

Midland Cancer Network 2010-11 Work Plan

INTRODUCTION

The Midland Cancer Network area encompasses the following three District Health Boards (DHB): Bay of Plenty, Lakes and Waikato with an open invitation to Taranaki and Tairāwhiti.

The following information provides planning context for 2010-11 work plan.

The National Cancer Programme Work Plan 2010-11 is an integrated national programme that covers the Ministry of Health, DHBs' and regional cancer networks' activity across the cancer continuum to implement the New Zealand Cancer Control Strategy and associated Action Plan. The national cancer control programme priorities are:

- continued focus on lung and bowel cancer
- meeting the cancer health target for radiotherapy
- improving medical oncology performance
- standardising a range of models of care and treatment pathways
- collection and analysis of cancer information
- funding of cancer services and effectiveness of spend
- workforce planning and capital planning
- identification and action on emergent issues.

The Ministry of Health recognises the fiscal pressures and therefore has not introduced new priorities for 2010-11. The regional cancer network is accountable to its constituent DHBs. The Ministry priorities for DHB cancer control¹ include:

- continued focus on standardising models of care and patient treatment pathways, with shorter waits for cancer treatment and improved access to surgery
- priority focus on lung and bowel cancer
- meeting the cancer health target for radiotherapy
- improving medical oncology performance and reporting the Indicator of DHB Performance for chemotherapy
- hospitalised smokers will be provided with advice and help to quit smoking
- achieve national breast and cervical screening health targets and increase HPV immunisation rate of coverage
- achieve national breast feeding rates.

The above priorities align with the Midland Cancer Network Strategic Plan 2009-2014 and Midland DHB District Annual Plans and specific network stakeholder work priorities.

The Midland Cancer Network strategic directions are to:

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

¹ 17 December 2009, Dr. A. Bloomfield letter to DHBS CEOs and regional cancer networks

Based on these priorities the Network's activity for this year again has a strong focus on consistent regional access and timeliness to diagnosis and treatment for lung and bowel cancer and non-surgical cancer treatment including radiation therapy and chemotherapy.

TUMOUR AND SERVICE IMPROVEMENT WORK GROUPS

At least half of the Network's resource is dedicated to supporting tumour and service improvement work groups comprised of regional representatives including clinicians, managers, NGO, Maori and consumers. These groups are chaired by a clinician and the focus is on clinical frameworks/pathways, service planning and quality improvement. Detailed patient and service mapping may be undertaken for the tumour pathways, and Lean Thinking methodology applied to those parts of the pathway for which there is evidence of or expert opinion related to an impediment. Improvement plans will be developed which will focus on initially implementing high impact changes². These relate to referral pathways, the diagnostic work up, multidisciplinary meetings (MDMs) and reviewing follow up.

KEY PERFORMANCE MEASURES

The Midland Cancer Network will report on the 2010-11 priorities. Utilising the Midland Cancer Network's measuring success framework a set of indicators has been developed for 2010-11 to measure progress. Development of national cancer control and regional cancer network indicators is work in progress. It is noted that development of cancer control indicators is evolving and that current information systems may not have the capability to capture events. In 2009-10 the networks tested certain business rules for the development of national lung and bowel indicators utilising a national database. Findings from this test were that the system and business rules were not accurate enough at a national level, and that there is regional variation in the ability to pull data. The development of multidisciplinary meetings (MDMs) data definitions and databases is the most likely avenue to report on the lung and bowel cancer indicators, however nationally there is regional and local variation in the development of MDMs.

Midland Cancer Network is required to report progress to the Ministry of Health in quarter two and an annual report on progress via the Waikato DHB DAP reporting process. In addition the network will continue to report on the Ministry of Health Cancer Service Development Initiatives from 2009-10 that are still in progress.

These reports, along with information for stakeholders on Midland Cancer Network activities, are available on the Midland Cancer Network website www.midlandcancernetwork.org.nz

NETWORK RESOURCES

The Midland Cancer Network is funded via a crown funding agreement variation with Waikato DHB for \$550,000 per annum to 30 June 2011. The network also will receive some Ministry of Health Cancer Service Development Fund (2009-10) for initiatives that continue into 2010-11.

The network has 5.40 fte to support the Midland Cancer Network core work programme and has fixed term resources of 1.0 fte for the palliative care work programme³ and 1.0 fte for service development fund initiatives. Core network team members hold tumour/service work group portfolios.

² Cancer Services Collaborative Improvement Partnership. 2005. Applying High Impact Changes to Cancer Care: Excellence in Cancer Care. NHS

³ Waikato palliative care network work programme is outside the parameter of this plan.

