



# Waikato & Tairāwhiti DHBs Cancer Collaborative

## Feasibility of Waikato to be the potential provider of adult cancer treatment services for Tairāwhiti DHB

### Project Brief

**Purpose** This project brief is an outline description of what the project is attempting to achieve and the business justification for doing so.

To provide a full and firm foundation for the initiation of the project.

The contents are extended and refined into the Project Initiation document, which is the working document for managing and directing the project.

The Project Brief is a key document in its own right. It is the basis of the Project Initiation Document. Any significant change to the material contained in the Project Brief will thus need to be referred to corporate or programme management.

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**Last Updated:** 15 June 2011

**Document Name:** Waikato and Tairāwhiti cancer collaborative project

**Version:** 1.2

## Revision history

Date	Author	Summary of Changes	Version
2/5/11	Jan Smith	First draft	1.0
18/5/11	Jan Smith	Second draft after HC and JA feedback	1.1
15-6-11	Jan Smith	Updated Steering group members and project plan outline	1.2

## Distribution

Name	Title	Issue Date	Version
Helene Carbonatto	GM planning and funding TDH	16-5-11	1.2
Jan Adams	COO, Waikato DHB	16-5-11	1.2
Dr Peter Kirk	CUL Regional Cancer Centre Waikato	16-5-11	1.2
Project Steering Group		16-5-11	1.2
MCN Executive Group		31-5-11	1.1

## Approvals

Approver	Signature	Issue Date	Version
Helene Carbonatto	GM planning and funding TDH	<dd/mm/yy>	<x.x>
Jan Adams	COO, Waikato DHB	31-5-11	1.1
Dr Peter Kirk	CUL Regional Cancer Centre Waikato	31-5-11	1.1

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## 1. Introduction

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In 2010, the Tairāwhiti District Health Board (TDH) commissioned LECG to review the provision of adult tertiary cancer services to its population, and to make recommendations regarding options for future service delivery.

The current provision of cancer services in Tairāwhiti is characterised by multiple providers which creates inefficiencies in the patient journey and delays in access to services.

Following the review the Tairāwhiti District Health Board, in March 2011, endorsed the recommendation to further explore the feasibility of Waikato District Health Board (Waikato DHB) as a potential provider for adult cancer treatment services from 2014/15.

Waikato DHB has given commitment to support Tairāwhiti with its review recommendation.

To enable this commitment the Waikato and Tairāwhiti Cancer Collaborative Project has been initiated to explore in more detail the feasibility of Waikato DHB being the tertiary provider of adult cancer services for Tairāwhiti DHB. The outcome of this project is dependant on Waikato DHB demonstrating that it can provide comprehensive services, and final approval by the Tairāwhiti DHB Board to progress the option.

This project brief is a communication tool to key stakeholders that outlines clearly and concisely the description of what the project is attempting to achieve and the business justification for doing so.

The Waikato and Tairāwhiti Cancer Collaborative Project has joint Chief Executive endorsement.

## 2. Background

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Critical issues relating to tertiary cancer services for Tairāwhiti were identified in the 2008 Cancer Patient Mapping Study by Dr Emma Davidson. The study identified that the patient had a complicated journey resulting in critical issues, these being:

- waiting times outside national and international guidelines
- poor evidence of staging cancer early during investigation
- little evidence of a multidisciplinary approach.

In summary due to the extremely complex nature of cancer services provision with a multitude of services and health professionals it was recommended TDH undertake a service review with the goal of rationalising the current number of tertiary referral centres involved. Following this the priority was to then work on improving coordination, information provision and support.

The 2011 TDH LECG review considered the following set of options:

- continuing with multiple providers, with tertiary oncology provided mainly by MidCentral – status quo
- centralising services at Capital and Coast DHB
- centralising services at Waikato DHB
- centralising services at Auckland DHB – Auckland indicated no capacity.

It was noted that there are strengths with the current service provision through MidCentral in that strong clinical relationships are valued by staff and Ōzanam house is highly valued by the TDH community, which has made substantial donations over the years. However, a significant amount of cancer surgery is performed at Waikato for Tairāwhiti's adult cancer population. This means that patients juggle with follow-up surgical care at Waikato and the non-surgical cancer service provision at MidCentral. The main concerns are related to clinical outcomes and a convoluted patient journey.

