

Minutes

Clinical Assembly Meeting

Date:	22 June 2023
Time:	10.00am – 12.00pm
Location:	via Zoom
Chair:	Christopher Jackson - Medical Oncologist, Te Whatu Ora Southern; Mercy Hospital; University of Otago
	<p>Brendan Luey Medical Oncologist; Chair Medical Oncology Working Group (MOWG) Catherine D’Souza - Palliative Medicine Lead Chris Hemmings - Clinical Director Anatomical Surgical Pathology, Canterbury Health Laboratories (CHL) Claire Hardie - Radiation Oncologist; Chair Radiation Oncology Working Group (ROWG) Heidi Watson - Clinical Lead, Adolescent and Young Adult Cancer Network Ian Bissett – Colorectal & General Surgeon; University of Auckland James Entwisle - Radiologist Justin Gulliver – Registered Social Worker; Oncology Social Work Australia & New Zealand (OSWANZ) NZ rep Laura Clunie – Oncology Pharmacist Rawiri Keenan - General Practitioner; The Royal New Zealand College of General Practitioners rep Sara Joice - Health Psychologist Shelley Shea - NZNO Cancer Nurses College chair Stephen Laughton – Paediatric Oncologist; Clinical Lead, National Child Cancer Network Sue Waters - Chair National Directors of Allied Health</p>
Te Aho o Te Kahu attendees:	<p>Nicola Hill – Acting Chief Executive Elena Saunders – Principal Advisor, Clinical Advisory Team Gabrielle Nicholson – Manager, Quality Improvement Jane Cullen – Principal Advisor, Quality Improvement Rachael Neumann – Senior Project Manager, Quality Improvement Bridget Kerkin - Manager, Clinical Advisory Team Hazem Abd Elkader – QPI Team Dawn Wilson – Chief Advisor</p>
Guests:	Mary Cleary-Lyons, Te Whatu Ora
Attendees:	Melinda Greshoff ONZL – Minute-Taker
Apologies:	<p>Elizabeth Dennett – Clinical Director, Te Aho o Te Kahu Alex Henderson – National Clinical Leader, Cancer Genetics</p>

Item 1: Meeting opening

The meeting opened with karakia.

Apologies were noted from Alex Henderson and Elizabeth Dennett.

Brendan Luey was welcomed in his new role as Chair of the Medical Oncology Working Group (MOWG). The Assembly thanked outgoing MOWG Chair – Richard North – for his valued contributions.

Shelley Shea was welcomed as interim nurse representative while nominations are sought from NZNO Cancer Nurses College.

Minutes from the previous meeting

The draft minutes from 10 March 2023 were accepted as a true record subject to minor corrections.

Interest Register

The Interest Register was reviewed, and updates provided. It was noted that some updates previously provided had not been documented – Te Aho o Te Kahu staff will address the Interest Register process.

There were no conflicts of interest determined as relevant to the meeting agenda.

Updates from recent HWG, MOWG, ROWG and Other Interest Groups

Updates were noted from HWG, MOWG, ROWG.

Updates were also provided from NRAG, National Child Cancer Network and the pathology and oncology social work perspectives.

Updates from Te Aho o Te Kahu

Nicola Hill gave a brief update on the issues of the day for Te Aho o Te Kahu.

Actions: Te Aho o Te Kahu staff to review conflict of interest register process.

Item 2: Universal QPIs – Emergency Presentations/Route to Diagnosis Report

The QI team provided an introduction to the first full universal QPI draft report “*Route to Diagnosis Quality Improvement Monitoring Report 2023*” and contextual information about the universal QPI project, and sought feedback from members.

With regards to the universal QPI project, members gave specific feedback about the list of 9 nine potential universal QPIs, of which route to diagnosis is the first. Members expressed concern that palliative care, radiology, diagnostics and psycho-social QPIs are not included in the proposed list, and questioned the relatively high number of indicators for surgery. The Te Aho o Te Kahu team advised that the lack of indicators for some parts of the cancer care pathway is due to data availability (or lack of it); when cancer data improvement projects under CanShare (a programme of work being led by the DMR team) mean that more national data is available, more QPIs will be reported.

With regards to the route to diagnosis report specifically, the absence of benchmarks or targets on the funnel plots was questioned. Te Aho o Te Kahu staff advised that at this stage it is not possible to provide this data, so for now the funnel plots show performance against the Aotearoa average.

Members questioned the age ranges used for the QPI reports and requested that the team look into whether or not child, adolescent and young adult data could be included. Te Aho o Te Kahu staff will investigate this.

There is work underway to decide how the report will be used to inform quality improvement activity in the reformed health system. The QPI programme team are working on this with Te Whatu Ora and have formed a cancer QI group, which meets quarterly and includes experts in cancer research, cancer care QI, and clinicians. It was agreed that the executive summary and introductory sections of the report will need to be carefully crafted in order to inform the reader about the purpose of the report and the next steps that will be taken in order to achieve improvement.

Actions: Te Aho o Te Kahu staff to review options for extending the age ranges included in QPI reports

Item 3: Quality Improvement & Te Aho o Te Kahu

Due to time limitations members were asked to provide feedback and suggestions on a proposed overall QI approach outside of the meeting.

Action: Members to provide feedback regarding QI approach directly to Te Aho o Te Kahu staff

Item 4: National Clinical Networks – Te Whatu Ora

Mary Cleary-Lyons (Engagement & Operations Lead, Hospital and Specialist Services, Te Whatu Ora) gave a presentation on how national clinical networks are evolving within Te Whatu Ora.

Discussion points included:

- There are 23 streams and the Te Whatu Ora team continues to address the potential timing for the different proposed clinical networks
- Business as usual will continue as the Clinical networks are developed
- Networks are useful for facilitating sharing and providing direction and guidance
- The clinical networks are seen as key enabler for the system reforms
- Clinical networks ensure the clinical voice is heard and they facilitate a clearer link to where decisions are made
- In spite of general fatigue with change, there seems to be a strong commitment to the Clinical Networks from clinicians on the ground.

The Clinical Assembly gave Mary feedback for consideration, particularly focussed on the relative priority given to cancer in the implementation planning for the clinical networks programme. Members noted that factors such as unmet need and equity could be used to inform prioritised phasing of the various networks, and that the Assembly could provide further advice on this if needed.

Item 5: Crisis response planning

Chris Jackson sought an expression of interest from members in compiling a working document that outlines practical steps to cancer services impacted during and after a crisis or major emergency. Many centres, in particular Waikato and Auckland, have been through crises in recent times and there is experience that can be tapped into. It is intended to create a living 5-10 page document. Interested members were invited to contact Chris Jackson or Tess Luff.

The ongoing challenges in relation to cancer workforce were raised in association with crisis response planning and other topics on this agenda. It was proposed that further discussion regarding workforce could form part of the next meeting agenda.

Action: Members to provide expressions of interest in involvement in crisis response – lessons learned document development

Action: Te Aho o Te Kahu and Chair to look at inclusion of workforce discussion on next meeting agenda

Item 6: meeting close

Meeting closed at 12.05pm with karakia.