MCN STRATEGIC DIRECTION 1: KNOWLEDGE AND INFORMATION SHARING		
Objective	Actions	Indicator or measure
Develop and implement service directories; <ul style="list-style-type: none"> regional palliative care 	<ul style="list-style-type: none"> build on learnings from the development of the Waikato palliative care services directory and complete for Lakes and BOP 	Directories available by June 2011
<ul style="list-style-type: none"> regional supportive care service directory 	<ul style="list-style-type: none"> continue to build on 2009-10 work consult with providers and consumers on requirements for supportive care services directory consider CCNZ recommendation⁴ on information for patients on relationship, sexual activity and emotional changes when having treatment participate and link with the Ministry of Health development of a national supportive care implementation plan initiative lead by Health Outcomes International 	
<ul style="list-style-type: none"> regional smoking cessation provider service directory 	<ul style="list-style-type: none"> collaborative initiative with the Midland Smokefree Programme Director to develop a Midland smoking cessation service directory to raise knowledge of service providers 	
Research: assessment of barriers to the early diagnosis of lung cancer in primary care	<ul style="list-style-type: none"> continue to support the Northern Cancer Network primary lung cancer translational research proposal support Lakes DHB lead investigator and team as required 	
Implement initiative to improve early detection of lung cancer in Lakes DHB	<ul style="list-style-type: none"> continue the Service Development Fund initiative commenced February 2010 develop and deliver media campaign project report re-audit Lakes DHB lung cancer staging twelve and twenty four months post media campaign 	MCN Project report to MoH due 20 July 2011
MCN STRATEGIC DIRECTION 2: SERVICE QUALITY IMPROVEMENT - BETTER, SOONER MORE CONVENIENT SERVICES		
Objective	Actions	Indicator or measure
Improve access and wait times for the diagnosis and treatment of lung cancer	<ul style="list-style-type: none"> continue to support Midland Lung Cancer Work Group and monitoring of indicators reduce inequalities with respect to lung cancer improve GP referral to FSA process, develop standardised GP referral criteria and information required improve regional chest conference processes and develop a standardised MDM framework and form continue to build on 2009-10 work to develop, agree and document the regional lung cancer clinical framework/guidelines continue 2009-10 regional Lean thinking work to improve timely access to CT continue to build on the 2009-10 SDF elective services review findings and implement recommendations within available resources 	<p>MCN report quarters 2 and 4</p> <ul style="list-style-type: none"> compare the median wait time from GP referral to respiratory FSA for lung cancer patients by DHB and by ethnicity. The wait time target is 14 days percentage of lung cancer patients registered/presented at MDM by DHB and by ethnicity. The target is 100% registered on regional lung cancer database median wait time from GP referral to first anticancer treatment for lung cancer patients by DHB and by ethnicity. The target is < 62 days (interim until national standard set).

⁴ Recommendation from Cancer Control Council (2010). The Voice of Experience companion report: New Zealand Cancer Care Survey Results for Eight Treatment Services. Also refer to strategic direction 2 supportive care objective

