

**Midland Cancer Network 2011-12  
Quarter 3 report – 1 January – 31 March 2012**

**Executive Summary**

This report summarises progress on priority areas. The work plan aligns with the Midland Cancer Network Strategic Plan 2009-2014 and the National Cancer Work Programme priorities. This report provides information about progress against the Midland Cancer Network Annual Work Plan 2011-12 for quarter 3. Key areas to note are:

- Midland Cancer Network clinical director has tendered his resignation and we are working on agreeing an exit date and transition of duties prior to recruiting.
- Midland radiation oncology service demand and capacity modelling has been completed with support from Ministry of Health consultant. The model included various scenario modelling. This information will inform the region's service plan for linacs and workforce.
- The four regional cancer networks were requested by the Ministry of Health to commence a new work programme – Developing national tumour standards and Faster Cancer Treatment (FCT) patient pathways. The networks have developed and agreed a high level project plan and obtained lead cancer services DHB support and endorsement on behalf of each region.
- Regional elective services enhanced recovery after surgery (ERAS) project has commenced at Bay of Plenty, Waikato (Hamilton and Thames) and Tairāwhiti. This will enhance colorectal cancer surgery pathway. BOP is the lead elective services DHB with the cancer network as a strategic partner. The network is providing project resource for the Waikato ERAS pilot.
- The network supported cancer treatment multidisciplinary meetings upgrade of AV equipment. Tauranga hospital radiology room AV equipment upgrade is completed and looks fantastic. The Waikato Hospital upgrade is slowly progressing.
- A regional working group has been formed to develop a Midland medical oncology service plan based on findings from the Report to the Ministry of Health New Models of Care for Medical Oncology (Cranleigh Health) and national priorities are to be defined in the national implementation plan. A national medical oncology steering group has been formed to develop the national implementation plan.
- Midland chemotherapy nursing certification framework is almost complete.
- Further information provided to the Tairāwhiti DHB Board regarding the Waikato and Tairāwhiti Cancer Collaborative Project.
- Business case for a Midland region endoscopy reporting system (ERS) was prioritised by clinicians and submitted for regional IS prioritisation. This was declined at this point in time. Further work on implications and risk mitigation continues.
- Sourced a UK standalone colorectal cancer database, work has commenced with clinicians to adapt for use within the region. Upgrade to the regional Chest Conference (lung cancer) database is in progress.
- The Midland Prostate Cancer Research project is progressing well. Preliminary findings presented to the Cancer Programme Steering Group.
- Staff from four Midland Māori health providers attended the national Kia E te Iwi training in February, with training programmes planned later in the year.
- The Midland Adolescent/Young Adult Cancer Service review and plan 2011-13 completed.
- Expression of interest proposal submitted to HWNZ to be a demonstration site for the establishment and evaluation of a Midland palliative care managed clinical network (coverage Bay of Plenty, Lakes and Waikato).
- Provision of regional coordination services for the recruitment and retention of Breast Screen Midland priority group women plan developed and submitted to the Ministry of Health.

The following details quarter 3 progress against the Midland Cancer Network 2011-12 work plan priority areas as well new and as business as usual activities.