The report recommended:

- a) further discussion with Waikato DHB to explore in detail the option of consolidating tertiary cancer services

- b) agree service parameters prior to agreeing to switch services to Waikato DHB. The service parameters are further detailed in section 8 of the report. The service parameters are
  - o reliable onsite visiting clinics – medical and radiation oncology and haematology
  - o improved access to consultants through telehealth solutions
  - o provision of comprehensive clinical support services to maintain local health professional skills and capability
  - o appropriate seven day week accommodation services at Hamilton
  - o Waikato clinical services and support accommodation services are culturally appropriate
- c) agree to consult with the Tairāwhiti community prior to final decision
- d) agree that if discussion with Waikato does not result in a set of services being offered that are at least of equal quality to current arrangements, TDH to discuss with MidCentral a number of service parameters (refer to report).

This project focuses on the above recommendations of a) and b).

Tairāwhiti requested a meeting with Waikato DHB (20/4/11) where Waikato gave commitment to support Tairāwhiti with its review recommendation. A mandate was given to proceed to further explore the feasibility of Waikato providing adult cancer treatment services to TDH. TDH were to define their service requirements and the Midland Cancer Network (MCN) would provide project support for this initiative. The TDH Board requires a progress report by June 2011.

Waikato currently provides neurosurgery, surgery for melanoma with sentinel lymph node involvement, accepts some referrals for pancreas, liver, gastric cancers, head and neck surgery, some colorectal surgery, thoracic surgery, some breast cancer surgery especially mastectomy with immediate reconstruction and some specialist diagnostics.

### 3. Project definition

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#### 3.1. Project purpose

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To explore in detail the feasibility of the Waikato DHB's ability to provide a comprehensive and integrated range of adult cancer services to the Tairāwhiti DHB by 2014/15 with the aim to provide evidence based best practice clinical care and to improve the cancer patient/family/whānau journey and experience.

The purpose of undertaking this project is to define the future model of care to enable the Tairāwhiti DHB Board to make a strategic decision on the future tertiary adult cancer treatment provider.

#### 3.2. Project objectives

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1. To define the TDH local requirements and implications to support a comprehensive tertiary adult cancer service for its population
2. To define the Waikato requirements and implications (clinical, financial, workforce, physical capacity) to support a comprehensive tertiary adult cancer service outreach service to TDH for:
  - radiation oncology
  - medical oncology
  - haematology
3. To define the Waikato requirements and implications to support a comprehensive tertiary adult cancer service outreach service to TDH related to:
  - tertiary surgical services
  - diagnostic and staging investigations
  - multidisciplinary team/meetings and care coordination
  - supportive care services
  - identify the implications if there is a change of provider for current services delivered by Waikato DHB to TDH

4. Identify any other Midland regional opportunities/implications that impact on the future service delivery model of care
5. If feasible develop a high level implementation pathway for the proposed new model of care.

### **3.3. Project scope**

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The project commenced 20<sup>th</sup> April and is due for completion by the end of September 2011. A progress report is required in June 2011. The project will have a high level focus due to the complexity and range of adult cancer services covered in the scope of the project.

#### **3.3.1. In scope**

The following are considered to be within the scope of this project:

- adult tertiary level cancer services
- medical oncology services
- radiation oncology services
- haematology services including consideration of the national Bone Marrow Transplant Plan (in development)
- surgical cancer services – already provided by Waikato DHB
- diagnostic services related to the above services
- multidisciplinary teams and meetings linking TDH clinicians
- supportive care related to the above services.

#### **3.3.2. Future in scope**

The above services need to be considered prior to considering the following services. This project will consider the following services at a high level. If the project recommends a change to Waikato then the following services would need to be considered in more detail the next phase:

- Midland Adolescent Young Adult Cancer Services (AYACS)
- breast screening programmes
- adult palliative care services
- gynae-oncology surgical services – these can be considered at a later stage following this initiative and the outcome of the national gynae-oncology service plan
- private urologist services
- regional information systems services planning
- Tairāwhiti alignment with a regional cancer network i.e. Central or Midland.

#### **3.3.3. Out of scope**

The following are considered to be outside the scope of this project:

- child cancer and palliative care services
- cervical screening programmes – these can be considered at a later stage following this initiative
- health prevention/promotion initiatives such as HEHA, tobacco control, hepatitis B and HPV immunisation programmes
- consideration of TDH utilising a private tertiary non-surgical cancer treatment service provider
- Tairāwhiti community consultation/communication on the outcome of the project – this will be managed by Tairāwhiti DHB.

### 3.4. Project deliverables

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The deliverable of the Waikato and Tairāwhiti Cancer Collaborative Project is a report.

