

Minutes

Clinical Assembly Meeting

Date: Thursday 29 July 2021

Time: 1pm to 4.30pm

Location: Miramar Links Conference Centre

Chair: Chris Jackson

Attendees: Alex Henderson (via Zoom), Mary-Ann Hamilton (via Zoom), Tom Middlemiss (via Zoom), Heidi Watson (via Zoom), Suzanne Beuker (via Zoom), Humphrey Pullon (via Zoom), Chris Hemmings, Claire Hardie, Ian Bissett, Richard North, Scott Macfarlane, James Entwistle, Laura Clunie

Te Aho o Te Kahu attendees – Diana Sarfati, Elizabeth Dennett, Gabrielle Nicholson, Rose Simpson

Presenters: Alastair Higham-Lee, Kristin Good (End of Life Choice Act - from 1.15 to 1.50pm)
Gabrielle Nicholson (QPI Work Programme – from 1.50pm to 2.15pm)
Di Sarfati, Helen Stobba, Jane Dancer, Elizabeth Dennett, Michelle Mako, Sasha Webb, Elena Saunders (Cancer Services Planning - from 2.15pm to 4.30pm)

Secretariat: Elaine Edwards (minutes)

Apologies: John McMenamin, Justin Gulliver, Jonathan Koea, Ineke Meredith, Dawn Wilson, Sue Waters

Item

Review of draft minutes from April 2021 meeting, actions and conflicts of interest register

The minutes of the meeting held on 15 April 2021 were accepted as a true and correct record.

The action register was reviewed. All actions are complete.

The conflicts register was reviewed and updates/ changes were recorded.

MoH End of Life Choice Bill

Presentation given by the Ministry of Health End of Life Choice implementation team - the slides (and links to planned webinars) will be shared with the group following the meeting. Group members were asked to encourage their peers to consider their engagement and take part in the Ministry webinar and training education resources.

Action: Further update from the MoH End of Life Choice Bill team to be scheduled as part of the next meeting.

Treatment Quality and Standardisation (TQS) team QI programme update

An overview of the treatment quality improvement programme activities was provided. The presentation had been shared in advance as part of the meeting papers.

- Lung QPI work is complete and published but the next task is to develop the action plan; prostate is nearing completion and due for publication shortly; potential pancreatic cancer QPIs are about to be released for feedback; and bowel QPIs are being recalculated and are due for publication by approx. end September.
- Draft bowel QPI recalculation findings were shared with the group.
- The group was advised that the TQS team plans to revise the QPI development process – there are 11+ tumour streams yet to have QPIs calculated and if this volume is to be completed within reasonable timeframes the process needs refining.
- Also plan to consider other aspects, eg: some overseas jurisdictions have opted to have standard QPIs across all tumour streams; and some overseas jurisdictions have set targets. Both of these things could make the QPI programme more effective if it's possible to do them in NZ.
- It was agreed that the TQS team will consult with the CA on the QPI process improvement project at the next meeting. It was requested that Rami (expert from Canada) be invited to attend, if possible and, if this is not possible, to be invited to contribute to the discussion outside the meeting.

Action: QPI process review to be on the agenda for the next meeting.

Action: Rami to be invited to attend the next meeting.

Cancer Services Planning

As a result of the recently announced Health and Disability Sector Reforms, Te Aho o Te Kahu is undertaking a piece of work aimed at informing the future commissioning bodies: 1) Health NZ; and 2) the Māori Health Authority about what cancer services should look like in the future in order to deliver high quality, equitable, patient and whanau centred, sustainable cancer treatment. This was the first stage of the process.

Noted the current focus is on key cancer treatment modalities. Systemic treatments, cancer surgery, radiation oncology; allied health and support services are all in scope.

The Agency aims to finalise the report in late 2021. The report will be provided to the CCA for review prior to finalisation.

Noted the Health NZ Boards will be in place from September 2021, following which recruitment of the CEOs would commence.

Noted final decisions with regard to the future commissioning do not sit with Te Aho o Te Kahu.

The Group discussed the general sense that the health system is under a great deal of pressure at present and noted concern that there is currently insufficient flexibility in the system to do more/better with the same resources.

The Group was asked to provide input to the common themes/proposals; suggest barriers to implementation which will need to be managed and outline the most important areas which should be addressed first.

The Group confirmed their agreement with the draft recommendations.

The Group discussed the need for a national leadership model which would require additional FTE.

The Group discussed the fact that hospital location and capability will not change (in the short term) and suggested the need to change the working paradigm in order to take a national approach of what is best for patients as a whole rather than the current siloed system.

Laboratory and Pathology Services:

The Group suggested the contracting should be revised to be mutually beneficial and noted the need to optimise the public/private partnerships. Discussed the contracts had been agreed by tender in the past, with little reference to quality, teaching etc. Discussed the need for improved contract management, greater monitoring and consequences for non-compliance. Noted the contracts needed to be sustainable and ideally managed on a national level.

Clinical Genetics:

Discussed the need for clear relationships and pathways with the pathology networks to manage familial referrals.

Support Services:

Discussed the need for more people working in this area/the ability to put extra resources and support around those people who need it. Suggested this area was a key to achieving equity of outcomes. Suggested Cancer Care Coordinators were the way forward, particularly for Maori and Pasifika. Suggested this area would need to be addressed by those on the ground in the specific geographic areas, not all of whom would be cancer experts.

Discussed the administration and assistant (radiology type roles) and recommended growing these roles.

The Group were invited to give feedback with regard to whether it was feasible to have a nationally coordinated and planned approach for cancer treatment and to suggest potential barriers and enablers with regard to the implementation of a national service.

The Group were encouraged to submit their further thoughts to Te Aho o Te Kahu by email.

Other Business

An update from ROWG was noted for information.

Next meeting

The next meeting is scheduled to be held on Thursday 21 October 2021 from 1-4pm, although this may need change if Rami is to attend (he would be dialling in from Canada). This will be confirmed asap.

Close

The meeting closed at 4.30pm.