Summary of key actions 2011/12	..to deliver these milestone outputs in 2011/12	Status as at 31 Mar 2012	Progress comments & supporting details
<p>✓ Implement first stages of the Midland Radiation Oncology Services Plan 2010-2020</p>	<ul style="list-style-type: none"> <li>• Continue development and implementation of the Midland Radiation Oncology Services Plan</li> <li>• Regular audit of RCC work flow</li> <li>• Enhance information systems wherever possible to assist with audit, service planning/improvement and reporting.</li> </ul>	<p>In progress 60%</p>	<p>Regional Cancer Centre Radiotherapy Service plan 2010-2014 developed to support Waikato business case for linac – completed. This regional plan is still relevant for current service configuration.</p> <p>Ministry of Health presented national radiotherapy benchmarking data to MCN Executive 30-8-11.</p> <p>Planning meeting with Ministry of Health (21-9-11) with the purpose to implement the national radiotherapy modelling tool for the region.</p> <p>Completed Tairawhiti radiation oncology analysis (refer later action).</p> <p>Collaborative meeting between MCN, BoP and Waikato DHBs, national cancer clinical director and a new private provider 9th December and 23<sup>rd</sup> March. The purpose of the meetings was the private provider to confirm with stakeholders that they are more definite about establishing a private radiotherapy service in Tauranga and would like to work collaboratively on regional modelling.</p> <p>Teleconferences with Australia experts on radiation oncology service planning and models of care completed.</p> <p>Demand and capacity modelling (based on MOH and NRAG models), with various scenarios completed and consultation continues.</p> <p>MCN assisted RCC with the purchase of Aria Activity capture licences to assist with national indicator reporting (November), further licences to be purchased in quarter 4.</p>
<p>✓ Complete development of Midland Medical Oncology Plan/oncology pharmacy model of care &amp; implement within available funding</p>	<ul style="list-style-type: none"> <li>• Incorporate findings from the national model of care initiative</li> <li>• Assist organisations with audit and reporting of developing National Medical Oncology and Haematology Indicators</li> <li>• Upgrade/implement Aesculapius chemotherapy system</li> <li>• Develop and implement Midland Chemotherapy Nursing Certification Project</li> <li>• Continue to work on development of a Midland Oncology Pharmacy</li> </ul>	<p>In progress 40%</p>	<p>Midland Medical Oncology Service Plan development in progress.</p> <p>National Medical Oncology Model of Care report received for stakeholder initial feedback. Regional workshop of stakeholders held 9/11/11. Ministry of Health held discussions with CTAG members and regional cancer network managers on way forward, to be incorporated into 2012-13 plan.</p> <p>Regional operational group formed to take forward the Cranleigh report first meeting 20/3/12. Due to the delay of the report, the significant number of recommendations in the national report and the need to develop a national implementation plan, the regional medical oncology service plan will unlikely to be completed by planned timeframe.</p> <p>Manager, Midland Cancer Network will be the New Zealand regional cancer network representative on fixed term Medical Oncology Models of care Steering Group (commenced 20/3/12).</p> <p>Upgrade/implement Aesculapius chemotherapy system completed. Medical oncology indicator reporting occurring. Haematology indicator reporting some aspects underway. MoH Agreement extended due to indicator reporting changes – now due for completion 31/5/12.</p> <p>Midland Chemotherapy Nursing Certification Framework is almost complete. Modules on Moodle have been updated and the first practical workshop and refreshers were held in February. Awaiting feedback from Lakes</p>