Objective	Actions	Indicator or measure
Improve access and wait times for the diagnosis and treatment of colorectal cancer	<ul style="list-style-type: none"> continue to support Midland Colorectal Work Group and the development and monitoring of indicators continue to build on 2009-10 work to develop, agree and document the regional colorectal cancer clinical framework/guidelines continue to build on the 2009-10 SDF elective services review findings and implement recommendations within available resources continue the 2009-10 work on the development of a regional colonoscopy capacity planning and demand management framework continue to build on the 2009-10 colonoscopy mapping work and implement service improvement recommendations within available resources build on the colonoscopy mapping and map the total colorectal patient and service pathway by June 2011 review current colorectal cancer MDMs and identify opportunities to enhance support the establishment of the national Bowel Cancer Work Group 	<p>MCN report quarters 2 and 4⁵</p> <ul style="list-style-type: none"> compare the median wait time from GP referral to FSA for bowel cancer patients by DHB and by ethnicity. The wait time target is 14 days percentage of lung cancer patients presented at MDM by DHB and by ethnicity. The target is tba. median wait time from GP referral to first anticancer treatment for bowel cancer patients by DHB and by ethnicity. The target is tba.
Improve access and waiting times to radiotherapy treatment	<ul style="list-style-type: none"> support the Regional Cancer Centre as required to meet target complete 2009-10 work on developing the <i>Midland Radiotherapy Services Plan 2010-2020</i> and; support implementation of recommendations as able within available resources 	<p>Waikato RCC report on</p> <ul style="list-style-type: none"> everyone needing radiation treatment will have this within six weeks by 31/7/10 and within four weeks by December 2010
Improve access and waiting times to medical oncology /chemotherapy	<ul style="list-style-type: none"> support the Regional Cancer Centre and BOP Cancer Centre to meet IDP⁶ support implementation of the national medical oncology prioritisation criteria to guide decision making by medical oncology staff from 1 July 2010 MCN assist with regional auditing and reporting of target as required continue 2009-10 Lean thinking methodology to Midland medical oncology\ ambulatory chemotherapy and implement improvements continue the 2009-10 work on developing the <i>Midland Medical Oncology Service Plan 2010-2020</i> and support implementation of recommendations within available resources 	<ul style="list-style-type: none"> Everyone needing medical oncology treatment should have this within four weeks of first specialist assessment by June 2011 <p>Midland reporting responsibility tba.</p>
Improve access to cancer diagnostics ⁷ ; <ul style="list-style-type: none"> PET scans 	<ul style="list-style-type: none"> continue regional PET-CT service improvements from 2009-10 establish regional PET-CT variance committee to consider PET on an exception basis for clinical indications other than those endorsed in CFA enhance regional PET-CT spreadsheet and reporting to meet regional DHB CFA reporting requirements 	<p>MCN report on</p> <ul style="list-style-type: none"> number of PET scans by clinical indication, by domicile DHB and; number of PET scans recommended by regional variance committee by domicile DHB
Improve cancer multidisciplinary meetings	<ul style="list-style-type: none"> continue to develop MDM framework for the Midland region complete stocktake of current MDM and identify future MDMs that need to be established develop business case that identifies MDM infrastructure requirements to enable and support effective MDMs both regional and locally 	

⁵ Please note that these indicators are in the early stages of development and infrastructure i.e. MDMs and data maybe may not be available

⁶ Indicators of DHB Performance

⁷ Also refer to improve lung cancer objective and actions

Objective	Actions	Indicator or measure
Development of culturally appropriate services that improve access and continuity of care for Māori	<ul style="list-style-type: none"> • explore the feasibility of adopting and implementing the Central Cancer Network Demystifying Cancer Programme and toolkit for Midland Māori communities to demystify cancer through a series of community based workshops • facilitate the development of a regional forum to support ongoing relationships with Māori through a Midland Māori hui 	
To enhance cultural competency in mainstream cancer services	<ul style="list-style-type: none"> • stocktake Midland programmes to enhance cultural competency • identify and implement solutions within available resources to close the gaps • maintain a watching brief on the Ministry lead cultural competency training project (RFP March 2010) 	
Improve care coordination & continuity of care	<ul style="list-style-type: none"> • continue to support the Midland Care Coordination/CNS Work Group • explore opportunities to ensure cancer CNS documentation is policy compliant • develop the regional multidisciplinary team by exploring opportunities for cancer/palliative care CNS' to have access to relevant Midland DHB electronic patient information where appropriate • review and update <i>the Midland Cancer Network Care Coordination Framework</i> (2008) including an update of current care coordination/CNS roles and functions and community providers, linking with Waikato DHB CNS initiative • support the cancer centres and community based services to implement referral pathways from DHB cancer services back to community support service 	
Improve access to support services for Māori cancer patients and whānau	<ul style="list-style-type: none"> • in addition to above identify whole of continuum care coordination needs and responses for Māori and • identify gaps and explore opportunities to close those gaps 	
Improve regional adolescent young adult cancer services	<ul style="list-style-type: none"> • joint national AYA advisory group and Midland AYA stakeholders workshop to be held in 2010 • continue to support Midland AYA Cancer Services Work Group • identify gaps and consider implications of implementing the national AYA cancer service specification requirements • summarise progress against the 2008 recommendations and review and update <i>Midland Cancer Network AYA OHS Progress Report and Action Plan 2008-2010</i> • implement regional recommendations within available resources 	
Improve supportive care services (also refer to strategic direction 1 objectives)	<ul style="list-style-type: none"> • continue to support Midland Supportive Care Work Group • continue to support the Midland Consumer and Carer Reference Group • develop processes to put patients in touch with care providers to help with anxiety and fear⁸ if required • develop one tumour/service specific treatment patient/whānau information sheet working with consumers/carers and health professionals 	

⁸ Recommendation from Cancer Control Council (2010). The Voice of Experience companion report: New Zealand Cancer Care Survey Results for Eight Treatment Services

