

# Minutes

## Advisory Council: Cancer Services Planning

**Date:** 8 December 2020

**Time:** 3:00pm to 4:00pm

**Location:** Room: GN.6 or Teams Conference ID: 266 220 505#

**Chair:** n/a

**Attendees:** Apisalome Talemaitoga, Graeme Norton, Shelley Campbell, Richard Sullivan, Nina Scott  
Diana Sarfati (TAoTK), Dawn Wilson (TAoTK), Jordan Jansen (TAoTK - Secretariat)

**Guests:** Helen Stobba (TAoTK)

**Apologies:** Christopher Jackson, Deborah Woodley, Jonathan Koea, John Whaanga, Ashley Bloomfield

	Item
1	<p><b>Cancer Services Planning:</b> DS opened meeting confirming with SC (co-Chair) for Helen Stobba to lead discussion.</p> <p><b>The following points noted:</b></p> <ul style="list-style-type: none"> <li>• Once we confirm our problem definition, we will be able to design stakeholder activities to engage fully with our audiences.</li> <li>• This project is an opportunity that has presented as part of implementing the Health and Disability System Review (HDSR).</li> <li>• The project must align with HDSR and initially focus on treatment services in relation to cancer.</li> <li>• The problem definition needs to define the work better as the current drafting is too broad.</li> <li>• One possibility is to focus solely on distribution of surgical services.</li> <li>• Medical Oncology and telehealth should be closer to home.</li> <li>• Radiation Oncology depends on the availability of LINACS.</li> </ul>

- Improvements in the Tier 1 space is where longer term gains are achieved.
- Prevention work is still continuing within the Agency's other work programmes.
- Significant work needs to be done to improve the culture of hospital cancer services.
- Some services will work better in a centralised model, while others like Medical Oncology could be delivered closer to people who need them.

**The council agreed** to change the opening sentence of the problem definition to be: "The current treatment service model for cancer in our hospitals does not:" and move the Treaty of Waitangi and UNDRIP statement to be first.

The updated Problem Definition follows:

Cancer survival is not improving as quickly in New Zealand as other comparable countries. The current treatment service model for cancer in our hospitals does not:

- meet Crown obligations under the Treaty of Waitangi and the United Nations Declaration on the Rights of Indigenous Peoples
- have adequate focus on eliminating inequities in cancer incidence, survival and mortality
- drive improvements to survival rates, as compared with other similar countries
- provide a high-trust, racism free, whole of system approach that maximises wellbeing for individuals and their whānau
- demonstrate strong, collective leadership and accountability across the sector
- deliver efficient coordination of services to improve overall system costs.

