developed 41. Clinical trials analysis	<ul style="list-style-type: none"> <li>AYA OHS work stream is established to lead in a implement the MCN AYA OHS strategic model of care and framework developed with ongoing recommendations</li> <li>Recommendations are prioritised</li> </ul>	<ul style="list-style-type: none"> <li>Ongoing</li> </ul>	<ul style="list-style-type: none"> <li>MCN Project Officer</li> <li>AYA teams</li> </ul>

Key Focus Area	Specific actions	Milestones	Timeframe	Who will do the work
<b>Service Specific Work Streams are developed</b> MNSCT Operations Network	42. MNSCT Operations Network TOR are reviewed and updated 43. Review and stocktake of recommendations of the NSCT Services Plan for the Midland Region & associated implementation Plan	<ul style="list-style-type: none"> <li>MNSCT Operations Network functions align with work programme</li> <li>Findings from review incorporated into Strategic Cancer Control Plan</li> </ul>	<ul style="list-style-type: none"> <li>Jan 2008</li> <li>Mar – Jun 2008</li> </ul>	<ul style="list-style-type: none"> <li>MCN Manager</li> <li>Patient Mapping Manager</li> </ul>
Care Coordination Forum	44. Systematic review to develop a MCN Care Coordination Framework 45. Care Coordination TOR are developed	<ul style="list-style-type: none"> <li>MCN care coordination and continuity of care framework developed</li> <li>Care co-ordinator TOR developed</li> </ul>	<ul style="list-style-type: none"> <li>Ongoing</li> </ul>	<ul style="list-style-type: none"> <li>MCN</li> </ul>
Multidisciplinary teams	46. MCN MDT framework developed	<ul style="list-style-type: none"> <li>Waikato MDT co-ordinator employed</li> <li>MCN MDT framework agreed</li> </ul>	<ul style="list-style-type: none"> <li>June 2009</li> </ul>	<ul style="list-style-type: none"> <li>MCN</li> </ul>
Palliative Care	47. MCN Palliative Care Forum TOR developed 48. Assist DHBs to implement new service specification components <sup>3</sup>	<ul style="list-style-type: none"> <li>MCN Palliative Care Forum established</li> <li>Work programme developed and incorporated into MCN Strategic Cancer Control Plan</li> </ul>	<ul style="list-style-type: none"> <li>June 2009</li> </ul>	<ul style="list-style-type: none"> <li>MCN Manager</li> </ul>
<b>Resident Medical Oncology / Haematology Service based at Tauranga</b>	49. All stakeholders understand the plan and implications of developing the resident service	<ul style="list-style-type: none"> <li>Business case completed</li> <li>Plan implemented through advertising for 2<sup>nd</sup> Medical oncologist and 1<sup>st</sup> haematologist</li> </ul>	<ul style="list-style-type: none"> <li>June 2008</li> <li>Ongoing</li> </ul>	<ul style="list-style-type: none"> <li>Lead BOPDHB</li> </ul>

<sup>3</sup> End of life programmes, education for generalists, 24/7 specialist telephone advice and support (medical and nursing)

Key Focus Area	Specific actions	Milestones	Timeframe	Who will do the work
<b>Gynae-Oncology Model of Care</b>	50. Identify analytical support, collate regional data 51. Waikato employ Gynae-Oncology nurse co-ordinator 52. Identify current situation, future state and recommendations	<ul style="list-style-type: none"> <li>Regional perspective of Gynae-oncology data</li> <li>Gynae-Oncology nurse co-ordinator appointed</li> <li>Model of care framework and business case developed</li> </ul>	<ul style="list-style-type: none"> <li>June 2009</li> </ul>	<ul style="list-style-type: none"> <li>MCN Manager</li> <li>Lead Waikato DHB</li> </ul>
<b>Focus on reducing inequalities</b>	53. Complete phase 1 of inequalities project scope 54. Explore addressing inequalities opportunities for phase 2 55. Employ MCN project resource to assist with Breast Cancer Work Stream recommendations on reducing inequalities	<ul style="list-style-type: none"> <li>Ministry of Health CFA requirements met</li> <li>Reducing inequalities recommendations included in MCN Strategic Cancer Control Plan</li> </ul>	<ul style="list-style-type: none"> <li>June 2009</li> </ul>	<ul style="list-style-type: none"> <li>MCN Manager</li> </ul>
<b>MCN High Risk Genetic Assessment Model of Care</b>	56. Proposal of Change developed 57. Model of care developed to meet the requirements of the Midland region	<ul style="list-style-type: none"> <li>MCN HRGA model of care developed</li> </ul>	<ul style="list-style-type: none"> <li>June 2009</li> </ul>	<ul style="list-style-type: none"> <li>MCN CD</li> </ul>
<b>MCN participates in national activities</b>	58. Develop strong relationships with other 3 regional networks in NZ 59. Network Manager attends NZ CC Steering Group meetings 60. Clinical Director attends NZCTWP meetings 61. DHBNZ / HRC Cancer Research Fund Sub Committee	<ul style="list-style-type: none"> <li>Network managers and CDs meet regularly</li> <li>NZ RCN framework developed with priorities</li> <li>6 weekly meetings attended</li> <li>Quarterly meetings attended</li> <li>MCN Manager attends and participates as required</li> </ul>	<ul style="list-style-type: none"> <li>Ongoing</li> </ul>	<ul style="list-style-type: none"> <li>MCN Mgr &amp; CD / NZ RCNs</li> </ul>

Key Focus Area	Specific actions	Milestones	Timeframe	Who will do the work
<b>Bowel cancer screening pilot programme</b>	62. Explore feasibility of submitting RFP to be pilot site and action based on outcome	<ul style="list-style-type: none"> <li>RFP submitted</li> </ul>	<ul style="list-style-type: none"> <li>Ongoing</li> </ul>	<ul style="list-style-type: none"> <li>MCN executive</li> </ul>
<b>National Guidelines</b>	63. MCN considers role in the pending implementation of new national guidelines <ul style="list-style-type: none"> <li>Melanoma (11/08)</li> <li>Access &amp; referral to cancer services (2/09)</li> <li>Breast cancer (2/09)</li> <li>Prostate cancer</li> </ul>	<ul style="list-style-type: none"> <li>Dissemination of guidelines and support implementation as required within allocated resources</li> </ul>	<ul style="list-style-type: none"> <li>ongoing</li> </ul>	<ul style="list-style-type: none"> <li>MCN</li> </ul>
<b>Cancer Information Systems Project</b>	64. Participate and contribute to the following developments; <ul style="list-style-type: none"> <li>NSCT patient management system</li> <li>Cancer and palliative care data collections set</li> </ul>	<ul style="list-style-type: none"> <li>Participate as required</li> </ul>	<ul style="list-style-type: none"> <li>Ongoing</li> </ul>	<ul style="list-style-type: none"> <li>MoH</li> <li>MCN</li> <li>CIOs</li> <li>RCC team</li> </ul>

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