Objective	Actions	Indicator or measure
Improve breast cancer services	<ul style="list-style-type: none"> continue to support Midland Breast Cancer Work Group monitor process flow to stereotactic biopsy through re-audit build on the findings of the 2010 Māori breast cancer audit and complete a lean thinking project to reduce a barrier for Māori women achieving waiting time standards establish guidance for breast cancer women follow-up 	MCN will report: <ul style="list-style-type: none"> stereotactic biopsy wait time of 14 days by quarter 4
Improve regional collaboration and improve palliative care services ⁹	<ul style="list-style-type: none"> continue to support Midland Palliative Care Work Group continue to support Waikato Palliative Care Operations Network facilitate and coordinate continued rollout of the end of life Liverpool Care Pathway support regional continuous improvement in end of life care through development of reflective data cycle framework support continued development of a regional education framework for nurses/carers continue 2009-10 work to develop the regional and district palliative care service plans to guide the next five years support implementation of recommendations within available resources 	MCN will report: <ul style="list-style-type: none"> increase the number of Midland organisations that have implemented EoL LCP by DHB reported quarter 2 and 4
Support implementation of national evidence based guidelines	<ul style="list-style-type: none"> encourage implementation of lung, bowel and breast cancer recommendations in the <i>Suspected Cancer Referral Guideline Implementation Plan</i>¹⁰ within available resources. This will be achieved through the respective tumour work groups who will consider the appropriate recommendations as they relate jointly collaborate with the Midland Smokefree Programme Director¹¹ on opportunities to raise awareness of lung cancer signs and symptoms linking to smoking cessation 	
MCN STRATEGIC DIRECTION 3: INNOVATION AND INFRASTRUCTURE DEVELOPMENT		
Objective	Actions	Indicator or measure
Develop a Midland oncology pharmacy model of care	<ul style="list-style-type: none"> literature review of models of care and evidence based best practice components develop options and recommendations and Implications on preferred model of care considered 	Midland oncology pharmacy model of care developed by June 2011
Complete Somerset Cancer Registry feasibility study ¹²	<ul style="list-style-type: none"> continue the Service Development Fund initiative commenced February 2010 utilise the national Cancer and Palliative Care Patient Management High Level Requirements (Dec. 2009) 	MCN Project report to MoH due by 20 January 2011
Improve Midland Cancer Network access to data and information ¹³	<ul style="list-style-type: none"> adopt and implement the <i>Central Cancer Network Regional Cancer Control Indicators report</i> (TAS, Feb.2010) for Midland and build on this within available resources continue to ensure compliance with National Cancer Registry / DHB agreement work with Ministry of Health team to improve access and timeliness of data required to plan, audit, monitor and evaluate cancer care to standards 	

⁹ Also refer to service directory and goal 4 objectives

¹⁰ Implementation plan had not been endorsed or published at the time of completing this plan

¹¹ Also refer to strategic direction 1

¹² Note: this initiative also links to the MDM objectives

¹³ Linked to Somerset Cancer Registry Service Development Fund initiative and PET audit spreadsheet/database objective

Objective	Actions	Indicator or measure
Promote clinical governance for major tumour and service work groups	<ul style="list-style-type: none"> • establish the Midland genitourinary cancer work group within available resources • consider feasibility to establish the Midland upper gastro-intestinal cancer work group within available resources • consider feasibility to establish the Midland gynae-oncology cancer work group within available resources (see goal 3 later in report, link to regional clinical network) • continue to support the Midland research and audit work group 	
Improve Midland Cancer Network programme and project management capability	<ul style="list-style-type: none"> • establish MCN PMO under the Waikato DHB utilising the 'Waikato Way'¹⁴ • MCN staff attend Northern Cancer Network Service Development Fund initiative – quality improvement training for regional cancer networks • build on the 2010 MCN staff change management health check assessment. Implement staff development recommendations (within available resources) 	
Tertiary non-surgical service provider for Tairāwhiti DHB	<ul style="list-style-type: none"> • participate and support Tairāwhiti DHB review to identify the future non surgical cancer treatment patient flow and access to tertiary services 	

