



Project Scope

Project Name: Cancer Centre Collaboration Project			
Project Description:			
Project Leader: Robert Bull		Project Code:	
Project End Date: May 2010	Version: 6 (Draft)	Version Date: 19/01/10	

Background

Within the Central Cancer Network (CCN) region there are two cancer centres – Regional Cancer Treatment Service (RCTS) provided by MidCentral District Health Board (DHB) and Wellington Blood and Cancer Centre (WBCC) provided by Capital and Coast DHB.

The two cancer centres provide the majority of Medical Oncology, Radiation Oncology and Clinical Haematology services to the populations in the District Health Boards within the CCN region as well as Nelson / Marlborough DHB. The centres also provide clinical support for the onsite delivery of chemotherapy in Hawke's Bay, Tairāwhiti and Taranaki. Clinical Trials Units and local hospital based palliative care services are also included in the two cancer centres.

Historically the level of collaboration between the two cancer centres and supporting DHBs has been variable and generally based around relationships between various individuals versus service level arrangements. Some examples of current active work / collaboration between the two centres are:

- Brachytherapy
- Radiation capacity sharing
- Tumour Mapping
- Gynaecologic Oncology

All DHBs are expected to report on their respective Radiation Oncology wait times. In 2009, the Ministry of Health set the following goal:

“Everyone needing radiation treatment will have this within six weeks by the end of July 2010 and within four weeks by December 2010.”

Specialist cancer treatment and symptom control is essential in reducing the impact of cancer. Waiting times for radiation oncology treatment have been chosen as a representative indicator of specialist treatment. Radiotherapy is of proven effectiveness in reducing the impact of a range of cancers, and delay to radiotherapy is likely to lead to poorer outcomes of treatment. As such it is a critical business imperative that all DHBs actively work to this objective. This may be via opportunities such as (but not limited to) the investigation of shared capacity, training and professional development, protocol alignment.

Medical Oncology services have been identified as the most vulnerable service in the report 'Strengthening Hospital Services in the Central Region: Identification of service perspectives' undertaken as part of the Regional Clinical Services Plan (RCSP). The issues relate to clinical, workforce, infrastructure, and financial viability.



This project aims to support a clinical approach to strengthening the services by identifying opportunities for greater levels of collaborative arrangements and future models of service delivery to better meet the needs of the populations within the CCN region. Though the project focuses on the activity around the two tertiary treatment centres; it is taking a whole systems approach, that is considering all services provided regionally; this includes addressing inequalities identified. As such it will engage stakeholders across the region to consider regional solutions.

Achieving the aspiration of a Collaborative Service will take time, as such, this project is the initial 'Phase' of what will be an ongoing improvement process over the next couple of years.

Inequalities

Reducing inequalities is the key to supporting better health outcomes for all populations, in all areas of health. There is a need to address inequalities socioeconomic, ethnic, and gender as well as the emerging recognition of the importance of the geographical context in explaining health outcomes. Health inequalities as expressed geographically in New Zealand have reached historically high levels and show little sign of abating¹.

The CCN Regional Health Needs Assessment (TAS, 2009) also identifies ethnicity (particularly Maori) and geography related inequalities exist across the region. Access to cancer care is complex and multidimensional – there are a range of key factors potentially associated with access operating at different levels, including health care system factors, health care process factors, and patient level factors². The current environment in cancer control in New Zealand provides opportunities for a strong and committed response to stark disparities in cancer outcomes. Working with stakeholders to identify and address these inequalities is a priority in all of the activities that CCN undertakes.

¹ Pearce J , Dorling D, 2006, The place of population change in explaining geographical inequalities in health in New Zealand, *International Journal of Epidemiology* , Vol 35, pp 1099-1100.

² Access to Cancer Services for Maori: A Report prepared for the Ministry of Health Wellington School of Medicine and Health Sciences



The project will focus initially on three specific streams relating to developing a 'Collaborative' Regional service approach. The streams of work are:

- **Clinical Leadership**
It is important that Clinicians are able to provide Clinical Leadership throughout this project and beyond once any improvements move into 'business as usual'. This approach supports the Government direction described in the document "In Good Hands" (MOH 2009).
- **Operational Infrastructure**
It is important that planning and discussions from an Operational viewpoint begin to occur to work towards the identification and reduction of duplication eventually leading to collaborative planning. This will be naturally intertwined with the Clinical Leadership as described above
- **Radiation Oncology**
With the national expectations moving wait list times from six to four weeks, immediate regional work is required to provide sustainable improvements. A work plan will be identified through a clinically led process.
- **Medical Oncology**
As described previously, Medical Oncology is a high risk vulnerable service for the region. Immediate deliverables under this stream of work will be identified and defined through a clinically led process.

