

Minutes

Clinical Assembly Meeting

Date: Thursday 24 March 2022

Time: 1pm to 4:30pm

Location: Via Zoom

Chair: Chris Jackson, Dunedin Hospital, Southern DHB

Alex Henderson, National Clinical Leader; Cancer Genetics, Genetic Health Service NZ
Catherine D'Souza, Palliative Medicine Lead, South Canterbury DHB (also, Chair Australia and New Zealand Society Palliative Medicine Aotearoa and member of National Palliative Care Collaboration Aotearoa (PCCA))

Chris Hemmings, Clinical Director of Anatomical Pathology, Canterbury Health Laboratories (CHL) (also Executive of NZSO and NZ rep for CPAs cancer services advisory committee)

Claire Hardie, Radiation Oncologist and Clinical Executive Cancer Services, MidCentral DHB (and Chair of ROWG)

Heidi Watson, Clinical Lead, AYA Cancer Network, Auckland DHB

James Entwisle, Consultant Radiologist and Clinical Director - 2 DHB Strategy, Performance & Planning, Capital & Coast and Hutt Valley DHBs (also Chair National Radiology Advisory

Attendees: Group)

Justin Gulliver, Social Worker (Advanced Practitioner) and member of the Cancer Support Team, Capital & Coast DHB (also NZ rep on the Oncology Social Work Australia & NZ (OSWANZ) group)

Laura Clunie, Oncology Pharmacist, Canopy Cancer Care, Auckland

Mary-Ann Hamilton, Clinical Nurse Specialist/ Cancer Co-ordinator - Equity and Access, Waikato DHB (and rep for the Cancer Nurses College, NZNO)

Richard North, Medical Oncologist, Tauranga Hospital, Bay of Plenty DHB (and Chair of MOWG)

Stephen Laughton, Paediatric Oncologist, Auckland DHB (and Clinical Lead, National Child Cancer Network)

Suzanne Beuker, Urology Surgeon, Nelson Marlborough DHB

Humphrey Pullon, Haematologist, Waikato DHB (and Clinical Lead Te Manawa Taki Regional Hub, Te Aho o Te Kahu)

Ineke Meredith, Breast Surgeon, Capital and Coast DHB Ian Bissett, Colorectal and General Surgeon, University of Auckland; Auckland DHB

Apologies:

Sue Waters, Director of Allied Health, Auckland DHB (and Chair of the National Directors of Allied Health)

John McMenamain, General Practitioner, Wicklow Avenue Medical Centre; Whanganui General Practice (and rep for The Royal New Zealand College of General Practitioners)

**Te Aho o
Te Kahu
attendees:** Diana Sarfati, CE
Dawn Wilson, Chief Advisor
Liz Dennett, Clinical Director

Gabrielle Nicholson, Manager, Treatment Quality and Standardisation (TQS)

Trish Smith, Senior Advisor, TQS
Simon Pointer, National Pharmacist, TQS
Moira McLeod, Manager, Northern Regional Hub
Elinor Millar, Public Health Physician, Office of the CE
Elena Saunders, Principal Advisor, Prioritisation, Innovation and Research
Fletcher Beazley, Manager, Whanau Centered Care

Minutes: Amanda Wooding, ONZL

Guests: Andy Simpson (for part only)

Item
<p>Review of draft minutes from October 2021 meeting, actions and conflicts of interest register</p> <p>The minutes of the meeting held on 21 October 2021 were accepted as a true and accurate record, subject to one change – on page 8 it should read Morag McDowell, rather than Morag McDonald.</p> <p>The action register was reviewed. All actions are complete.</p> <p>The conflicts register was reviewed. Changes were recorded as follows:</p> <ul style="list-style-type: none">• Chris Hemmings is now on the Executive of NZSO and NZ rep for CPAs cancer services advisory committee• Stephen Loughton is now on the Board of the National Child Cancer Network (NCCN) <p>Action: <i>Te Aho o Te Kahu to ensure the declaration template has been distributed and new members complete it to identify new conflicts.</i></p> <p>Updates from recent HWG, MOWG, ROWG meetings were noted.</p>
<p>Update re the Agency's work on COVID 19</p> <p>Acknowledgment was made of the pressure that is arising around the country and the hard work that is being put in to manage the current environment.</p> <p>Moira McLeod presented an update on behalf of Te Aho o Te Kahu. The Covid monitoring report was released in February 2022 and the next one is expected in April 2022. This showed some disruption to cancer services. Te Aho o Te Kahu is working to create a definitive reference point for clinical advice as a result of Covid 19 impacts/ effects on their website, ensuring inclusion of equity considerations throughout planning and guidance work. The Agency has been supporting services and NGOs such as Cancer Society in their response to Covid.</p> <p>The group had a round table check in – particularly regarding the current COVID 19 situation and updated the wider group regarding the situation at their organisations/ within their teams.</p>
<p>Update re key 2022 Cancer Services Planning priorities</p> <p>Elinor Millar presented on behalf of Te Aho o Te Kahu, updating the group on the Cancer Services Planning project.</p> <p>The role of Te Aho o Te Kahu includes:</p> <ol style="list-style-type: none">1) To be clear what the vision for cancer treatment services is2) To ensure cancer diagnosis and treatment is prioritized in the context of health reform changes3) To support investment to address those priorities.

There has been good engagement with the Transition Unit, and it is anticipated key cancer priorities will appear in the interim NZ health plan. The report is divided into two parts looking at changes that are required: Whole system, and discipline specific across the 7 chapters.

A draft of the Cancer Services Planning report has been shared with the group and is currently being finalised.