¹⁴ Prince2 programme and project management methodology

NATIONAL CANCER CONTROL ACTIVITIES

Objective	Actions	Indicator or measure
Participate in the national response to cancer control	<ul style="list-style-type: none"> participate and support Cancer Control NZ with regional cancer network evaluation consider improvement recommendations (within available resourcing) contribute to the development and collection of national KPIs to monitor regional cancer network performance (within available resourcing) support the prioritisation of the NCAMP request to add 'suspicion of cancer' field within DHBs by July 2011 participate in the national joint initiative (Health Outcomes International, Ministry of Health) to develop an implementation plan for the <i>Guidance for Improving Supportive Care for Adults with Cancer in NZ</i> consider regional implications of national bone marrow transplant plan and national paediatric oncology plan when released work with Ministry/stakeholders to develop national lung and bowel cancer patient management frameworks/pathways and standards support the development of the national lung and bowel cancer work groups participate in national activities related to cancer control as appropriate and feedback to regional stakeholders participate and support the completion of the national specialist palliative care service specifications when released consider implication and implement national implementation plans for early breast cancer and melanoma guidelines within Midland Cancer Network area, within available resourcing. This work will be part of established regional work groups 	
National bowel cancer screening programme	<ul style="list-style-type: none"> work with the national bowel cancer team as required consider Midland as pilot area if opportunity arises 	
Share learnings via a National cancer forum ¹⁵	<ul style="list-style-type: none"> plan and hold jointly lead national cancer control forum with Ministry of Health and other regional cancer networks 	National forum held by 30 June 2011

¹⁵ Midland cancer Network CFA requirement

MIDLAND CANCER CONTROL INITIATIVES		
Objective	Actions	Indicator or measure
GOAL 1: primary prevention <ul style="list-style-type: none"> reduce risk factors: smoking cessation 	<ul style="list-style-type: none"> DHBs monitor the ABC approach for smoking cessation in the hospital setting (ask people about their smoking status; provide brief advice to stop smoking; offer evidenced based cessation treatment (where appropriate) DHBs monitor Primary Care implementation of the ABC approach for smoking cessation in the primary care setting 	<p>DHBs will report on 90% of hospitalised smokers will be provided with advice and help to quit by July 2011</p> <p>DHBs will report on 80% of patients attending primary care will be provided advice and help to quit smoking by July 2011</p>
<ul style="list-style-type: none"> reduce risk factors - HEHA 	<ul style="list-style-type: none"> DHBs HEHA programme continue to focus on Māori and Pacific community programmes related to workforce and community capacity development 	
<ul style="list-style-type: none"> promote breast feeding 	<ul style="list-style-type: none"> DHBs implement Breast Feeding Action Plans and report on progress to target 	DHBs will report on breast feeding for national indicator and local DHB targets
GOAL 2: screening and early detection <ul style="list-style-type: none"> Breast screening 	<ul style="list-style-type: none"> DHBs continue to provide breast screening programme and work towards achievement of national target 	DHBs will report on breast screening indicators 70% of the eligible population screened every two years including women from priority groups (Māori and Pacific) aged 50-69
<ul style="list-style-type: none"> Cervical screening 	<ul style="list-style-type: none"> DHBs continue to provide cervical screening programme and work towards achievement of national target 	DHBs will report on cervical screening indicators 75% of the eligible population within the preceding 36 month period
<ul style="list-style-type: none"> HPV immunisation 	<ul style="list-style-type: none"> DHBs will continue to roll out district HPV immunisation programmes and report against targets 	DHBs will report on HPV immunisation coverage for girls born from 1992 onwards
GOAL 3: effective diagnosis and treatment	<ul style="list-style-type: none"> link and support the Midland obstetrics / gynaecology clinical network¹⁶ due to be established 2010-11 with aspects related to cancer link and support with the Health Waikato hospital based dental service review with dental care aspects related to cancer patients 	
GOAL 4: rehabilitative and palliative care	<ul style="list-style-type: none"> participate and support Hospice Eastern Bay of Plenty Service Development Fund initiative to improve palliative care outcomes for rural Māori palliative care patients, share learnings across Midland region support approved Waikato DHB Māori Health Fund initiatives related to palliative care support Te Korowai Hauora O Hauraki PHO four year Māori Health Innovation End of Life Whānau Support project 	

¹⁶ Waikato DHB Draft Statement of Intent 2010/11 – 2012/13 page 11

Objective	Actions	Indicator or measure
GOAL 5: effective planning, coordination and integration	<ul style="list-style-type: none"> • support any Waikato DHB Māori Health Fund initiatives related to cancer care • participate and support the Te Puna Oranga, Waikato DHB Service development Fund initiative He Hikoi hei Manaaki Tangata: a journey caring and supporting people. Share learnings across the Midland region • support Te Huinga a Matariki Ki Tuhoe Māori Womens Welfare, Whakatane Service Development Initiative preparing the remedy rongoata improving cancer services for Maori, share the learnings across the Midland region • Participate and support NZ Cancer Society Patient Held record project as required 	
GOAL 6: research and surveillance	<ul style="list-style-type: none"> • stakeholders continue the Oranga Tane Māori joint research project between Te Puna Oranga Waikato DHB and the University of Waikato to gain better understanding of the cancer journey for Waikato Māori men 	