

Minutes

Radiation Oncology Working Group (ROWG)

Date: Tuesday 16 May 2023

Time: 9.30am – 3.30pm

Location: Rydges Wellington Airport, 28 Stewart Duff Drive, Rongotai, Wellington

Chair: Claire Hardie, Clinical Lead Te Whatu Ora Te Pae Hauora o Ruahine o Tararua, MidCentral

Attendees: Aaron Phillips, Te Whatu Ora Te Pae Hauora o Ruahine o Tararua MidCentral
Aimee Bourke, General Manager, Auckland Radiation Oncology
Andrew Cousins, Chief Medical Physicist, Te Whatu Ora Waitaha Canterbury
Brian Sheppard, Consumer member
Caroline Stark, General Manager, St Georges Cancer Care Centre
Darien Montgomerie, Site Manager, Bowen ICON
India Mikaere-Girvin, Māori member, Te Whatu Ora Waitaha Canterbury
Jamaine Fraser, Māori member, Te Aka Whai Ora
Joseph Stafford, Consumer member
Judy Moselen, Clinical Nurse Specialist, Te Whatu Ora Te Toka Tumai, Auckland
Koki Mugabe, Chief Medical Physicist Te Whatu Ora Waikato
Louise Simonsen, Service Clinical Director, Te Whatu Ora Te Toka Tumai, Auckland
Megan Purves, Branch Manager, Royal Australian & NZ College of Radiologists
Natasha Chisholm, Nurse Practitioner, Te Whatu Ora Waitaha Canterbury
Nichola Naidoo, Radiation Oncologist, Te Whatu Ora Capital, Coast & Hutt, Valley
Philippa Daly, Clinical Manager Radiation Therapy, Te Whatu Ora Canterbury
Tash Robinson, Manager Radiation Therapy, Te Whatu Ora Southern

Te Aho o Te Kahu

Janfrey Doak (attending for Jan Smith)

Guests: Sue Kleinsman, National Register Manager, Breast Cancer Foundation National Register
Rachel Shirley, Project Manager & System Administrator, Breast Cancer Foundation
National Register
Mary Cleary-Lyons, Interim Group Manager – Clinical Networks, Hospital and Specialist
Services, Te Whatu Ora

Te Aho o Te Kahu:

Kirsty Malcolm, Project Manager, Central Hub
Dawn Wilson, Chief Advisor
Bridget Kerkin, Clinical Advisory Team Manager
Gabrielle Nicholson, Quality Improvement Manager
Rachael Neumann, Senior Project Manager
Alex Dunn, Senior Project Manager
John Manderson, Senior Project Manager
John Fountain, Data, Monitoring, Reporting Manager

Apologies: Leanne Tyrie, Radiation Oncologist, Kathleen Kilgour Centre
Lesley Long, Service Manager, Te Whatu Ora Waitaha Canterbury
Roger Huang, Radiation Oncologist, Te Whatu Ora, Waikato
Shaun Costello, Radiation Oncologist, Te Whatu Ora Southern
Jan Smith, Te Aho o Te Kahu Central Hub Manager
Melissa James, Radiation Oncologist, Te Whatu Ora Waitaha Canterbury
Rose Simpson, Principal Clinical Advisor, Te Aho o Te Kahu

Secretariat: Melinda Greshoff, ONZL

WELCOME

The meeting opened with a karakia.

REVIEW AND APPROVE:

Previous Meeting Minutes

The Minutes of the meeting held on 30 November 2022 were accepted as a true and correct record.

Action Register

The **Action Register** was reviewed.

Action items were signed off as completed items.

Decision Register

The Decision Register was received and noted with no changes.

Conflicts of Interests Register

The Conflicts Register was received and noted with no changes.

Changes to Membership

New members of the group were introduced.

Jan Smith will be replacing Cushla as the Hub representative for Te Aho o Te Kahu.

TE WHATU ORA CLINICAL NETWORKS

Dawn Wilson (te Aho o Te Kahu) and Mary Cleary-Lyons from Hospital and Specialist Services (Te Whatu Ora) gave an update on the establishment of Clinical Networks. Mary is leading the establishment work of the Clinical Networks for Te Whatu Ora who will be accountable to a national governance board.

