



Midland Cancer Network

Annual Report 2009-2010

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Introduction

Welcome to the third annual report of the Midland Cancer Network.

International literature highlights that networks are complex and take time to evolve. Therefore to assist new readers a section has been included that provides a brief overview of the Midland Cancer Network.

This report highlights collaborations and the main achievements that have helped to improve access and services for people with cancer in Midland during 2009-2010.

The network continued to deliver an ambitious 2009-2010 work programme, with particular focus on:

- development of the Midland Cancer Network Strategic Plan
- better, sooner more convenient lung and bowel cancer services
- addressing inequalities along the cancer continuum
- improving access to PET-CT
- improving regional planning of radiotherapy services
- improving clinical governance and collaboration with Midland stakeholders
- improving palliative care and end of life services
- implement Ministry of Health Cancer Service Development Fund (2009) one-off improvement initiatives
- participation in the Cancer Control New Zealand regional cancer network evaluation and other national activities.

The integrated National Cancer Control Work Programme (2010, Ministry of Health) has informed the network priorities for 2010-2011.

The network is made up of many stakeholders and organisations across Bay of Plenty, Lakes and Waikato. Many have contributed to the final section 'Midland update' to summarise local achievements within the Midland Cancer Network.

About the Midland Cancer Network

The Midland Cancer Network was formed in 2006 and has a leadership, facilitation and coordination role; bringing together and working with stakeholders across organisational and service boundaries to:

- reduce the incidence and impact of cancer;
- reduce inequalities with respect to cancer; and
- improve the experience and outcomes for people with cancer.

The network geographical area includes three District Health Boards (DHB) Bay of Plenty, Lakes and Waikato, with an open invitation to Tairāwhiti and Taranaki. The network covers a population of 632,000, and includes stakeholders from the regional cancer centre based in Hamilton, secondary cancer centres recently established in the Bay of Plenty (2008), primary health organisations, Māori Health providers, nine hospitals, five hospices, a regional Cancer Society, CanTeen and a number of other non-government and voluntary organisations.

The networks 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.

The Midland Cancer Network Executive Group oversees the network. This group meets quarterly; its membership is drawn from cancer continuum stakeholder representatives across the region. The role of this group is to facilitate and coordinate the work of the stakeholders ensuring the network programme aligns with the national integrated cancer control programme priorities and policy as well as expectations and needs of the Midland population. Members are responsible for supporting and advising the network, district health boards and communicating with their participating organisations or representative groups about issues, activities and priorities.

The network is resourced with a management team that has a leadership, facilitation and coordination role. The team support the work groups (service and tumour specific) with programme/project management and secretariat support.

For more information, please see our website at www.midlandcancernetwork.org.nz

Key achievements: 2009-2010

Midland Cancer Network Strategic Plan 2009-2014

The New Zealand regional cancer networks were required to develop a strategic plan as part of the Ministry of Health DHB Crown Funding Agreement. Midland's plan was endorsed by stakeholders and Midland DHB CEOs in August 2009.

Collaboration in action

The following regional work groups were established:

- Midland Colorectal Work Group – inaugural meeting held October with appointment of Mr Simi Lolohea as chair. The national bowel cancer team have attended and presented twice over this period
- Midland Research and Audit Work Group –a workshop was held in July with local clinicians presenting. Professor Tony Blakley was the keynote speaker. As a result of the day Professor Ross Lawrenson, head of Waikato Clinical School of Medicine was appointed chair. The work group had its first meeting November. The aim of the work group is to direct and align research towards improving cancer outcomes and to link the regional cancer centre, University of Auckland and private sponsors
- Director of Nursing and Midwifery, Waikato DHB is now clinical chair of the Midland CNS/Care Coordination Work Group
- Midland Consumer and Carer Reference Group – an establishment meeting was held in September. Appointment of members to the work group has occurred; terms of reference and code of conduct have been completed. Chair and deputy chair appointed. Positions rotate annually. Two members attended Cancer Voices training in 2009-10
- Midland Supportive Care Work Group – inaugural meeting held December with appointment of Graham Harbutt, Waikato/BOP Cancer Society as chair, agreed terms of reference and work programme
- Lakes Cancer and Palliative Care Forum was established after a workshop in April 2010. Mr Ross Bohm, Clinical Director, Quality/Innovation is the chair.

Collaboration in action is evidenced by the number and range of Midland cancer stakeholder work groups:

- Midland Cancer Network Executive Group – Jul / Aug / Oct / Nov / Feb / Mar / Jun
- Midland Palliative Care Work Group – Dec / Feb
- Midland Non-Surgical Cancer Treatment Services Work Group – Sept / Dec / Mar / Jun
- Midland Clinical Nurse Specialist (CNS)/Care Coordination Work Group – Aug / Nov /Mar
- Midland Lung Cancer Work Group – Jul / May
- Midland Adolescent Young Adult Cancer Services Work Group – Jul / Nov / Mar
- Midland Colorectal Cancer Work Group – Oct
- Midland Research and Audit Work Group – Jul / Nov
- Midland Consumer and Carer Reference Group – Sept / Mar / May
- Midland Supportive Care Work Group – Dec / Mar / Jun
- Waikato Palliative Care Operations Network Jul /Aug /Oct /Nov / Dec /Feb /Mar / May
- Lakes Cancer and Palliative Care Forum – April 2010.

Improving lung cancer

There is a national priority to improve access and waiting times for lung cancer patients. The five year survival rate of 10% for lung cancer in New Zealand is below that of reported OECD countries where rates of 15-17% are reported. A preliminary Ministry of Health report presented to the network identified significant variations of five-year survival rates between DHBs. The 1994-2007 period highlighted that Lakes had one of the lowest five-year survival rates compared to other New Zealand DHBs. The 2002-2006 period indicated Waikato DHB had the lowest five-year survival rate compared to other New Zealand DHBs and the Lakes DHB had moved to the mid-range of the DHB table.

The National Cancer Programme Work Plan 2009-10 is an integrated national programme and required the network to:

- establish a Midland Cancer Network Lung Work Group – achieved
- commence development of regional cancer network KPIs, collate and report the inaugural baseline KPIs. The network commenced reporting lung cancer KPIs in quarter two.