Members commented that the report clearly addresses concerns highlighted by patients about lack of support. It was noted as a concern that palliative care is missing and Te Aho o Te Kahu advised that a review of palliative care services was out of scope for this report but committed to ensuring that the importance of palliative care in cancer treatment was clarified.

The scope of the report, and the large number of people involved in its developed was recognised as a great achievement.

Note: Members to email further feedback to Elinor Millar: elinor.millar@teaho.govt.nz

Comprehensive Cancer Centres: What are they? Why are they helpful? Do we need them in NZ?

Di Sarfati presented on behalf of Te Aho o Te Kahu, outlining the role and functions of comprehensive cancer centres internationally.

An Australasian group, led by Cancer Australia, is investigating the potential of approaches used by comprehensive cancer centres in the Australasian context. The focus of that group is to identify the functions of those centres, and how they could be applied locally. DS sits on that group.

A Christchurch group has proposed a comprehensive cancer centre to support patients based in Christchurch. The proposal was reviewed by the group.

Members commented on the proposal for a comprehensive cancer centre based on the available, current information and it was agreed that early diagnosis and clear referral pathways, as well as locally delivered care are key in the New Zealand context. Although centralisation is important for some services, there is a tension between local provision and central expertise. The ideal balance between these two is different according to cancer stream. A proposal that sits care outside of the current system and that is not integrated with national priorities for ideal distribution of services, that lacks a clear focus on equity, and does not clearly lead to earlier diagnosis is seen as a lower priority than current initiatives towards equity focused solutions. It was noted that the Cancer Services Plan more accurately reflects the priorities of the Assembly, the community, and of whanau who were consulted during its development.

The group agreed that they are supportive of the Agency's current prioritisation of work as outlined in the cancer action plan and the cancer services plan and do not see that a proposal for a comprehensive cancer centre would be in keeping with currently identified priorities.

Cancer Medicines Availability Report

Elena Saunders presented on behalf of Te Aho o Te Kahu

Preliminary results of the analysis were presented, and the group was advised that Te Aho o Te Kahu are planning a conversation with key NGOs via CANGO prior to the report being published.

Dr Andy Simpson joined the meeting. Dr Simpson is working with Te Aho o Te Kahu to support the development of optimal care pathways of care (expanding on work done by Cancer Australia).

QPI Process Review Update

Gabrielle Nicholson presented on behalf of Te Aho o Te Kahu, on the future of the QPI programme.

The paper included in the meeting pack showed the consideration of different options for the future of the QPI programme. Option 3 which would involve shifting to universal QPIs, was recommended by Te Aho o Te Kahu.

Members agreed that Option 3 looks appropriate. Members asked whether specific QPIs for bowel, lung, prostate, pancreas and breast will remain on the agenda. Confirmation was given that these will continue to be calculated.

Note: Email Gabrielle Nicholson: gabrielle.nicholson@teaho.govt.nz with any further feedback on the universal QPIs.

Cancer Workforce

Dawn Wilson presented on behalf of Te Aho o Te Kahu and advised that workforce planning is underway, as linked to the cancer service planning work. Noting that all chapters of the Cancer Service Planning highlighted significant workforce issues.

The work has two focus areas:

1. Supports resolution of immediate shortages and filling the current vacant positions and the development of a mechanism to monitor and report vacancies going forward.
2. Implementation of the cancer service planning work to include:
 - a. New models of care (MoC) for cancer
 - b. Support HW modelling for ongoing supply and demand across oncology services
 - c. Retain and attract nurses into cancer services
 - d. Invest in the workforce
 - e. Increase in training.

Members agreed that workforce is an important issue. There is concern that issues with pay and working conditions might hinder progress.

Note: Please email dawn.wilson@teaho.govt.nz with further feedback.

Mātauranga Māori Cancer Report

Fletcher Beazley presented on behalf of Te Aho o Te Kahu. This two-year project began in July 2020. Including Mātauranga Māori in the delivery of the Cancer Action Plan as a key area of focus. This project has contributed to this via a series of 100 engagements throughout 2021 that aimed to hear the voice of Māori, build trusted relationships with Māori and identify key themes and priorities for Māori. The report is currently being peer reviewed, and the aim is to publish in June 2022.

Members acknowledged that engaging with the communities at a grass roots level is foundational and gave congratulations for engaging so many people.

Primary and Community Care Work Programme

Fletcher Beazley presented on behalf of Te Aho o Te Kahu. This is a long-term programme of work aimed at improving cancer outcomes via primary and community care. The team will engage with a wide range of stakeholders during 2022, with the aim of having a scoping report which will aim to identify a range of actions for delivery during 2023.

Members comments included a note that issues in community radiology are an important consideration. There is currently a large variation in funding and approach.

Action: Fletcher to present more detail and undertake more detailed discussion/ consultation at the Clinical Assembly's next meeting.

Updated Terms of Reference

The group agreed to defer this discussion because the incorrect version was sent out with the meeting papers. An updated word doc was sent out this morning.

If anyone has comment on the terms of reference, please send through via email to Gabrielle, and key points for discussion and resolution can be discussed at the next meeting.

General Business

It was agreed that the following items should be on the next meeting's agenda for update/ discussion:

- The implementation of End-of-Life Choice (from the Ministry if possible – the last update was six months ago and predated its enactment)
- Research and clinical trials.

Next meeting

The next meeting is scheduled to be held on Thursday 28 July 2022 from 1-4pm, via Zoom.

Close

The chair acknowledged the work of Te Aho o Te Kahu staff that goes on between meetings, and the constructive and strong discussion that is brought to the meeting from all parties.

The meeting closed at 4:30pm.