

Minutes

Te Aho o Te Kahu Advisory Council

Date: 7 August 2020

Time: 01:00pm to 04:00pm

Chair: Richard Sullivan

Members: Christopher Jackson, Graeme Norton, Nina Scott, Richard Sullivan, Shelley Campbell, Jonathan Koea

In Attendance: Ashley Bloomfield (MOH), Deborah Woodley (MOH), John Whaanga (MOH), Diana Sarfati (TAoTK), Dawn Wilson (TAoTK)
Fletcher, Michelle Mako Rachael

Apologies: Ailsa Claire

1. Welcome

Richard thanked everyone for attending and noted that both himself and Shelley were happy to take on the role of Chair for the Council. Noted that for this meeting Richard would talk the lead.

2. Agency Implementation Update

Diana presented an update on the work that had been done to continue with the implementation of the Agency. (Presentation attached)

Te Aho o Te Kahu now has 59 FTE of which 29 are regionally based. Five staff from the cancer team also transferred to the Agency.

The Leadership team is in place but there is still recruitment ongoing to build the teams.

Discussion followed

Role of AYA and NCCN: Currently supported through contracts with Te Aho o Te Kahu. There is an agreement in place between CCA and AYA/ NCCN defining relationship and expected engagement.

Discussion on whether Governance of AYA and NCCN should sit within CCA. To be discussed at later date.

Action:

- Add AYA/ NCCN discussion on agenda for future meeting.

3. Jonathan Koea joined the meeting and was warmly welcomed by Richard with a round of introductions acknowledging that he brings valuable skills that will benefit Te Aho o Te Kahu.

4. COVID Update

Diana provided an update on the 'Impact COVID-19' report for the period up to June.

The following points noted:

This is the third report produced by Te Aho o Te Kahu. The purpose of the report is to update and track the magnitude of delays and the extent to which it had created inequities. The sector is working hard implementing actions to address this.

Noted the following points

- Substantial catch up has been achieved. Treatment services are delivering at approximately level we would expect in first six months.
- Colonoscopy delivery is catching up, with higher rates in June 2020 than June 2019.
- We remain 4.5% down on cancer registrations to June 2020 compared with June 2019, but the gap is closing.
- Lower numbers of bronchoscopy delivered with a deficit in the number of bronchoscopies performed in 2020 compared to the previous year, which started before COVID impacted. Noted that Māori were disproportionately impacted by the cumulative decrease in bronchoscopies of around 32%. Te Aho o Te Kahu is investigating the cause of the variance.

Discussion followed

- Focus remains on ensuring catch up from lock down delays.
- Key focus for CCA is to plan for a potential second wave of COVID-19. Will be working closely with Ministry of Health given their resurgence planning for health system in general.
- We have clear guidelines in place for DHBs on expectations for cancer diagnostics and treatment, should DHB alert levels be elevated.
- Transport and accommodation were problematic for cancer patients during lock down.
- Request for summarised equity statement in next report with all relevant equity findings in one place.
- CCA also working with Auckland University to understand more about patient experience during COVID, and in particular, use of virtual care.
- Some of differences between DHBs are likely to be due to more nuanced activity including potentially related to whether DHBs held on to non-urgent referrals during lock down or required new referrals.

Committee acknowledged the work of the CCA during the COVID crisis, and to create these reports. Also, acknowledgement of PHARMAC and the support they provided in terms of access to medication. Also, acknowledgement of Ashley's leadership.

Actions:

- Add equity statement in next COVID report
- Richard noted that ADHB had developed an Alert Level 2 plan which he will provide to CCA.
- Agency to report back on resurgence planning at next meeting

5. Progress on Equity and Equity First Prioritisation

Michelle introduced Rachael Tatafu (new Equity advisor), and presented on the Equity work (Presentation attached)

The Following Points Noted

Maori affairs select committee - First draft of their report was shared with the team early last week. A briefing has been sent to the Minister offering to be provide expertise to review the report.

The report focuses strongly on prevention and early detection, reiterates support for the establishment of a Maori Health Authority (as noted also in the recent Review of the Health and Disability Service).

The CCA is compiling a 'State of the Nation Report' providing a snap shot of how NZ is doing in relation to cancer. There is a strong focus on equity.

Nina – Offered Hei Ahuru Mowai to peer review the State of the National Report. She also Congratulated Te Aho o Te Kahu on this work.

Noted a Trainee intern will be starting soon and will focus on an equity first project.

John W offered to link Māori Health Directorate staff with CCA staff to share work on ensuring the Ministry is more Treaty compliant

Action:

- Michelle to follow up with John about this work.

6. Hearing the voice of experience

Fletcher presented the Person-Centred Care Programme of work (presentation attached)

The following Points noted

EOIs will be requested for membership to the consumer reference group will be requested in the next week. Thanked Graeme for his input into this work.

Noted that we need multiple approaches to ensuring the voice of experience is heard. Strategies may include local, regional and national approaches, as well as different methods such as surveys, focus groups, interviews or citizens juries depending on the issue. The role of the Consumer reference group is to provide leadership over and advice relating to this suite of work. Specific details and plans of this work will be developed with input from the Consumer Reference group. Need to be clear about what this engagement aims to achieve and noted that the Canadian Partnership Against Cancer had done some innovative work in this area.

It may be helpful to consider measures of community engagement in different regions, although this is not straightforward.

Suggestion that getting consumers to talk to the board and/ or Agency staff is another option for ensuring the needs of patients is central to the work of the Agency.

Actions: Fletcher to report back to Council on progress with this suite of work

7. Implications of the Health System review

Diana presented (presentation attached)

Te Aho o Te Kahu has provided a response to the Minister which highlighted three elements:

- An independent cancer focused entity is important regardless of the structure of the health system.
- The CCA is well positioned to support the direction of the review
- The Agency can assist with some specific recommendations of the review

Structural changes still to be decided by Government. It is important that we get on with the work required as this is what is important for cancer patients.

An element of work that is emerging for the Agency is considering and providing advice on the structure of cancer services. Requires us to consider key priorities and strategies and the likely future of cancer and cancer care. Requires broad expertise. Diana asked that the Council thinks about what support it can provide to strengthen this work. If we were commissioning cancer care, what would this look like?

Noted that the culture of health systems is critical, as is strong Māori and Pacific leadership.

8. Improving quality: tying it all together

Presentation provided to show how current activity of the Agency supports quality improvement. Activity includes:

- Development and measurement of QPIs with strong equity focus
- International comparisons
- Assessment of variation in care
- Development of action plans by the Agency and DHBs
- Monitoring of action and outcomes by the Agency
- Development of national guidance where necessary
- Consideration of scope of services including national services

9. Cancer diagnostics

Diana provided an update on Activity, Projects underway.

- Update on Polyp Surveillance following a Colonoscopy - This advice is due in the next few weeks and provides revised advice that will result in fewer colonoscopy's being required. This models recent guidance from both the USA and Australia. This work is a partnership between NSU and Te Aho o Te Kahu.

- FIT for symptomatic patient's programme - Diana gave an overview of the pilot programme. Evaluation of use of FIT to identify patients on colonoscopy waiting lists who are at both very high risk of CRC (and should be scoped urgently), and those with extremely low risk. It is hoped that, depending on the pilot results, guidance on the use of FIT among symptomatic patients would be coming out to DHBs in 2021, and would be expected to reduce the number of patients on colonoscopy waiting lists.
- Access to PET scan availability currently not equitable across the country. We are currently working with the National Radiology Advisory Committee and the Ministry of Health to address this issue
- HRC, MOH and Te Aho o Te Kahu are assessing the feasibility of a partnership programme focused on research in lung cancer screening to provide a basis for policy decisions on this.
- The CCA, Ministry of Health and ADHB are working together to address an urgent issue relating to PRRT. Patients have been travelling to Australia for this treatment but because of COVID patients cannot go to Melbourne currently. We are working to urgently develop an interim service in Auckland within the next month, with ongoing work to develop a more permanent national service in train.

10. QPI progress (including bowel quality improvement, lung cancer, next on list)

Noted Suzanne's Report with key points:

- A Bowel Quality Plan has been developed which provides recommendations for action to address issues identified in the bowel cancer QPI process. This will be provided to DHBs and discussed with COOs. The plan provides DHBs with specific actions to support quality improvement activity.
- Bowel QPIs will be run again this year and will provide us opportunity to review improvements made when compared to the first report.
- QPI report for Lung Cancer has 8 reported indicators. Curative treatment Maori is low. There is wide variation in some indicators across DHBs including in surgical resection rate. The Agency will be developing a quality plan to identify actions to support quality improvement activity.
- The National Lung Cancer Working Group also made recommendations in an earlier version of the QPI report which were unrelated to the data. These have been separated out with a view to look at these separately. Some of the recommendations made by them already have work underway.
- Head and Neck Indicators have been agreed, so the next step will be to measure performance against them.
- We expect to incorporate this QPI work into annual planning with DHBs.

Noted: the QPIs are only one part of the broader work aimed at improving quality. Need to ensure we consider issues that are less easy to measure. Noted that QPIs must be focused on improving outcomes and Maori Health gains across the system.

Noted that we need to ensure that the QPI process continues to engage, and results in positive action. No decision has been made on whether there should be targets. There are both risks and benefits of using targets which need to be carefully balanced.

11. Advisory Council for next two years

Diana acknowledged Richard and Shelley for agreeing to Chair the Council going forward.

Duration – original proposal was for the council was 12 months. Agreed that Council would continue. TOR with revised working will be presented at the next meeting, including guidance on duration of membership.

Discussion on skill set of Council.

Noted Pacific and primary care leadership is important and currently lacking. Pacific input is light across the Agency generally.

Need further discussion on whether we need an additional Māori member to maintain approximate 50:50 split.

Actions

- Diana to invite Api T to join the Council.
- Diana to discuss with Shelley and Richard offline re frequency and content of meetings and return with a recommendation to the next meeting.
- ToR to be updated and tabled at next meeting

12. Further Discussion

Diana other work includes:

- Te Aho o Te Kahu are looking at National Service models and the distribution of them. There are challenges and opportunities planning for system needs.
- It is likely we will need to begin to prioritise our work given the volume.
- We are giving thought for the next budget round.

Other business

Nina - Research Hei Ahuru Mowai have a research arm to their organisation and are keen to begin to develop research questions that are relevant to the work that is being done.

Actions

Action	Date Raised	Lead	Update
Add AYA/ NCCN discussion on agenda for future meeting	7 August	Jordan	
Add equity statement in next COVID report	7 August	Diana/Elinor	
Richard noted that ADHB had developed an Alert Level 2 plan which he will provide to CCA.	7 August	Richard	
Link Māori Health Directorate staff with CCA staff to share work on ensuring the Ministry is more Treaty compliant.	7 August	Michelle	
TOR with revised working will be presented at the next meeting, including guidance on duration of membership and frequency. Diana to discuss with Shelley and Richard offline re frequency and content of meetings and return with a recommendation to the next meeting	7 August	Diana	
Diana to invite Api T to join the Council.	7 August	Diana	