The project will include a brief review of relevant plans and guidelines relating to cancer treatment services (regionally and nationally), summary of any stakeholder interviews / workshops and data analysis. This will be a process supporting a Clinical Leadership process will include aspects of the following list (but not limited to):

- Patient pathways
- Reducing Inequalities
- Clinical protocol alignment
- Workforce
- Supportive care service
- Service delivery models
- Sub-specialisation
- Private sector service provision impact/opportunities
- Research partnerships
- Decision Support (Clinical & Analytical) / Information Communication Technology
- Capital planning
- Funding mechanisms



Project Goal

To develop seamless specialist Cancer services in the Central region to effectively and efficiently meet the demands for the Region's population.

Project Objectives

The objectives of the project are to:

- Draft a framework for progressing ongoing collaborations
- Identify the areas that the Cancer centres can collaborate on to better meet regional requirements through the development of a draft work plan
- Develop a Clinically led process that supports ongoing improvements and equitable access across the region
- To develop consistency across the region from a patient perspective

Project Deliverables

The project will deliver the following:

- Literature review of relevant current / best practice (National / International)
- Clinical Leadership Framework to drive future transition to a 'seamless service'
- Draft a 'working list' of prioritised actions that has been agreed through the Clinical Leadership that will deliver to the regions requirements
- Define a 'Picture of Success'
- Completion of 'Phase One' of the Collaboration Plan

Project Scope Includes

The following activities will be undertaken as part of this project.

- Current Status Review (Brief)
- Knowledge / Evidence Based Practice Review
- Defining and development of a Clinical Leadership Framework
- Development of an prioritised Work Plan and Framework initially for Radiation Oncology, Medical Oncology and Operational Infrastructure; then for future collaborations (depending on current prioritisation) may occur for
 - Clinical Haematology Oncology
 - Tertiary Surgical Oncology
 - Clinical Trials



Project Scope Excludes

The following activities will not be undertaken as part of this project.

- Implementation of Work Plan, ('Phase Two')
- Paediatric Oncology Services
- HR review processes for any change in positions (change management)
- Operational implementation, documentation and / or development of operational protocols

Related Projects

This project aligns with and supports the following initiatives

Alignment at a national level:

- ***NZ Cancer Control Strategy (2003) and Action Plan 2005-2010:***
 - Goal 3: Ensure affective Diagnosis and treatment of cancer to reduce morbidity and mortality
 - Goal 5: Improve the delivery of services across the continuum of cancer control, through effective planning, co-ordination and integration of resources and activity, monitoring and evaluation
- ***National Cancer Control Programme Work Plan 2009/10:***
 - Improve wait times for cancer treatment. Everyone needing radiation treatment will have this within six weeks by the end of July 2010 and within four weeks by December 2010 (MoH, 2009).
 - Improve treatment of priority cancers – lung, bowel
- ***Meeting the challenge – Ministerial Review Group 2009:***
 - Strengthening regional cooperation in service planning and delivery
- **Cancer Treatment Advisory Group (CTAG) work plan**
 - **ROWG - Prioritisation criteria for referrals, Workforce Development**
 - **MOWG - Prioritisation criteria for referrals, Workforce Development**
- ***National Guidelines, including:***
 - *Protocol for Sharing of Public Radiation Oncology capacity between Cancer Centers* - public radiation capacity in New Zealand should be maximised by flexible utilisation of regional capacity available across the country, in preference to use of overseas or private provider options.
 - *Protocol on the public interface with private radiation oncology services* – provides guidance on access and development of private radiation oncology services in NZ

Alignment at a regional level:

- ***Regional Clinical Services Plan*** - plan for hospital services over the next 10 to 15 years, describing what types of clinical services will need to be provided where and to what level, in order to best meet the needs of the population of the Region. Current work on Strengthening Hospital Services in the Central Region has identified medical oncology services based in MDHB as a vulnerable service.
- ***CCN Strategic Planning*** – this includes quality improvement initiatives. Critical will be the Reducing inequalities 2009 / 2010 work plan and the findings / recommendations that flow out of it. Examples of include the investigate and address systemic causes of cancer inequalities and the engagement work with Pacific populations.