Midland Lung Cancer Work Group key achievements have been:

- the regional lung cancer patient and service mapping work programme review and service plan is in draft and will be completed 2010-11
- increase in the number of patients presented to regional chest conference
- Midland diagnostic work up for patients with non-small cell lung cancer developed
- streamlined the process of referral to regional chest conference through standardised form
- shortened the Lakes pathway with GP chest x-ray access and ability to refer directly to CT
- completed training of regional cancer network stakeholders on Lean Thinking methodology through service improvement projects for the following:
 - from GP referral to respiratory/medicine FSA for Lakes
 - from decision to refer to regional chest conference from Bay of Plenty
 - Waikato radiology diagnostic procedures for lung cancer (in particular CT and CT-FNA)
- developing a regional set of lung cancer KPIs
- Midland Cancer Network elective service review for lung and bowel cancer report
- the Midland Cancer Network clinical director facilitated the establishment of the national Lung Cancer Work Group that consists of regional cancer network lung cancer chairs and other regional representatives.

Improving bowel cancer

There is a national priority to improve access and waiting times for bowel cancer patients. In New Zealand bowel cancer is the most frequently diagnosed cancer and second most common cause of cancer death. New Zealand has the third highest mortality rate in the OECD for women and the sixth highest for men. The Minister of Health has announced the piloting of a national bowel cancer screening programme in the near future; there are significant benefits to reduce the incidence and mortality rates. A preliminary Ministry of Health report presented to the network identified significant variations of five-year survival rates between DHBs. The 2002-06 data indicated that Waikato DHB had the lowest five-year survival rate compared to other New Zealand DHBs. The National Cancer Programme Work Plan 2009-10 is an integrated national programme and required the network to:

- establish a Midland Cancer Network Bowel Work Group – achieved
- commence development of regional cancer network KPIs, collate and report the inaugural baseline KPIs

Midland Bowel Cancer Work Group key achievements have been:

- agreed the work programme to map the pathway from GP referral to hospital treatment and retrospective audit of waiting times between key stages – in progress
- mapped GP referral to colonoscopy for gastroenterology services for Waikato and commenced mapping for Lakes and Bay of Plenty
- clinicians have commenced discussion to develop the Midland region rectal neo-adjuvant therapy pathway
- Midland Cancer Network elective service review for lung and bowel cancer completed and report will be available early 2010-11
- the network facilitated stakeholders to complete the national bowel cancer team colonoscopy stocktake questionnaire. In addition, the Ministry of Health bowel cancer team presented at the Midland Bowel Cancer Work Group
- attended an information sharing day with all four regional cancer networks and the national Bowel cancer team
- the regional cancer networks have endorsed and supported the establishment of a national Bowel Cancer Work Group, modelled on the national Lung Cancer Work Group; this is planned for 2010-11
- Bay of Plenty has:
 - a straight to colonoscopy procedure for some patients
 - developed guidance for GPs about referring patients for colonoscopy and suspected bowel cancer
- Lakes has:
 - automatic recall system for surveillance patients
 - commenced planning for a new pathway to colonoscopy
- Waikato Hospital has:
 - implemented weekly monitoring of colonoscopy demand and increased the number of colonoscopies

- commenced discussions with primary care for shared care follow-up and introduced nurse led follow-up clinics
- CNS and team have started to develop a patient bowel cancer booklet as a guide to help patients and their carers to understand their treatment pathway.

Addressing inequalities

Reducing inequalities with respect to cancer is one of the dual objectives of the New Zealand Cancer Control Strategy Plan (2003). The network objective is to increase knowledge, develop and improve timely access, continuity of care and experience for Māori, ultimately leading to improved outcomes. The network has assisted with several initiatives working towards this objective.

The Midland Cancer Network Māori Governance and Participation Framework (2008) was reviewed.

Addressing inequalities is part of all work within the network; however particular emphasis has been on:

Improving Māori participation and outcomes

A hui with Maniapoto kaumatua was held in May 2010 to discuss the role and function of the network and obtain feedback from kaumatua on their need for information/involvement for their whānau about to cancer and palliative care. The areas that kaumatua would like the network to work on are:

- overview of signs and symptoms of cancer, emphasis to inform/educate rangatahi
- information/presentation to gain more understanding of the treatment pathways/machines once a person gets cancer
- how can whānau get greater support to care for a person while having cancer treatment and/or when they need palliative care. This includes coordinating care within the local community. Identified the need to set up a forum to support/educate caregivers and rangatahi that are supporting people with cancer or who need palliative care.

A hui with kaumatua from Rauawaawa Charitable Trust, Waikato/BOP Cancer Society and the network was held June 2010. The aim of the session was to raise awareness about cancer services, particularly bowel cancer among Māori and Pacific people; to provide a culturally sensitive environment for kaumatua and their learning and to hear from kaumatua and carers regarding their thoughts and experiences of cancer. There was rich learning from this forum. Areas that require further work and dialogue on are:

- access to services that are culturally and clinically responsive to their needs
- improve access and level of support for whānau once a family member is discharged from hospital e.g. improve Disability Support Link (DSL) support, expand the criteria for home help
- prefer kanohi ki te kanohi engagement (face to face)
- wish to have cancer forums at the community level
- improve communication between Māori and cancer organisations.

Psycho-social assessment tool pilot project

A 2007 stocktake commissioned by the Ministry of Health identified Waikato and Bay of Plenty as having less access to cancer psycho-social and supportive care services compared to elsewhere in

New Zealand. In June 2008 the Midland Cancer Network Executive Group approved a project to identify and test the value of an appropriate psycho-social assessment tool for cancer patients in the Midland. The assessment tool was trialled with eighty participants (patients) who provided feedback as well as seven screeners (health professionals). The tool developed included a Distress Scale and Cancer Related Distress Questionnaire (CRDQ). The pilot demonstrated that the tool performed well and was appropriate for clinical practice. Findings and recommendations were reported to stakeholders in August via the Midland Cancer Network Psycho-Social Assessment Tool Project Report (August 2009).

Improving breast cancer

The Midland Early Breast Cancer Patient Mapping 2007-2010 report identified that Māori women had longer waiting times along the cancer continuum. The report recommendation was to re-audit breast cancer waiting times between the critical stages of the journey. A part of this audit was a chart review of those Māori women who had longer waiting times compared to non-Māori to ascertain reasons for the delays. The findings from the audit and chart review will be reported in August 2010.

The network's stereotactic biopsy waiting time audit was completed.

Midland PET-CT initiative

The purpose of this service improvement initiative was to formalise and strive for regional standards and a transparent system and process for obtaining PET-CT scans for cancer patients. The initial reasons for the initiative were:

- variation of access between New Zealand DHBs and regional clinician drive to improve access
- confusion amongst stakeholders whether PET-CT scans were able to be ordered for patients, what were the current criteria, the process to obtain approval and how the patient was to be supported through the process
- ensuring eligible patients and support persons had access to national transport and accommodation support
- inequity of access to appropriate clinical care
- Midland Lung Cancer and Non-Surgical Cancer Treatment Work Groups identified PET-CT as a service improvement priority.

In addition the Ministry of Health 2010 PET-CT CFA came to DHBs part way through 2009-10, which allowed DHBs access to boost funding once they had reached their base volume (2008-09 actual).

Achievements include:

- Midland DHBs increased PET-CT scans by 35% compared to 2008-09 volumes, resulting in improved equity of access to PET-CT for Midland cancer patients to essential services compared to other NZ DHBs
- all DHB stakeholders have an understanding of the PET-CT criteria, process, variance committee and principles, CFA terms and conditions
- improved process efficiencies and PET-CT pathway mapped for each DHB
- clinical criteria agreed with clinicians at the three DHBs

- identified national purchase unit code, clarified preferred provider, agreed customised form with provider, provider capacity, process for transport and accommodation, clarified the ability to access national transport and accommodation support for accessing an Australian provider (if required)
- developed and implemented monitoring and reporting spreadsheet in all DHBs to capture consistent information
- with DHB planning and funding identified a budget holder in each DHB, price volume schedules
- established a variance committee which links to the Midland Non-Surgical Cancer Treatment Work Group
- a one-off audit of waiting times from referral to Pacific Radiology, Wellington for the region
- initiated request at national level for national DHB PET-CT price
- identified a PET-CT contact person in each DHB.

Ministry of Health 2009 Cancer Service Development Funding

In September 2009 the Ministry of Health (MoH) called for Cancer Service Development Fund proposals from eligible organisations to support one-off project(s) that would contribute to quality and system improvement in cancer care. Projects were to align with the priorities of the national Cancer Control Programme. Midland Cancer Network secured one-off funding for initiatives that span across 2009-10 and 2010-11. These initiatives were:

Midland Cancer Network lung and bowel cancer elective services review

The project goal was to review the Midland elective service components related to lung and/or bowel cancer to improve patient access and waiting times. The network contracted Chatto Creek Consulting, experts in electives services, to undertake the bulk of the review. The review is almost complete; but there has been some delay in accessing data. Findings will be reported to the Ministry of Health and Midland lung and bowel cancer work groups early 2010-11.

Midland Cancer Network Lean Thinking training teams

This project has been completed. The network contracted the Australasian Health Roundtable to train and support two Midland teams. The training teams consisted of eleven people and each team had an allocated network support person. Six days of training was completed between March and June 2010. The final report on findings and progress can be found on the network's website.

The two service improvement initiatives were:

- improving access and waiting times for Waikato radiology diagnostic procedures related to lung cancer (in particular CT and CTFNA). Some key achievements include:
 - CT scans to be linked with respiratory outpatient clinic from 1 July 2010
 - greater awareness by all teams and services on the complexity and barriers to timely access
 - improved quality of information; developed worksheet and checklist for nurses, biopsy referral form, graphic of patient work-up pathway and revised chest/lung biopsy information
 - improved management of bronchoscopy samples; urgent sticker; direct transport to new histology/cytology laboratory

- commenced planning for protected biopsy list (includes CTFNAs) that matches demand
 - increased CT capacity to 45 scans per day as a result of new scanner and additional resource.
- improving the ambulatory chemotherapy pathway - referral to medical oncology to first chemotherapy treatment. Some key achievements include:
 - March 2010 43% Waikato people did not meet the 14 day wait time standard to start chemotherapy, by May this had reduced to 11%
 - significant process improvements in the Waikato Regional Cancer Centre chemotherapy day stay unit
 - increased collaboration and understanding across the regional chemotherapy units through the shared training experience of the three Clinical Nurse Managers.

Improve early detection of lung cancer

A large percentage of lung cancer can be prevented through smoking cessation services and there are initiatives to support reducing the number of people that smoke. However, there is a need to raise awareness of the signs and symptoms of lung cancer and get people to present to their primary doctor earlier. The purpose of the pilot project is to promote the early detection of lung cancer in Rotorua, Lakes DHB through increased awareness by health professionals and the public of signs and symptoms, aiming to lead to presentation with lower staging levels, which can achieve earlier treatment of the disease and will impact positively on mortality statistics.

This initiative has commenced and the main body of the work will be completed in February 2011, with post audit in 2011-12.

Somerset Cancer Registry feasibility study

The project goal is to complete a feasibility study of implementing the UK Somerset Cancer Registry to meet the business information requirements of the New Zealand regional cancer network. This initiative has commenced and will be completed 2010-11.

Midland non-surgical cancer treatment services

The Midland Non-Surgical Cancer Treatment Work Group picked up the responsibility for the regional PET-CT variance committee functions.

The network undertook an audit of DNA rates for the Regional Cancer Centre medical and radiation oncology FSA and follow-ups; this was presented to the work group. The DNA rate was minimal and therefore a decision of no further action was made.

The Midland Non-Surgical Cancer Treatment Services Plan (Barber, 2004) requires review and updating.

Radiation oncology

A forecasting modelling tool has been developed, based on the Northern Cancer Network model with input from the Regional Cancer Centre and the Ministry of Health. The process has included looking at

the efficiency of the current service, workforce and equipment requirements and horizon scanning of new treatments/developments. The Regional Cancer Centre Radiotherapy Services Plan 2010-2015 will be completed early 2010-11.

Medical oncology / chemotherapy

Planning for medical oncology services plan has commenced and will be completed within 2010/11. Linked to this is the lean thinking chemotherapy service improvement initiative as well as reviewing the number of ambulatory chemotherapy chairs and nurses.

Oncology allied health

The network assisted Health Waikato to submit a Waikato DHB prioritisation paper for improving oncology pharmacy, social work and psychology services. These funding proposals were declined. The Midland GMs Planning and Funding have requested that the Midland Cancer Network develop a regional oncology pharmacy service delivery model and this will commence in 2010-11.

Haematology

Service planning has commenced with obtaining high level data.

Midland palliative care - regional service planning

In February 2010 the Ministry of Health palliative care analyst, national Clinical Director and Cancer Control New Zealand palliative care portfolio representative presented and participated in the Midland Palliative Care Work Group meeting. An outcome of this meeting was to take a regional approach to service planning and ultimately service improvements. Service planning commenced in quarter three, with planning consultation meetings held with stakeholders in:

- Rotorua
- Taupo
- Whakatane
- Tauranga
- regional Maori hui in Hamilton
- regional paediatric palliative care along with Starship specialists in Hamilton.

End of life Liverpool Care Pathway (LCP)

Implementation of an end of life care programme is a network priority. Initial focus is on implementation of the LCP. The following regional developments have occurred:

- each district has its own LCP implementation plan and monitoring tool – we have agreement on data definitions for the monitoring tool. This is then collated to obtain a regional indicator
- developed annual LCP report template for Waikato. The aim is to implement this across the region in 2010-11. This will enable a consistent regional annual report for LCP
- LCP Reflective Data Cycle framework was endorsed for Waikato (November 2009) and implemented. We need to consider the value of sharing this learning and approach for the region in 2010-11

- monthly visiting specialist medical palliative care service commenced March 2010. This is an integrated service with Taupo Hospice, primary care and Taupo Hospital
- the network participated in Lakes DHB Clinical Advisory Group – palliative care/end of life group meetings in September. Agreements reached were:
 - agreement from Rotorua Community Hospice to lead implementation of LCP into medical wards, Rotorua Hospital and one aged residential facility – funding stream has yet to be identified
 - Rotorua Hospital would benefit from specialist medical palliative care input. The primary issue was funding. Agreement was reached that a stepped and phased approach would be required due to lack of funds and resources. This is to be included in the Lakes palliative care service plan
- The network assisted Rotorua Community Hospice to submit and obtain one-off funding from the Ministry of Health Cancer Service Development Fund (2009) to commence implementation of LCP into Rotorua
- Taupo/Turangi implementation of LCP continues with LCP Steering Group meeting held September.

Midland Palliative Care for Generalist Nursing and Carer Education Framework

The 2009 framework has been endorsed and published. The annual education calendar has been posted on the network website and updated regularly.

Midland Cancer Network information system project

In December 2008 the Midland Cancer Network revised its original project scope and commissioned an international market scan of available cancer information system solutions that could meet the business requirements of the network. The approach consisted of six activities:

- scope validation
- requirements validation
- perform a market scan and agree software sources for review
- perform due diligence on potential solutions
- determine a recommendation, if possible from among the identified candidates
- identify high level implementation considerations.

Eight international organisations were reviewed with two short listed: Somerset Cancer Registry England and QCOL, Queensland Australia. A review of both systems was completed via video and/or web-based conferencing. The preferred recommended solution was the United Kingdom based Somerset Cancer Registry. An end of project report; The Midland Cancer Network Information Systems Requirements and Options Validation Findings Report, was tabled and accepted in August/September 2009. Work has continued with Somerset Health Informatics and the Sussex Cancer Network, England. This initiative will now move to the feasibility phase under the Ministry of Health cancer service development fund as mentioned above.

A joint initiative between the Ministry of Health and the four regional cancer networks has meant that the networks have an agreement enabling access to the New Zealand Cancer Registry data and other database information to inform network planning, monitoring and reporting.

Midland Adolescent/Young Adult Cancer Service (AYACS)

A key issue was the change of funding and the communication regarding this to the relatively new regional service. National funding was allocated via PBFF to the 21 DHBs in 2008/09; but this was not clearly understood within the sector. In 2010 DHBs agreed a CFA agreement for two years. For Midland this has meant a reduction in revenue to support the CNS key worker role and the growth in demand for the service. A service review is planned for 2010/11 which will consider the requirements of the new service specification and reduced revenue. Despite this disappointment key achievements include:

- Infection Alert card has been reviewed and updated with the help of AYA consumers. Implementation of this resource has extended to other adult services
- a new national adolescent and young adult cancer service logo has been developed
- AYACS Waikato Hospital Oncology Ward booklet developed
- the service has sent letters to general practitioners of AYA patients, advising them of the service and the support the AYACS is able to provide. Positive feedback was received for keeping general practitioners informed
- new national AYACS Service Specifications were launched in February 2010 and the planned 2010/11 review will consider their implementation within available resources
- enhancement of a database that captures the number of patients and type of support they may require;

AYACS patient numbers	2007-08	2008-09	2009-10
Active patients	33	75	90
New registrations	33	50	59
Discharges	1	7	52

Other

- At the request of the national LCP office the network manager presented at the Advanced LCP Practitioners day February 2010
- The network participated in a Canadian-led globalisation project that involved international community conversations on cancer control over 36 countries
- The Midland and Central networks reported key themes from the inaugural 2010 Australasian Clinical Network Conference to stakeholders. Key themes were based around establishing and maintaining effective networks; evaluation and outcomes of clinical networks; consumers as network participants and partners in improving care and connected and collaborative care, how networks are contributing. Refer to conference presentations www.health.vic.gov.au/networks2010
- In May the Midland Cancer Network was asked by Cancer Care Ontario and Cancer Quality Council of Ontario to participate in an international programmatic review of Ontario's (Canada's) Disease Pathway Management (DPM) approach. Ontario DPM is an analytical framework for quality improvement. As result of participating in the review the network has been able to access

detail of Ontario's DPM framework and obtain international overviews from Sweden, Australia, Denmark and the Netherlands. This information has been shared with other New Zealand networks. The Ontario DPM is a similar framework to the Midland Cancer Network patient and service mapping work programme. This was a great opportunity to reflect and evaluate our framework against international approaches.

Focus for 2010-2011

STRATEGIC DIRECTION 1: KNOWLEDGE AND INFORMATION SHARING

1. develop a Midland supportive care services directory
2. implement the Rotorua community early detection of lung cancer initiative
3. participate and support the Ministry of Health development of a national supportive care implementation plan initiative lead by Health Outcomes International
4. develop a Midland palliative care services directory

STRATEGIC DIRECTION 2: SERVICE QUALITY IMPROVEMENT - BETTER, SOONER MORE CONVENIENT

5. improve access and waiting times for diagnosis and treatment of lung cancer
6. improve access and waiting times for diagnosis and treatment of bowel cancer
7. development of Midland radiotherapy services plan
8. improve access to PET-CT through the 'boost funding' initiative
9. commence development of a Midland medical oncology service plan
10. ambulatory chemotherapy service improvement initiative
11. multidisciplinary team meeting stocktake and identification of infrastructure resources required
12. development of culturally appropriate services that improve access and continuity of care for Maori
13. enhance cultural competency in mainstream cancer services through review/development of plan
14. review and update of Midland adolescent young adult cancer services plan
15. review and update of the Midland Cancer Network Care Coordination Framework (2008)
16. improve breast cancer – establish breast cancer women follow-up guidance for Midland and audit Māori women waiting times and barriers to timely care
17. development of Midland/local palliative care services plan
18. improve palliative care services – end of life care programme and education framework for nurses/carers

STRATEGIC DIRECTION 3: INNOVATION AND INFRASTRUCTURE DEVELOPMENT

19. develop a Midland oncology pharmacy model of care
20. complete Somerset Cancer Registry feasibility study
21. adopt and implement the Central Cancer Network Regional Cancer Control Indicators report (TAS, Feb. 2010) for Midland
22. participate in the Cancer Control New Zealand regional cancer network evaluation
23. participate and support the Tairāwhiti DHB review to identify future non-surgical cancer treatment patient flow and access to tertiary services.

Midland updates

The following summarises cancer and/or palliative care updates/achievements from Bay of Plenty, Lakes and Waikato districts.

BOP update

- Eastern Bay of Plenty Hospice received Ministry of Health Cancer Service Development funding for an initiative to research improving palliative care outcomes for rural Māori palliative care patients.
- Te Huinga a Matariki Ki Tuhoe Māori Women's Welfare League Whakatane received Ministry of Health Cancer Service Development Fund initiative for Preparing the Remedy: Rongoatia. This is a six month community based and delivered qualitative research project within the Tuhoe rohe (geographically sited within the Whakatane, Opotiki, Gisborne and Hawkes Bay District Council boundaries). The research will work with patients and whānau, who have experienced cancer, to identify the key factors that influence whānau to seek early investigation of, or treatment for, cancer and to complete treatment once diagnosed with cancer.
- an increase in the number of people seen with the employment of a second oncologist, Dr Isaacs
- The development of PET-CT scan protocols which is now a locally funded service
- Meeting the cancer waiting time health target
- Cancer nurse role change to Clinical Nurse Specialist Oncology - more clinical focus on diagnosis to FSA especially the high incidence cancers of lung and colorectal along with attention to radiotherapy patients and other highly complex patients.
- Increased involvement with regional Chest Conference at Hamilton weekly for lung cancer patients
- Continued development of smoking cessation programmes.

Lakes update

- The Northern Cancer Network three year primary lung cancer Health Research Council research project that includes Auckland and Lakes; Hikoi ki Te Arawa, was launched in Rotorua, August 2009. This collaborative research includes Lakes district commenced.
- Commenced planning for a new pathway to colonoscopy that improves times to investigation and definitive surgery.
- Lean Thinking/training involving cancer nurse specialist and cancer nurse manager chemotherapy
- Inaugural meeting of the Lakes Cancer and Palliative Care Forum; plan to meet bi-annually
- PET-CT scan process review at Lakes to streamline referral process
- Regional bowel cancer screening pilot initiation discussions commenced regarding impending Ministry of Health Request for Proposal
- Held discussions regarding funding of new Cancer Lodge service in Hamilton
- As indicated previously Lakes is involved in several network initiatives lung cancer; FSA and work up; early detection of lung cancer, Bowel Cancer Work Group and has established a district cancer and palliative care forum
- Rotorua Hospice received Ministry of Health Cancer Service Development funding for an initiative to pilot LCP implementation into medical services, Rotorua Hospital and one residential care facility. The network assisted with this initiative. This initiative is in progress

- Lakes component of Midland palliative care strategy plan in progress with consultation with the sector commenced
- Liverpool Care Pathway two year implementation in Taupo completed
- Both hospices received additional Ministry of Health funding to cover service gaps
- Waikato Palliative Care Specialist Services providing monthly clinics to Taupo community via hospice
- Rotorua Hospice is progressing discussions/plans for visiting palliative care medical specialist
- Taupo Hospice facilitate regular education to Taupo health professionals
- Attend and participate in Midland palliative care forums.

Waikato update

Waikato Rugby Union Partnership

Population Health and the Waikato Rugby Union have established a collaborative project partnership. This partnership is aimed at grass roots level, working with two rural rugby communities with a focus on smoking cessation and a smoke free club culture.

0800kickthehabit

Population Health has developed a 0800Kickthehabit cessation referral line that links callers to local cessation providers through out the Waikato. This project forms part of the many strategies of the Waikato Rugby Union project. Specific 0800Kickthehabit resources have been developed which include posters, business cards, billboard and vinyl toblerone shaped advertising boards. A medical centre has agreed to provide cessation support at no cost when presented with specific resources mentioned above.

Population Health supported Adult Mental Health and Addictions Service to go smokefree this includes 0800 business cards being given to patients on discharge.

Increase awareness of Smoke free Act

Population Health has provided an overview of the Act and responsibilities of the Smokefree Environments Act Officer to smokefree coalitions across the Waikato area.

The Smokefree Enforcement Officer has been working in collaboration with local health promoters to identify retailers in the vicinity of schools and conduct joint visits to educate and inform retailers of their obligations under the Smokefree Environments Act. These visits were a precursor to controlled purchase operations.

This collaborative approach has been taken in an attempt to strengthen the credibility of all cases going to prosecution.

Tobacco Retailer database updated for all TLAs. 367 premises identified and logged. Mail outs made to all Tobacco retailers in the database. Included was a reminder letter regarding their legal obligations around tobacco sales and a handy 'Year Of Birth' reference sticker for placing on till.

Controlled Purchase Operations'

In the reporting period Population Health conducted a total of 62 controlled purchase operations. Under age sales occurred in nine premises.

Of these sales, all nine retailers were referred to the MoH for prosecution. Six have since pleaded guilty and been fined, three are still currently before the Court and guilty pleas are anticipated.

Of note controlled purchase operations were conducted in the Hauraki region following a joint health protection/health promotion education programme. Twenty nine premises were visited with no sales recorded. This highlights the effectiveness of the education programme. The use of a 15 year old female Māori volunteer also fits in with the target population within this region.

Kai @ the Right Price

A healthy food initiative that originated in heartland Waikato last year has seen thousands of families eating more fresh fruit and vegetables, and brought extra money into local business. The initiative sees local fresh produce retailers selling assorted packs of fruit and vegetables at a reasonable cost with people being able to order the packs in advance. This project is now self sustaining in most areas. A toolkit to aid other communities who may wish to roll out the project is now available.

Community Gardens

Population Health continues to support community gardens in the region. These gardens are now being used for rehabilitation purposes as well as sustainable food environments. Health protection and health promotion have developed guidelines for the safe establishment of community gardens these are now being trialled with a community garden group in Te Aroha.

THRIVE initiative

THRIVE initiative in conjunction with Population Health has delivered an eight week 'get cooking class' targeted at diabetics and utilising the produce from 'Kai at the Right Price' packs.

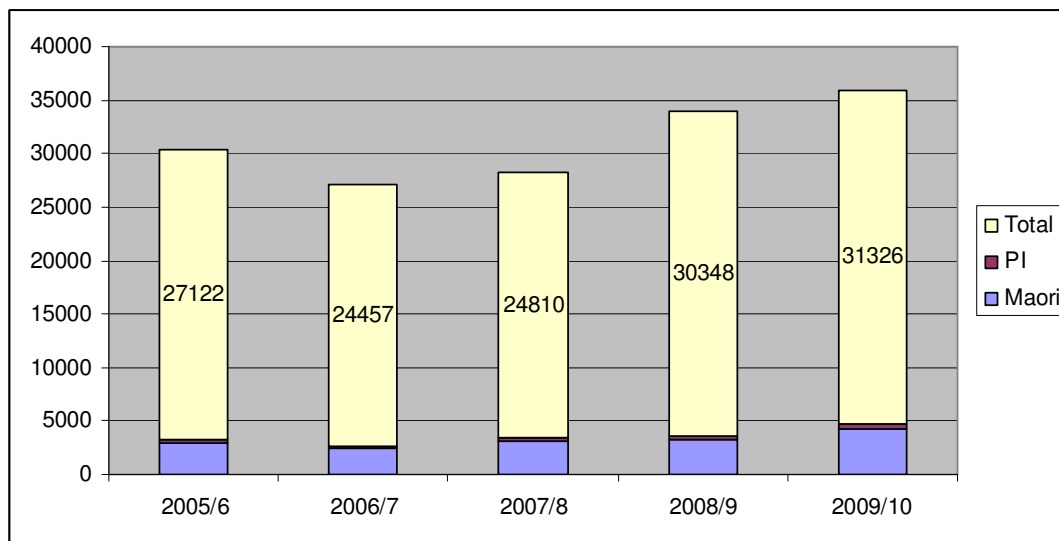
Vaccination babies born to Hep B positive mothers

Population Health in conjunction with IMAC and immunisation stakeholders developed a process and flowchart for the identification and management of babies born to Hep B positive mothers. The process tracks the child once born and allows them to receive the care and immunisations required in a timely manner.

BreastScreen Midland

BreastScreen Midland has again performed above forecasted volumes and achieved a record total of 31,326 screening mammograms for 2009/10. This is almost 1000 more than the preceding year. Success is mainly due to a greater focus on achieving daily and monthly targets to get more consistent performance. Significant breakdowns in June negatively impacted on the year end month's performance.

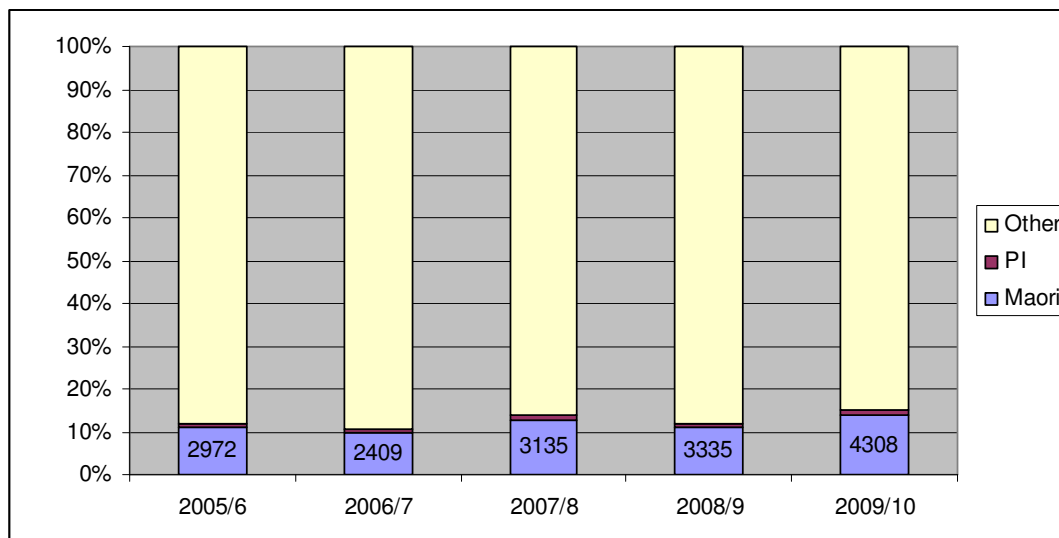
Figure 1: BreastScreen Midland total screening mammograms



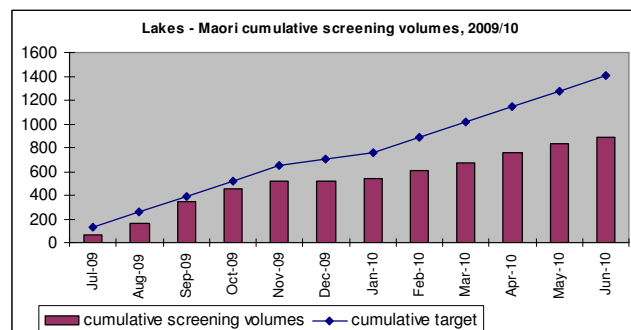
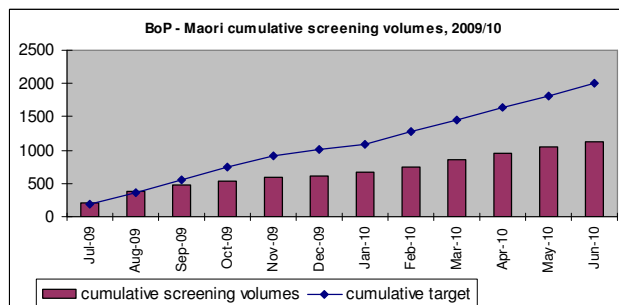
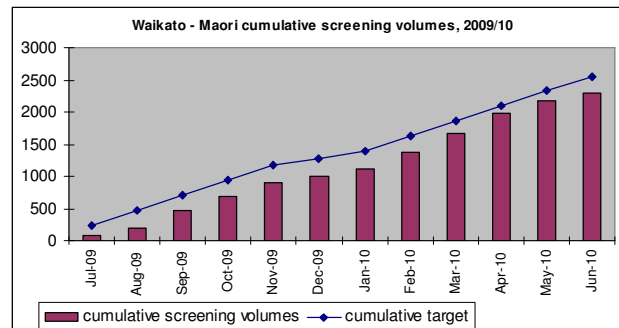
The total represents 63% coverage for the two year period ending June 2010. This is a significant improvement when compared with previous years (51% June 2008 and 52% June 2009).

BreastScreen Midland's greatest achievement however is the progress it has made in achieving equity in 2009/10. The following chart demonstrates the proportion of the women screened by ethnicity. Māori represented 14% of the total coverage for the year. This success is largely due to a change in culture within the service that achieving equity is everyone's business (through implementing the BSM plan to increase Māori and Pacific Island participation) combined with more effective health promotion, recruitment and retention strategies.

Figure 1: BreastScreen Midland percentage of women screened by ethnicity



The following graphs show Māori coverage in the Waikato has been good but as this is the first year statistics have been delineated by DHB, it is difficult to say whether Māori coverage has been noticeably different in any of the DHBs or whether this has always been the split; in Lakes DHB the change in PHO landscape has had a significant impact and it is anticipated that now that the change management has occurred that activity will resume early 2010/11.



Clinical audit: breast cancer follow-up

Clinical nurse specialists identified an unacceptable waiting time for cancer follow-up appointments, inconsistency of follow-up plans and duplication of appointments between Oncology and the Breast Care Centre. One of the key audit results showed that 72% of women attending both oncology and Breast Care Centre for cancer follow up were seen within three months of each other. The Breast Cancer Work Group has prioritised this as an area of improvement and a focus group has been established to formalise a breast cancer follow up guideline.

Breast cancer: nurse specialist endocrine telephone clinic assessment

Breast cancer clinical nurse specialists have implemented an endocrine therapy telephone assessment clinic. The clinical nurse specialists contact women six weeks and six months after commencement of adjuvant endocrine treatment to ensure they are managing well and are compliant. The aim of the phone call is to assess compliance, provide information and support and if experiencing significant side effects refer back to the prescribing clinician. They also address survivorship issues, including emotional and social wellbeing and promote healthy eating and exercise.

Plans are in place for evaluation. The service has been run for six months with over fifty women contacted. A direct result of this clinic has been the reduction of duplication in follow-up appointments between Oncology and the Breast Care Centre.

Breast cancer health and wellness programme

Women receiving chemotherapy for early breast cancer put on an average of 2-6 kilograms and this is a source of distress for many women. Increased weight is also an identified risk factor for women with breast cancer. The breast cancer clinical nurse specialists have been working with Oncology to implement a weight control and exercise programme for women commencing adjuvant chemotherapy. The aim of this programme is to assess current nutritional and exercise habits, provide support, information and encouragement for women to make lifestyle changes which supports completion of treatment, reduction in side effects and minimal weight gain.

Breast cancer nurse education

The clinical nurse specialists facilitated a very successful Breast Cancer Study Day with 120 participants attending from Waikato DHB and other health boards including Auckland, Bay of Plenty and Lakes. The programme attracted a large variety of participants including nurses from public and private hospitals, practice and district nurses, social workers and medical radiation therapists to name a few.

Waikato palliative care

The Midland Cancer Network takes a leadership role with the facilitation and coordination of the Waikato Palliative Care Operations Network.

The network sponsored a Waikato Palliative Care Primary Gold Standards Framework project and entered into an agreement with Pinnacle Group Limited as the lead for this initiative. A GP Liaison Palliative Care was employed October, but resigned in November and has not been replaced. This has meant that the opportunity for this initiative will not be realised as there is no funding for future years at this point in time.

Waikato Palliative Care Disability Support Link Review (2006) and the Waikato Collaborative Palliative Care Review (2006) recommendations have all been completed.

The Waikato Nursing Work Group for this period has completed the following:

- review and update of the care communication record (patient held record for palliative care in the home)

- Hospice Waikato, Waikato Hospital palliative care service and Health Waikato District Nursing service jointly developed a shared service pamphlet for patients and family/whānau with a new Waikato district palliative care brand and look
- a Waikato palliative care directory of services including:
 - documented referral process flows and access to out of hours support
 - clarified the DSL criteria and process for accessing palliative care carer relief and respite care and implemented a new application form
 - Waikato Hospital trend 2007-2009 report for LCP utilisation by area, used with LCP network nurses and clinical directors to raise awareness and promote further utilisation of LCP

Advanced care planning pilot

A pilot of the Preferred Priorities of Care advanced care planning process was undertaken across a range of care settings in Waikato between August and November 2009. The pilot provides valuable information when considering any future implementation of an advanced care planning programme. This work has been aligned and considered with the Advanced Care Planning in New Zealand documents (draft) currently out the sector for consultation.

Hospice Waikato facilities

In 2010 Hospice Waikato Community Trust completed their three year building programme. This has been a true community effort. The one site has Rainbow Place (children), inpatient unit (adults) and administration facility for management and clinical staff.

Cancer Society Cancer Lodge

The new Hamilton Cancer Lodge build is on target to be completed in September 2010.

Improving Māori health

- Te Korowai Hauraki PHO was granted funding from the Māori Health Innovations Fund (2009) for an end of life whānau support project to be run over three years. This initiative commenced in May 2010.
- Te Puna Oranga received Ministry of Health Cancer Service Development (2009) funding to develop a Māori cancer patient journal. The initiative is known as He Hikoi he Manaaki Tangata: a journey caring and supporting people – in progress.
- Te Puna Oranga developed a Māori kaupapa cancer nursing and community based service business case – awaiting decision on this initiative. The network assisted with this initiative.
- Oranga Tane Māori three year research project that explores the experiences around barriers and enablers of Māori men aged 40 years and older who have an existing chronic disease or cancer continues.

New funding initiatives

The Midland Cancer Network Executive Group supported the following approved Waikato DHB prioritisation proposals for:

- Waikato post radiotherapy dental treatment/dentures (\$10K)
- Waikato genitourinary cancer clinical nurse specialist (0.5 fte).

Improving gynae-oncology

The gynae-oncology clinical nurse specialist completed a clinical audit to determine whether women who had had pelvic radiotherapy for gynaecological cancer followed through with the recommended best practice (using a vaginal dilator) and if not, their reasons for not doing so.

Results of a questionnaire mailed to 50 women who had treatment between January 2007 and January 2008 were that 24% chose not to use and only 6 (28%) used a dilator as per recommended guidelines. Most women commented on their dislike of the supplied equipment and that they would like some follow up reassurance after treatment. As a result of the audit findings alternative equipment will be sourced from overseas. Now all women are now phoned a month after treatment to identify issues and provide support and education.

In addition the new gynae-oncology clinical nurse specialist role has achieved the following:

- worked with a consultant gynaecologist on national research study investigating the incidence of HPV strains in cervical cancer
- established a national gynaecological cancer nurses group (New Zealand Gynae-Onc Nurses Group – NZGONG). Regular teleconferencing with 11 nurses throughout New Zealand to discuss issues affecting gynaecological cancer patients and to raise disease awareness
- participated in New Zealand Gynaecology Cancer Group (NZGCG) meeting with representatives of the Ministry of Health National Cancer Programme to develop guidelines in treatment and a sustainable model of care for gynaecological cancer in New Zealand
- participating on the organising committee to host the 2nd national conference for clinical nurse specialists on May 13, 2011.

Supporting national activities

The network manager represents the regional cancer networks on the New Zealand Cancer Control Steering Group.

The network clinical director and chair of the Midland Cancer Network Executive Group attend the New Zealand Cancer Treatment Advisory Group,

The network clinical director is also chair of the National Lung Cancer Work Group and has been asked to help facilitate the establishment of the national Bowel Cancer Work Group in 2010-11.

The Midland network manager along with the clinical director of the Northern Cancer Network presented a case study at the New Zealand Institute of Health Management in September. The theme of the conference was 'networking, its all about relationships...'

The network manager attended a national teleconference with Ministry of Health, Central Cancer Network and clinical director oral health to discuss provision and funding of dental prostheses post radiotherapy. Issues were noted.

The network manager, clinical director and service improvement manager attended a presentation hosted by the University of Auckland and the New Zealand Guidelines Group on the Map of Medicine (UK).

On 4 December national cancer control stakeholders came together for a cancer services planning session to determine the strategic priorities for 2010/11, DHB district annual planning processes and regional cancer network plans. The network manager and Health Waikato Chief Operating Officer attended this strategic planning day.

National lung cancer work group

The inaugural national Lung Cancer Work Group was established following a meeting with stakeholders on 6 November 2009 with the aim to establish New Zealand lung cancer pathway/guidelines and standards. The Midland Cancer Network clinical director was

appointed as chair. The network facilitated the Map of Medicine (UK/Australia) clinical director to present to this work group.

Service specifications

Over the year the network manager participated on the national work group for the development of the national specialist palliative care service specifications; this group was disbanded in July 2010. The network manager (chair) and a Waikato planning and funding person participate in a sub work group to develop first cut draft of the purchase units for the specifications.

The network, where requested has supported organisations on the national specialist palliative care gap analysis.

The national Adolescent Young Adult Cancer Service specifications were launched in February 2010.

National guidelines and implementation plans

In February 2009 a consortium of the New Zealand Guidelines Group (lead contract holder), the regional cancer networks (with Midland as lead), the Royal New Zealand College of General Practitioners, the Melanoma Network (MELNET), the Health Sponsorship Council and the Cancer Society of New Zealand collaborated on a proposal for Guideline Implementation Plan Development and were successful as the preferred provider. The national guidelines involved are: Guidelines for the Management of Early Breast Cancer; Clinical Practice guidelines for the Management of Melanoma in Australia and New Zealand; Suspected Cancer in primary Care, guidelines for investigation, referral and reducing ethnic disparities.

The Ministry of Health's purpose in funding development of guideline implementation plans has been to disseminate and embed the guidelines throughout the sector. The Ministry of Health is considering the national implementation priorities.

The Ministry released the Guidance for a Improving Supportive Care for Adults with Cancer in New Zealand (March) followed by request for proposal (RFP) to undertake a national supportive care services stocktake, review of guidance priorities and develop a national implementation plan. The regional cancer networks were unsuccessful in their collective submission for the RFP. The Ministry of Health endorsed the Health Outcomes International response. Midland is contributing to this initiative within allocated resources via the Central Cancer Network (lead regional cancer network). The Ministry of Health has released the Advanced Care Guidance documents to the sector for consultation.

Regional Cancer Network Evaluation

In February 2010 Cancer Control New Zealand (CCNZ) communicated to the sector that they were commencing an independent evaluation of the regional cancer networks. CCNZ established a Regional Cancer Network Evaluation Sub-Committee and appointed Trio Consulting Ltd to undertake the evaluation. The evaluation is due for completion in August 2010.

New Zealand Cancer Patient Survey

For the first time people who need outpatient cancer treatment have been surveyed to gauge their experiences in the public health system. The Cancer Control Council (now named Cancer Control New Zealand) received 2239 responses, or a 66% response rate to the survey, which is now closed. Initial results show that overall satisfaction with the publicly funded outpatient cancer care system is very high - with 97 percent satisfaction levels. Regional results can be found in The Voice of Experience Companion Report: New Zealand Cancer Care Survey Results for Eight Treatment Services <http://cancercontrolnz.govt.nz/node/169>