The aim of the national governance board is to transition established networks across the sector into their clinical network model.

The specific functions of the network are being developed and there is still room for discussion. Radiation Oncology is to be stood up in the first tranche. Given this Te Aho o Te Kahu are actively engaged in this work.

ROWG is seen as an impactful group and an example of an expert group who have already provided a number of the functions considered as essential for a clinical network.

Te Whatu Ora is committed to the Radiation Oncology Collection (ROC) going forward.

The private providers are acknowledged and network membership continues to be worked through.

Questions and comments:

The Terms of Reference for the Clinical Network groups are still being developed, however, the new Clinical Networks will be embedded into the Health System. Co-leadership positions will be created and will ensure the group has a work plan that is aligned with national strategy. The groups will be engaged about how to achieve overarching strategies, especially effectively addressing equity.

It is intended that the networks will be a national authoritative voice and that they will be commissioned, have dedicated FTE and systems in place to cover back-office support.

A member questioned how equity, including pastoral issues, will be achieved through the clinical networks. Te Aka Whai Ora is involved to provide guidance on equitable access, experience and outcomes. The mandate and accountability for the groups is being worked on. There are 31 existing groups and networks to consult to evolve into the proposed clinical networks.

BREAST CANCER FOUNDATION NATIONAL REGISTER – DATA DISCUSSION

An overview of the National Register was presented by Sue Kleinsman and Rachel Shirley. The Breast Cancer Foundation is requesting permission to use the ROC data set to ensure their register reflects the information contained in the ROC

Questions and comments:

The team were commended on their mahi to enable equity and partnerships.

Privacy and data sharing conditions need to be met, including knowledge of the outputs which will be shared.

The Breast Cancer Foundation will ensure contact with the private providers individually to gain approval. The process has been started with the Midland private provider.

Decision: ROWG members representing publicly funded organisations endorse data sharing with the Breast Cancer National Register.

ROC DATA MIGRATION

Alex Dunn gave an update on ROC and the proposed improvements including migrating ROC data into the new CanShare database.

The ROC team are requesting assistance from the data managers for the system improvements. Extra resource is expected to be approximately 5 hours per centre from the data managers over the next 3 months. They asked if it is an acceptable time to progress work and, if there is capacity from the centres to be involved?

Questions and comments:

Centres are probably currently contributing half a day per quarter, so the ROC team are asking for another half day.

Every centre is different; some centres do not have capacity.

It is intended that the new system will be switched over in one go.

Timing could be pushed out until next quarter.

It was decided that Alex will send out an invitation for a meeting and engage with data managers about ideal timelines.

Decision: ROWG gives support for the ROC Data Migration to CanShare.

Action: Alex to send out an invitation for a meeting with each individual centre to engage with data managers about ideal timelines.

CANSHARE UPDATE

An update on CanShare was given by John Fountain.

The overall aim is to build a firm foundation to support practitioners and provide data for circulation throughout the healthcare system. The information is standards based. Combining all the different registries will offer a wealth of information and enable analytics.

Questions and comments:

CanShare is going through the process of engaging with Te Whatu Ora and other health agencies e.g. Te Aka Whai Ora in an effort to align efforts and forge partnerships to work towards equity and acknowledging Māori data sovereignty.

The timeline is expected to be the end of 2024 to get data flows. It is going to be dependent on vendors like Elekta and Varian. There will need to be a Mosaiq upgrade.

Further updates will be circulated to the group.

STRUCTURED PATHOLOGY PROJECT UPDATE

John Manderson gave an update on structured pathology reporting.
The aim is to develop national data standards.

Action: John Manderson has requested people contact him with questions regarding national data standards if they wish to participate.

QUALITY AND PERFORMANCE INDICATOR (QPI) UPDATE – PANCREAS AND UNIVERSAL QPIS

Gabrielle Nicholson and Rachael Neumann gave an update on the QPI programme and key projects i.e., Breast, Lung and Prostrate Cancer QPIS.

There will be a difference in the reports from specific QPIS and universal QPIS. The plan for the universal QPIS will not include a full analysis or international comparison; the idea is to share data with all levels of interested parties.

Questions and comments:

There were no questions.

CANCER SERVICES PLANNING UPDATE

Gabrielle Nicholson gave an update on the project. Phase 2 of the project is now underway.

A workshop was held on 30 March 2023 regarding the model of care in the public system. Te Aho o Te Kahu Community Hui reports will also be used to inform this work.

The team are working together with Te Whatu Ora. The next step is producing the report.

Questions and comments:

It is noted that the private sector would like to be involved in the model of care development.

IMPLEMENTATION OF NEW PUCS

John Manderson gave an overview of the purchase units and provided an update on Radiation Therapy counting. There is a shift to counting complexity for the national collections rather than counting attendances. It is expected that data can be submitted from 1 July 2023.

Questions and comments:

There were no questions.

FURTHER ADOPTION OF HYPOFRACTIONATION – FOCUS ON EXTREME HYPO FOR PROSTATE CANCER

Alex Dunn gave an overview on the expected patient benefits and savings from the extreme Curative Prostrate hypofractionation protocol. The new protocol is expected to realise a potential 4% reduction in LINAC time however this only provides a short term increase in capacity of about 1-2 years. The aim is to raise awareness of the protocol and the information on the protocol provided by Auckland will be shared with the other centres.

Questions and comments:

Auckland gave an overview of their experience and reasons for adopting the new protocol.
There was a general discussion on each centre's fractionation protocol for prostate cancer.

Action: Te Aho o Te Kahu will circulate the Auckland presentation on hypofractionation.

ACC DATA

Claire Hardie gave an update on ACC Radiation Treatment Injury Claims.

From the perspective of understanding if there is a trend in a certain type of injury and/or which types of injury are more likely to be accepted for an ACC claim there needs to be more granularity of the data.

It was noted that ACC had indicated that to provide more detail they need to go down to individual NHI level data and there were privacy concerns. ACC were not available to present this data at today's meeting.

Questions and comments:

Can ACC be connected with the CanShare team and therefore could this be a mechanism to obtain more detailed information? This will be reviewed by the team working on CanShare at Te Aho o Te Kahu.

Action: Te Aho o Te Kahu will circulate Claire's slides with members.

CENTRE UPDATES

Each centre gave a brief overview of their capacity.

General comments:

Across the board, the public system resource and capacity are stretched.

Benign referrals are being declined in many public centres due to capacity constraints and as insurance companies may not cover treatment of benign disease with radiation therapy, access to treatment in private centres may also not be an option. There needs to be consideration of how this patient group is managed as whilst there will not be an impact on mortality not being able to offer treatment does impact on quality of life.

Currently Te Whatu Ora have set up a national group that meets weekly to address resource constraints primarily in the South Island, but which has implications of managing workload and workforce across the country.

OTHER BUSINESS

Radiation Therapist Training and Workforce:

Talks have been held with Allied Workforce about acute shortages in oncology. There has been a general decline in the numbers of students undertaking tertiary study and there is a significant piece of work to do to attract oncology workforce and students. Forward planning needs to include increased financial resources.

The members had a general discussion on the difficulty in attracting students to oncology and proposed some ideas for attracting pupils to allied health roles.

The Chair requested a summary of issues be sent to her.

Action: Chair requested members send her a summary of issues with regard to attracting students to oncology.

MDM Guidance:

Ministry Cancer MDM Guidance from 2012 is going through a formal review and ROWG is invited to be part of the working group.

ROC DATA REQUEST – LUNG CANCER OUTCOMES RESEARCH, JASON GURNEY

The public and private ROWG representatives agreed ROC can use the data for Lung Cancer Outcomes Research.

RADIATION THERAPIST ADVANCED PRACTICE ROLES UPDATE

Work is underway on the draft document. Work is also in progress to identify supporting documents/resources and then the revised document will be ready at the end of May.

As there was a lot of feedback on the initial document, the members requested a summary of the feedback prior to finalisation of the document.

Action: Te Aho o Te Kahu will share a summary of the feedback with regard to the radiation therapist advanced practice roles document.

Meeting Close

The meeting closed at 3.14pm

The next meeting is 21st November, F2F, Wellington