Summary of key actions 2011/12	..to deliver these milestone outputs in 2011/12	Status as at 31 Mar 2012	Progress comments & supporting details
	Model of Care		<p>and Bay of Plenty staff before final sign-off.</p> <p>Waikato planning phase for improved ambulatory chemotherapy facility requirements continues.</p> <p>Commenced a quality improvement initiative for visiting specialist oncology/haematology clinics at Rotorua Hospital. Solution identified to enable clinicians to have Lakes citrix and Waikato citrix open simultaneously. Clinicians struggle to manage requirement for several passwords to be changed every 60 days and some choose not to use Lakes IS at all, relying on hard copy records only.</p>
✓ Support Tairāwhiti DHB tertiary cancer review findings	<ul style="list-style-type: none"> <li>Complete the Waikato and Tairāwhiti Cancer Collaborative Project</li> </ul>	In progress 100%	Project completed. Project report tabled with Tairāwhiti DHB Board in October. Presentation to the Board on 29/11/11. More detailed implications related to the implementation plan provided to the Tairāwhiti DHB Board meeting in February 2012. Tairāwhiti DHB Board decision yet to be announced.
✓ Implement recommendations of lung cancer elective service review	<ul style="list-style-type: none"> <li>Midland Lung Cancer Work Group</li> <li>Standardise diagnostic work up for suspected lung cancer</li> <li>Develop regional clinical triaging criteria/guidelines and process for FSA and bronchoscope</li> <li>Improve Chest Conference MDM facilities/processes to improve regional access</li> <li>Enhance regional Chest Conference lung cancer database</li> <li>Improve access to EBUS</li> <li>Improve access to CT and CT FNA</li> <li>Complete Rotorua Cough, Cough, Cough initiative</li> </ul>	In progress 55%	<p>Regional work group meeting held November. Local Lakes &amp; BOP work group meetings established.</p> <p>Midland stocktake of current service provision against national standards completed. Regional diagnostic work up agreed. Midland guidance documentation is in early stages of development.</p> <p>New surgeon with interest in lung cancer surgery has performed VAT lobectomy. Cardiac thoracic surgical case audit completed.</p> <p>Mini Lung Cancer Conference 7/11/11 was well received with key note speaker Professor Kwung Fong. Interest in adopting the Midland patient information 'diagnosing your lung disease' in other parts of New Zealand and Australia.</p> <p>Inaugural Endobronchial Ultrasound service (EBUS) commenced at Waikato and available for regional DHBs.</p> <p>Refinement to regional lung cancer database in progress.</p> <p>Cough, cough, cough audit commenced on staging of Rotorua 2010 lung cancer cases.</p> <p>Lung cancer indicator reporting for 1 July 2010 – 30 June 2011 completed and reported to regional stakeholders and Ministry of Health.</p> <ul style="list-style-type: none"> <li>Median wait time for first specialist assessment with a respiratory physician is 14 days within MCN area. 50% of patients achieved 14 day standard.</li> <li>Median wait time from receipt of initial referral to radiotherapy is 50 days within MCN area. 69% of patients achieved 62 day standard. Wait time trend is positive.</li> <li>Median wait time from receipt of initial referral to chemotherapy is 65 days within MCN area. 45% of patients achieved 62 day standard. Wait time is a negative trend</li> <li>Median wait time from receipt of initial referral to surgery is 90 days within MCN area. 14% of patients achieved 62 day standard. Wait time is a negative trend, investigation is in progress.</li> <li>66% of lung cancer patients within MCN area were discussed at Chest Conference (regional MDM for lung cancer).</li> <li>Performance has been maintained or is better compared to previously reported data for:</li> </ul>

Summary of key actions 2011/12	..to deliver these milestone outputs in 2011/12	Status as at 31 Mar 2012	Progress comments & supporting details
			<ul style="list-style-type: none"> <li>○ time from referral to initial assessment</li> <li>○ time from referral to start of radiotherapy</li> <li>○ percentage of patients discussed at Chest Conference</li> <li>○ Number of patients receiving surgery has increased.</li> </ul> <ul style="list-style-type: none"> <li>• Services need to work to reduce time from referral to chemotherapy or surgery (for all patients) and the time from referral to initial assessment (BOP patients only).</li> </ul> <p>Regional representatives attended national lung cancer conference March 2012.</p>
<p>✓ Implement recommendations of bowel cancer elective service review</p>	<ul style="list-style-type: none"> <li>• Midland Bowel Cancer Work Group</li> <li>• Improve colonoscopy waiting list management</li> <li>• Agree criteria for regional colonoscopy prioritisation</li> <li>• Develop colonoscopy capacity and demand management</li> <li>• Implement regional colorectal cancer patient diary (utilise Waikato)</li> <li>• Explore regional opportunities to replace obsolete/implement endoscopy reporting system</li> <li>• Develop regional and local MDMs and ability to capture decisions and relevant data for reporting</li> <li>• Lakes implement Ministry GRS</li> </ul>	<p>In progress 30%</p>	<p>Work group meetings planned for 2/5/12 and 7/11/12.</p> <p>National Bowel Cancer Work Group developing colonoscopy prioritisation criteria and tool. Midland continues to have inability to report colonoscopy wait times by priority consistently across the region.</p> <p>Correction to Quarter 2 report - There is no national capacity and demand tool available outside of GRS.</p> <p>Waikato colorectal cancer patient diary adaptations have been agreed by regional DHB clinicians including follow-up regime. Aiming for regional implementation of diary by the end of May 2012.</p> <p>Joint MCN/Regional IS Endoscopy Reporting System (ERS) Workshop held 19-9-11 (incl. Taranaki &amp; Tairāwhiti). Report sent to HealthShare 9/12/11. ERS not regionally prioritised in IS for 2011-12 or 2012-13. Implications paper and draft business case to MCN Executive and Midland COOs 30/3/12. Regional RFP proposed via Taranaki DHB.</p> <p>MDM infrastructure / process improvements required – initial work started with lakes DHB. Minor changes have been made to Waikato bowel MDM proforma to allow dataset capture.</p> <p>Sources a UK colorectal database, discussion on the relevance of using this as a standalone database underway with medical staff. Faster cancer treatment indicators are included. Aim to have agreement and implementation plan by the end of May 2012.</p> <p>Lakes progressing well with GRS. External audit planned April.</p> <p>Tauranga and Rotorua moved into new endoscopy facilities. Thames hospital appointed new colorectal surgeon.</p> <p>Regional audit for barium enema and CT colonography completed. Waikato in process of developing CTC criteria for improved CTC service.</p> <p>Regional elective services cancer enhanced recovery after surgery (ERAS) for colorectal surgery project has commenced at Waikato, BOP and Tairāwhiti DHBs. BOP is the lead DHB with the network as a strategic partner. The network is providing project resource for the Waikato ERAS pilot. Waikato PID developed, baseline audit underway at Waikato DHB (Waikato and Thames hospitals), project group formed.</p> <p>Bowel cancer indicator reporting for 1 July 2010 – 30 June 2011 completed and reported to regional stakeholders and Ministry of Health.</p> <ul style="list-style-type: none"> <li>• Colonoscopy wait times remain outside of the working target of 14 and 42 days except for Lakes DHB.</li> </ul>

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			<ul style="list-style-type: none"> <li>• BOP DHB continues to have long waits for colonoscopy at a median of 120 days (improved from 133 days in 2010).</li> <li>• Median wait time for colonoscopy for Maori patients in BOP DHB is 39 days.</li> <li>• Median wait time from diagnosis to surgery (first anticancer treatment) is 19 days with 60% achieving the 28 day standard within MCN.</li> <li>• Wait time from diagnosis to radiotherapy / chemotherapy shows 26% achieving the 28 day target across MCN.</li> <li>• 50% of patients within the MCN area were discussed at an MDM. This is a large improvement from last year and due in part to improved data collection.</li> <li>• Performance is generally better compared to previously reported data.</li> </ul>
<p>✓ Implement first stages of Midland Palliative Care Services Plan</p>	<ul style="list-style-type: none"> <li>• Facilitate implementation</li> <li>• Continue to facilitate implementation of Liverpool Care Pathway</li> <li>• Continue to implement Midland Palliative Care Education Framework programme</li> <li>• Scope feasibility of Regional Integrated PalCare System</li> </ul>	<p>In progress 70%</p>	<p>Midland proposal submitted to Health Workforce New Zealand in response to the EOI for the development and evaluation of a regional palliative care managed clinical network.</p> <p>Service planning – Bay of Plenty final draft plan completed for endorsement by BOP DHB, Waipuna and Eastern Bay of Plenty Hospices and the Bay of Plenty PHO's.</p> <p>Lakes draft plan prepared and will be considered by Lakes Cancer and Palliative Care Work Group meeting 24/04/2012.</p> <p>Waikato planning consultation completed and draft plan being prepared.</p> <p>The five Midland hospices (Waipuna Hospice, Lake Taupo Hospice, Eastern Bay of Plenty Hospice, Rotorua Hospice and Waikato Hospice) are now working with PalCare (patient information management system) in the care of all patients referred to Hospice Specialist Palliative Care Services.</p> <p>Waikato update - Waikato palliative care nurse practitioner appointed. Initial focus of the role is working with South Waikato rural hospitals and communities. Dr Peter Kirk palliative care specialist and clinical director retires 23/03/2012. Recruitment underway.</p> <p>Waikato Māori palliative care research project progressing well.</p> <p>Hospice Waikato planning implementation of recommendations from the review of Rainbow Place children and young people's service. Grief and bereavement support service has been extended to include loss regardless of circumstances. Hospice Waikato in process of appointing replacement CEO who retires 30 June 2012.</p> <p>BOP update - BOP palliative care work group met 27/02/2012.</p> <p>Waipuna Hospice and BOPDHB linking with Waikato to strengthen registrar training opportunities.</p> <p>Waipuna Hospice implementing increased day services programme.</p> <p>Lakes update – Waikato palliative care medical specialist now providing monthly clinics at Rotorua. Plans are underway for Lake Taupo Palliative Care (Hospice) service to take responsibility for providing the nursing services required by palliative care clients and their families as from 1 July 2012 (currently shared care model with DHB district nurses).</p>

Summary of key actions 2011/12	..to deliver these milestone outputs in 2011/12	Status as at 31 Mar 2012	Progress comments & supporting details
<p>✓ Implement infrastructure requirements to improve access to MDMs</p>	<ul style="list-style-type: none"> <li>• Confirm MDM infrastructure requirements</li> <li>• Purchase/implement MDM equipment / databases</li> <li>• Support operational change management</li> <li>• If approved participate in NZ RCN MDM coordinator project (SCN lead)</li> </ul>	<p>In progress 95%</p>	<p>MDM facility stocktake completed. All Midland DHBs AV equipment requirements identified. Agreed process to purchase with Midland COOs.</p> <p>MCN devolved funding to Waikato and BOP DHBs to purchase identified AV equipment. Lakes declined the offer to purchase AV equipment, but will await IS DHB connectivity solution and cover future costs themselves. BOP AV equipment upgrade completed. Waikato delayed by refurbishing of the radiology conference room to be completed first, planning underway.</p> <p>RSP IS not prioritised resource to support cancer treatment MDMs development for current year and 2012-13. BOP will continue their work. DHBs received notification of sustainable cancer treatment MDM funding from 1/7/12. Ministry developing MDM guidance.</p>
<p>✓ Host National Lung Cancer Work Group developments, inc lung cancer service framework and standards for MD teams</p>	<ul style="list-style-type: none"> <li>• Support implementation of National Lung Cancer Standards</li> <li>• Stocktake of priority areas and action plan</li> <li>• Complete development of National Lung Cancer Service Framework that underpins the standards</li> <li>• Refining the national lung cancer indicators</li> <li>• Lung cancer minimum data set defined.</li> </ul>	<p>In progress 65%</p>	<p>National Lung Cancer Standards published and distributed.</p> <p>Stocktake questionnaire developed and distributed to New Zealand regional cancer networks to complete. Regional data, stocktake and gap analysis received.</p> <p>Stakeholder database developed.</p> <p>Developing the minimum data set.</p> <p>Also had a presentation on preliminary findings from the HRC Northern Cancer Network Lung Cancer Project. Coordinated feedback on the HRC recommendations and the MCN electronic lung MDM template.</p> <p>Ministry of Health will extend the Agreement out until 30/6/14.</p> <p>Next meeting 26/4/12.</p>

## **Business as usual and/or new initiatives:**

### **Governance**

- Midland Cancer Network Clinical Director has tendered his resignation. The network is working through confirming an exit date and recruitment process.
- Network website upgrade in progress and will be completed April 2012.
- BOP Palliative Care Work Group re-established with first meeting 27/2/12.

### **Māori cancer inequalities**

- Midland Cancer Network Hei Pā Harakeke (Māori Advisory/Work Group) meetings held in February, this group includes Taranaki and Tairāwhiti representatives. The group annual work plan and terms of reference have now been endorsed by the group.
- The Waikato Māori cancer information booklet has been published and distributed to stakeholders and whānau experiencing cancer.
- Kai mahi Māori from four Midland Māori health providers completed the national Cancer Society Kia ora E te iwi programme in February, with the first delivery of the programme within the region scheduled for May 2012. The Waikato/BOP Cancer Society has indicated their interest with this initiative and will support Māori health providers as requested.
- Establishment of the national cancer Māori leadership steering forum was held in February with good representation across the country. The network inequalities managers and Te Ora medical association are currently critiquing the structure and overall purpose of this group. It will then be disseminated for wider stakeholder consultation.
- Community based cancer education and awareness forums are continuing with sessions completed in February with Te Korowai Hauoro o Hauraki and Rauawaawa Kaumatua charitable trust. Future cancer forums are scheduled for Rotorua un March 2012..

### **Midland research and audit**

- The Midland Prostate Cancer Research project is progressing well. Preliminary findings presented at the Midland Research and Audit Sharing Day, Midland Māori Cancer Work group and Cancer Programme Steering Group.
- Waikato palliative care research is progressing well.

### **Midland cancer consumer/carer participation**

- Two Midland cancer network representatives appointed to National Consumer Advisory Group and in addition one person selected as North Island Māori representative. This group will advise development of cancer consumer representative training resources.
- Consumer participation in the plans for refurbishment of oncology Ward 25, Waikato Hospital.

### **Midland breast cancer**

- Midland Breast cancer Work Group meeting 16/9/11. "Exercise and wellbeing during treatment for breast cancer at Waikato" booklet for women – Adopted at Lakes DHB

- Midland Cancer Network and BreastScreen Midland have worked together on the provision of regional coordination plan for the recruitment and retention of BreastScreen Midland priority women. The regional leadership and coordination group will be utilised to engage with stakeholders and implement the biennial regional coordination plan and report against this plan.

#### **Midland supportive care and care coordination**

- Waikato provider arm has prioritised a head and neck CNS, recruitment process has commenced. Discussions occurring to understand service gaps where a cancer nurse could assist with upper GI.
- Midland nurses attended the CCN cancer nursing strategy workshop March 2012.

#### **Midland adolescent/young adult cancer service**

- Midland adolescent/young adult cancer services review against the regional plan recommendations and the national service specifications has been completed. The Midland AYACS Work Group has developed an action plan as a result of the review and prioritised 2012-13.

#### **National cancer control initiatives**

- Worked with other regional cancer networks and stakeholders to progress the establishment of a national Maori Leadership Group. There is strong support and Te Ora have received funding from the Ministry to complete the establishment phase.
- The four regional cancer networks continue working with the Health Quality and Safety Commission to develop a cancer network quality framework and evaluation tool.

#### **Developing national tumour stream standards, patient pathways and faster cancer treatment (FCT) indicators**

- The four regional cancer networks were requested by the Ministry of Health to commence a new work programme – Developing national tumour standards and Faster Cancer Treatment (FCT) indicators. The networks were to develop and agree a high level project plan and obtain lead cancer services DHB support and endorsement on behalf of each region. This has been completed for the region.
- There are three key work streams:
  1. establishment of eight tumour stream working groups to develop national tumour standards (similar to lung cancer) by 30 June 2013
  2. undertake a regional stocktake of cancer treatment care coordination by 30 June 2012
  3. undertake a stocktake and review of DHB systems and ability to report FCT indicators starting 1 July 2012. Develop DHB FCT implementation plans by 30 June 2013.
- Preparatory work has commenced to appoint clinical chairs for the eight tumour working groups and developing project plans for developing FCT DHB implementation plans and regional cancer care coordination stocktake. The data definitions aim to be released end of March.