Alignment at a district level:

- ***DHB Cancer Control Plans*** – oncology waiting times, addressing inequalities

Principles and Assumptions

The following set of principles will guide the project:

- The project will follow a 'Clinical Leadership' framework / philosophies
- Business imperatives (e.g. Radiation Oncology wait times) drive the key objectives
- Enhanced patient care is the key objective for all discussions and decisions
- Work is focussed on the best patient outcomes across the regions total population (approx 1 million)
- Each District is to benefit from closer collaboration. The objective is to improve access to a full range of services, remembering that sustainability is an important component of accessibility in the longer term
- Developments will be consistent with and supportive of District, Regional and National work programmes
- The potential regional impact will be considered prior to embarking on any initiatives, with all stakeholders engaged in the decision-making process
- Inequalities (e.g. ethnic and geographic) and access to services across the region will be addressed with respect to waiting list management and service delivery
- Systems and protocols developed will be consistent with evidence-based best practice, and maximising the benefits that can be obtained from available clinical skills and resources
- Regional capital planning will be approached strategically and decisions will be delivered in a timely manner to support the services to meet the growing needs of the population

Basic assumptions for a collaborative approach or plan may include:

- The greater Central Region will function for the foreseeable future with the majority of specialised cancer treatment services being provided from two main hubs
- Initiatives / Service innovations will be supported by appropriate contracting mechanisms
- Processes will be reviewed to support service configuration
- Information Systems will support data capture and transfer of relevant clinical information between all providers involved with the care of each patient
- When appropriate, any closer working relationship will be supported by agreements supporting detail such as shared responsibility for establishment costs; patient referral and acceptance processes; and payment for services
- Any initiatives will be achieved within current budgets and resources

Constraints

The constraints that may impact the project include:

- Fixed project timeframe
- Fixed current project budget



Risks

The key risks to this project are varied and the mitigating actions will be included in the project plans. For detailed risk analysis and management, please refer to the Project Risk Register.

Milestones

The milestones for the first phase of this project focussing on Medical Oncology and Radiation Oncology services are identified below.

Description	Date
Contract project manager	Nov 2009
Engage with stakeholders to develop and agree the project scope	January 2010
Project Sponsors and Advisory Group established	January 2010
Evidence Based Practice Review completed	March 2010
Draft Work Plan Plan	April 2010
Clinical Leadership Framework established	April 2010
Project Completed	May 2010



Resources / Project Team

Role	Responsibilities	Member
Project Sponsor	<ul style="list-style-type: none"> Approving / supporting project scope Championing the project across Regional Executive Leaders / Senior Clinicians 	<u>Senior Management Sponsor</u> Murray Georgel <u>Clinical Sponsors</u> Dr Andy Simpson Dr Simon Allan
Sponsor's Group	<ul style="list-style-type: none"> Approving final recommendations / work plan Championing the project across Regional Senior Clinicians / Leaders Providing strategic support / advice to Project Manager 	Mike Grant Dr Andy Simpson Dr Simon Allan Astrid Koornneef Nicholas Glubb Jo Anson
Project Advisory Group	<ul style="list-style-type: none"> Provides specialist / general advice to the Project Manager Acts as champions in their specific sphere of influence Challenge options that are developed 	2 x Clinicians Nursing & Allied Health reps Consumer 2x Service Managers NGO Maori Rep 2x Regional DHB reps (1 chemotherapy provider / one non-provider) Private provider rep Primary Care Ex officio TAS and Cancer Control NZ
Project Leader	<ul style="list-style-type: none"> Organises and facilitates the project deliverables Acts as liaison between Sponsors, Advisory Group and stakeholders Collaborated with the 'virtual' team to create and execute the project plan Monitors the progress of the project Provides communication regarding project achievements / deliverables 	Robert Bull



Project Team	<ul style="list-style-type: none"> Provides specialist support / analysis to the project 	As required
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Project Reporting & Communication

Who	..needs what information	How delivered	...by whom	when
	Refer to Communication Plan			

Authorisation

Signed:

[Project Sponsor]

[Project Manager]

Date:
