



## **Terms of Reference for the Midland Non-Surgical Cancer Treatment Work Group January 2011**

### **Midland Cancer Network Overview**

The Midland Cancer Network, comprising Waikato, Lakes and Bay of Plenty districts, is responsible for supporting and advising DHBs and constituent organisations about the issues, activities and priorities related to the implementation of the New Zealand Cancer Control Strategy Action Plan 2005-2010 (MoH, 2005) and the Midland Non-Surgical Cancer Treatment Services Plan.

### **Purpose**

The Non-Surgical Cancer Treatment Work Group will take a proactive leadership role to oversee the implementation of recommendations made in the Non-Surgical Cancer Treatment Service Plan for the Midland Region (Barber, 2004) and its Implementation Plan 2005 – 2010 (2005) and any subsequent plans.

The work group will be responsible for supporting and advising the participating DHBs about issues, activities and priorities related to the delivery of non-surgical cancer treatment services across Bay of Plenty, Lakes and Waikato DHBs.

### **Roles and Responsibilities**

- To provide advice in the planning of non-surgical cancer treatment services on a regional basis including identification of issues, recommendations and options for managing future demand and opportunities for improved collaboration in the delivery of regional cancer services
- To monitor non-surgical cancer treatment activity reporting and waiting times regionally and at individual DHB level
- To monitor the non-surgical cancer treatment workforce including identifying shortages and issues and developing strategies for overcoming these
- To oversee and co-ordinate service improvement work related to non-surgical cancer treatment services across the Midland region
- To lead the regional DHB PET variance committee which includes undertaking the reporting, audit and monitoring functions, including variance analysis for regional PET-CT across the three Midland DHBs as per the CFA (2010)
- To address any other ad hoc matters, issues or risks that the group identifies that are within the realm of the non-surgical cancer treatment services
- To identify annual priorities and report on progress regularly.

### **Chair and Administration Function**

Chair: Dr Leanne Tyrie

Administrative and analytical support will be provided by the Midland Cancer Network management team.

## Meeting Schedule

Frequency: Quarterly  
Venue: Bryant Education Centre on Waikato Hospital campus (with telephone conference link)  
Teleconference: Phone: 083033, Pin – 772256#

## Minutes and Agenda

Minutes are circulated to members within seven days of the meeting via email.

Agenda items are sought ten days preceding each meeting.

The agenda is circulated one week prior to the meeting including all briefing/background papers to be discussed. If there is a significant briefing paper then a minimum of two weeks will be allowed for members to adequately review the document.

## Reporting and Communication

The Midland Non-Surgical Cancer Treatment Work Group Chair reports to the Midland Cancer Network Executive Group.

An annual progress report and annual work programme is developed and submitted to the Midland Cancer Network Executive Group for endorsement.

Minutes will be available to other Midland Cancer Network groups as requested, once they have been signed off.

## Membership

Clinical Director – Regional Cancer Centre	Dr Leanne Tyrie (Chair)
Clinical Director, Medical Oncology	Dr Michael Jameson
Clinical Director, Haematology	Dr Gillian Corbett
Operations Manager, Regional Cancer Centre	Shelley Donnell
Service Manager, Bay of Plenty DHB	Neil McKelvie
Service Manager, Lakes DHB	Jane Chittenden
Oncology Nurse Manager, Waikato	Katherine Yeo
Medical Oncologist, Bay of Plenty DHB	Dr Richard North
Cancer Nurse Specialist, Bay of Plenty DHB	Rosemary Davies
Cancer Nurse Specialist, Lakes DHB	David Boles
Māori Health Service representative	Vacant
Secretariat, Midland Cancer Network	Loryn Scanlan
Manager, Midland Cancer Network	Jan Smith
Clinical Director, Midland Cancer Network	Charles De Groot

A quorum will be half the members of the group plus one. Members are expected to take ownership and actively work to ensure the success of the group.

Decisions will be made by consensus. If it is not possible to reach consensus then areas of disagreement will be identified and reported to the Midland Cancer Network Executive Group.

Members are expected to declare conflicts of interests, should they arise.