The desired outcome of the project report is that it assists Tairāwhiti DHB Board with decision making on the preferred provider of adult tertiary cancer services for the Tairāwhiti population.

If the project report identifies that it is feasible for Waikato to provide them and the Tairāwhiti DHB Board supports transitioning the Tairāwhiti adult tertiary cancer services to Waikato DHB, then the service requirements and implications are clearly defined and there is a supporting high level implementation plan.

### 3.5. Project products

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Tairāwhiti tertiary adult cancer service model of care for that defines:

- Tairāwhiti local cancer services and resources
- Waikato tertiary outreach radiotherapy, medical oncology and haematology services and resources
- other Waikato based tertiary clinical services and community based supportive care services.

### 3.6. Constraints

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Delivering cancer services is complex requiring involvement of multiple stakeholders with differing requirements. The Tairāwhiti DHB Board would like to make a decision as soon as possible.

The following constraints have been noted:

- time – TDH Board require a progress report by June 2011 and an indication of the feasibility of Waikato DHB as the provider
- geographical distance constrains timely communication and easy access to a range of key stakeholders across many services. This is compounded by the variability of clinician availability due to clinical responsibilities
- impact on project resources give the significant amount of other cancer control priorities/change management in progress (refer to section 3.6 dependent or interrelated projects)
- financial – the potential redesigned service is to be delivered at the same or lower costs
- access and limitation to transport for patients/family/whānau and health professionals
- poor relationships between stakeholders could constrain the advancement/outcome of this initiative as not all stakeholders support it.

### 3.7. Dependent or interrelated projects

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Appendix A summarises the local, regional and national projects that relate to this initiative. The list is not exhaustive but does demonstrate that there is a significant amount of sector work and highlights the complexity of the cancer services along the continuum. Consideration is required of the following key dependent or interrelated projects.

Midland regionalisation initiatives:

- Midland regional clinical service plan(s)
- Midlands regional cooperation project.

Tairāwhiti initiatives:

- palliative care review

- consider options for future urology services.

Midland Cancer Network work programme:

- development of a Midland radiotherapy service plan 2010-20
- development of a Midland medical oncology service plan 2011-20
- development of a regional endobronchial ultrasound service (EBUS) initiative
- MCN MDM project – please note CCN is running a similar initiative
- MCN Medical Oncology indicators reporting project
- MCN chemotherapy nursing certification framework project.

National initiatives:

- national medical oncology model of care initiative
- national radiotherapy service plan and work programme
- development of a bone marrow transplant plan
- national adult supportive care guidance implementation plan
- national gynae-oncology service plan.

Of note is the Central Cancer Network 2012-15 plan to scope the development of a single integrated service across radiation oncology, medical oncology, clinical haematology and the surgical oncology. The aim is have the feasibility study for a regional cancer service completed by July 2013.

## 4. Project tolerances

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The following project tolerances have been noted:

### Timeframe

Start: 20<sup>th</sup> April 2011

Completion: 30 September 2011

### Finance

Resourcing for this project will come from within existing TDH, Waikato and Midland Cancer Network resources.

### Risks

Tairāwhiti will manage any relationship and communications with the local Tairāwhiti community and/or current service provider MidCentral DHB and the Central Cancer Network.

## 5. Assumptions

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- TDH strengths with the current MidCentral service are the strong clinical relationships are valued by staff and Ōzānam house is highly valued by the TDH community, who have made substantial donations over the years. The main concerns are related to clinical outcomes and a convoluted patient journey
- Patient centred focus and approach is integral to this project.
- Stakeholders will work collaboratively to ensure the outcome is in the best interest of patients.
- Any future model of care and service development are culturally appropriate and are equitable.
- There is no additional resourcing to support the project. Resources will be utilised from key people/services within TDH, Waikato DHB and the Midland Cancer Network who will actively support the project and ensure the project objectives are achieved.
- Due to geographical distance good communication is critical to the success of the project.
- The sector is financially constrained.



- Realise the outcome could impact on individuals work practice in the future.
- Waikato DHB is the tertiary cancer centre for surgical services, of which cancer surgery is a component.
- Cancer information system/service requirements to enable a comprehensive integrated regional cancer service have been considered in the Midland Regional Information Services Strategic Plan.
- Any final decision making on changes in service delivery would require Tairāwhiti DHB to follow the national service change protocol including seeking National Health Board endorsement.
- If TDH Board decision is to utilise Waikato adult tertiary cancer services then additional clinical resources are required to support this initiative and a lead time is required. There will be change management implications for Central region.
- If the TDH Board decision is not to utilise Waikato DHB adult tertiary cancer services then TDH will explore enhanced services within the Central region and there could possibly be change management implications to Waikato DHB as a result.

## 6. Quality

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### 6.1. Stakeholder quality issues

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The quality issues that are most important to stakeholders are:

- capacity – that the provider has the capacity and capability to provide a comprehensive and integrated range of adult tertiary cancer services
- not all stakeholders agree with the concept of changing the current model
- impact of changes on the current and future workforce
- the impact of changing the current working relationships
- convenience – enhance the ability for patients, relatives and health professionals to travel to and from Tairāwhiti and Waikato
- support services are available for Tairāwhiti patients that are undergoing treatment away from home
- future model of care supports improving patient outcomes and promotes quality service provision.

### 6.2. Stakeholder quality expectations

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The following stakeholder quality expectations have been noted:

- that the model of care reduces clinical risk
- patient centred focus to streamlining and improving the patient journey across the continuum
- strong stakeholder engagement strategy and communications plan during the project
- Waikato DHB demonstrates the ability to deliver a comprehensive and appropriate range of essential cancer services, ensuring:
  - reliable onsite visiting clinics at the same or higher frequency than current
  - improved access to enable consultation between clinicians through telehealth
  - the provision of comprehensive clinical support services (training, advice, policies, protocols and other resources)
  - local TDH nursing, medical and allied health skills and capability in chemotherapy, medical oncology and other cancer related services are maintained

- support accommodation services are conveniently located, available seven days a week, whānau friendly and are welcoming to Tairāwhiti patients
- a good clinical interface and relationships between the tertiary provider and local clinicians
- support for continuity of care through a multidisciplinary team and care coordination approach
- cost effective service
- the future model of care recognises national and regional strategic context
- that there are adequate time, resource and support to manage the possible change required to support a future model of care.

## 7. Project structure

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The project will be overseen by a steering group:

Role	Name
Project Governance Group - Executive	Jan Adams
Project Governance Group – Senior User	Helene Carbonatto
Project Governance Group – Senior Supplier	Dr Peter Kirk / Dr Phil Wood
Group Manager, Waikato Hospital	Mark Spittal
Medical Services, Tairāwhiti	Te Pare Meihana
Clinical Director Medical Services, Tairāwhiti	Dr Nassar Sheikh
Nurse coordinator, Tairāwhiti	Lynne Gray
Population Health portfolio manager, Tairāwhiti	Naomi Whitewood
Medical Oncology, Health Waikato	Marion Kuper
Radiation Oncology, Health Waikato	Dr Charles de Groot
Haematology, Health Waikato	Dr Gillian Corbett
Regional Cancer Centre, Health Waikato	Shelley Donnell
Waikato DHB Planning and Funding	Brett Paradine / Matt Watson
Waikato / BOP Cancer Society	Judy Gould / Graham Harbutt
Waikato surgery	To be determined
Waikato Allied Health, Group Manager (pharmacy, social work)	Di Peers
Project Support - Finance	Greg Trowern
Midland Cancer Network Project Support Manager / Clinical Director	Jan Smith / Dr Charles de Groot

Other resources will be co-opted to support the project as required i.e. radiology, laboratory, MRI, IS, etc

## 8. Project approach

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There is no dedicated funding to support the project therefore it will utilise current resources within each DHB and network resource to help facilitate the project

Take a project management approach

Establish Project Steering Group

Tairāwhiti to clearly define service requirements

Run Waikato service specific workshops to identify requirements and implications  
Due to geographical distance teleconference and/or video conferencing technology will be utilised.

## 9. Project plan outline

Task	Due completion date	Notes/Comments
Project mandate received	March 2011	Tairāwhiti DHB Board minutes
Executive is identified from the project	20/4/11	Helene Carbonatto Jan Adams Dr Peter Kirk
Project Manager is identified	20/4/11	Jan Smith
Project brief and plan approved by executive	31/5/11	Jan Adams, Helen Carbonatto
Project steering group agreed	31/5/11	Completed – surgery representative to be determined
Socialise and communicate project with TDH key stakeholders	30/5/11	TDH clinical staff meeting with project manager completed
Establish the TDH service and quality expectations, including the acceptance criteria	30/5/11	Drafted for discussion 17/6/11
Socialise and communicate project with Waikato key stakeholders	Monday 20 <sup>th</sup> June 2-4pm	Combination of oncology group and individual meetings
Schedule monthly steering group meetings	June 17 <sup>th</sup> 2-3pm July 28 <sup>th</sup> 2-3pm August 22 <sup>nd</sup> 10-11am	Teleconference or video conferencing
Confirm TDH service volumes and financial information	30 June	In progress commenced 31/5/11
Tairāwhiti DHB Board progress report	June	Report to GM P & F TDH
Radiation oncology workshop	July as required	Follow-up meeting to clarify details
Haematology workshop	July as required	Follow-up meeting to clarify details
Medical oncology workshop	July as required	Follow-up meeting to clarify details
Supportive care workshop	August as required	Follow-up meeting to clarify details
Meetings with tumour stream services	August as required	Follow-up meeting to clarify details
Steering Group final workshop	September tbc	Face to face &/or video conferencing
Final draft report	September	
Final report to TDH Board	1/10/11	

### **9.1. Meetings and reporting**

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Monthly progress/variance reporting to Steering Group

GM Planning and Funding Tairāwhiti provide briefings to Midland GM Planning and Funding forum.

Midland Cancer Network Manager keeps the Midland Cancer Network Executive Group and associate work groups and Midland COOs forum up to date on project.

## **10. Outline business case**

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The mandate for this project came from the Tairāwhiti DHB Board following the LECG Tairāwhiti DHB: Review of adult tertiary cancer treatment services for Tairāwhiti residents (2011, Hefford, Ehrenberg and Artus). The project is required to assist the Tairāwhiti Board in deciding the future model of care and provider of adult tertiary cancer services. Depending on the outcome of the project a business case will be developed to support implementation.

The Waikato DHB executive has given commitment to support this project.

### **10.1. Procurement requirements**

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There are no procurement requirements required for this project. However services/products maybe identified for procurement as result of the project.

### **10.2. Information services requirements**

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There are no immediate IS requirements required for this project. However services/products have already been identified to enable a comprehensive and integrated cancer service i.e. connecting clinicians for MDMs, shared patient care plan. An assumption is that these critical enablers have been considered in the Regional ISSP.

## 11. Risks and issues

### 11.1. Known risks faced by the project

The following risks have been noted:

Risk Log							
Ref	Risk description	Pre-mitigation	Mitigation		Post-mitigation	Strategy	
		Probability	Impact		Probability	Impact	
1	Perception that some of the TDH community is unhappy about project and possible change	Certain	Medium	TDH stakeholder engagement strategy and communications plan TDH review/consider public submissions			
2	TDH community concern due to previous fund raising for Ozanam House and loss of link	Certain	High	As above			
3	Perception that MidCentral clinicians and local Cancer Society unhappy about project and possible change	Certain	High	As above			
4	Perception that local Cancer Societies unhappy about project and possible change	Likely	High	As above and engage National Cancer Society as part of the project			
5	Perceived poor relationships between the local Cancer Societies and possible impacts	Potentially	High	Engage National Cancer Society as part of the project			

Risk Log							
Ref	Risk description	Pre-mitigation	Mitigation		Post-mitigation	Strategy	
		Probability	Impact		Probability	Impact	
6	Individual Waikato clinicians not wanting to travel for outreach clinics, especially related to travel options	Likely	High	Good engagement and communication with clinicians. Involve unions as required. Improved telehealth options available.			
7	Uncertainty about possible implications for Lakes and BOP DHB	Certain	Low	Communication with key stakeholders via Midland collaborative forums and MCN work groups	Unlikely	Low	
8	Palliative care providers uncertain about future implications along cancer continuum	Certain	Low	Communication with key stakeholders via MCN Palliative Care Forum	Unlikely	Low	

## 12. Appendix A – dependent or interrelated projects

Project		Project description	Relationship
TDH Palliative Care review	Planning to undertake a review of future requirements	Tertiary cancer services need to have strong links to palliative care	
Midlands regional cooperation project	Support 3 areas of work as directed by the Minister (8/4/11); implementation of the Midland Clinical Services Plan; coordinating regional clinical networks via consistent mechanism to give greater urgency to implementing the work programmes; assessing a range of back office and support functions that can be advanced regionally (first priority is IS).	TDH is a shareholder of HealthShare. Midland Cancer Network is an early adopter moving to Healthshare effective 1 July 2011	
Midland Regional Clinical Service Plan(s)	Midland cancer is included in the MRCS Implementation Plan and is a high level overview of the work programme, which is supported by specific work plans that sit underneath the RSP. The actions are clear with measurable outcomes.	A Government directive for increased regional planning and development of services via clinical networks. TDH is part of Midland Region Clinical Services Implementation Plan 2011/12. Regional information systems development will in future allow easy access with Waikato and the cancer work programme.	
Midland Radiotherapy Service Plan 2010-20	Describes the current and future services for Midland. Plan almost complete, awaiting BOPDHB outcome from discussions with potential private provider entering the market. Impact analysis on this scenario commenced. Decision will impact on Midland model.	TDH decision on the outcome of this initiative will shape the Midland radiation oncology model of care and service requirements. TDH indicated not interested in service provision with private provider outside of Waikato.	
Midland Medical Oncology Service Plan 2011-20	Describes the current and future services for Midland. Work on hold until outcome of the national medical oncology models of care initiative	TDH decision on the outcome of this initiative will shape the Midland medical oncology model of care and service requirements	
Midland Haematology Service Plan 2011-20	Describes the current and future services for Midland. In very early stages of development due to network resource constraints	TDH decision on the outcome of this initiative will shape the Midland haematology model of care and service requirements	

Project		Project description	Relationship
MCN PET-CT initiative	Establishment of regional PET variance committee. Standardise Midland DHB systems and processes, reporting and monitoring. Currently undertaking RFP for preferred provider.	TDH patients receive fully integrated tertiary cancer service. TDH can opt to link to MCN preferred provider service.	
MCN lung and bowel cancer services improvement programme	Implementing recommendations from the Midland lung and bowel cancer mapping and electives service review.	Essential cancer services Midland Cancer Network host the national Lung Cancer Work Group	
MCN EBUS initiative	Develop business case to purchase and implement an endobronchial ultrasound service	EBUS is an essential procedure for staging lung cancer that can improve treatment planning and ultimately outcomes and reduce futile thoracotomy. TDH lung patients currently come to Waikato for surgery and if service is available not required travel to Auckland for EBUS.	
MCN and CCN MDM project	One off Ministry funding to support the connecting up of clinicians for regional MDMs. MCN is focusing on Hamilton, Tauranga and Rotorua hospitals and/or collection of essential MDM data	TDH already refers some patients to Waikato for regional tertiary cancer service MDMs  CCN will continue to work with TDH on requirements. MCN and CCN are communicating on this initiative MCN has presented this initiative to the Midland CIOs.	
MCN Medical Oncology Indicators Reporting Project	One off Ministry funding to support the upgrade to Aesculapius chemotherapy prescribing system to enable reporting of new national medical oncology indicators as of 1 July 2011	TDH are required to report medical oncology services indicators. This an opportunity to integrate with a system already developed. Learnings from implementation with Lakes DHB could be applied.	
MCN chemotherapy nursing certification framework project	Develop and implement a regional chemotherapy nursing certification framework with regional standards.	Health Workforce NZ via MoH has requested an evaluation as part of the initiative to enable sharing of learnings to other DHBs.	
HRC Midland Prostate Cancer Initiative (Waikato Clinical School)	The MCN supports a two year research to identify pathways of care following an abnormal PSA test for men aged 40 years and older and to compare pathways for Māori and non-Māori and those living rurally compared to those in urban areas, identify complications and estimate/compare costs of care.	Understand management and opportunities for improvement related to prostate cancer. Share learnings from this initiative	



Project		Project description	Relationship
National Gynae-Oncology Service Plan (Sapere Research Group)	The Ministry of Health has commissioned development of a National Plan for Gynaecological Cancer Services. The aim of this plan is to provide guidance to health service providers on the most efficient and effective ways to deliver accessible and equitable high quality care over the next 10 years.	Guidance on the model of care for gynae oncology services for Midland including TDH.	
National medical oncology model of care initiative (Cranleigh House)	The Ministry of Health has commissioned a project to develop best practice models of care for medical oncology, to address current and future needs.	Guidance on the future model of care for medical oncology services for Midland including TDH. This is particularly critical given the significant growth forecast and scarce workforce to support this growth.	
National adult supportive care guidance implementation plan (HOI)	The Ministry of Health has commissioned a project to undertake a targeted stocktake of supportive cancer care and develop an implementation plan based on the national guidance.	TDH provides supportive care services for cancer patients. Supportive care services are integral to comprehensive and integrated cancer service.	