

**Minutes**

Advisory Council: Cancer Services Planning

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| **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 |

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|  | **Item** |
| 1 | **Cancer Services Planning:**  DS opened meeting confirming with SC (co-Chair) for Helen Stobba to lead discussion.  **The following points noted:**   * Once we confirm our problem definition, we will be able to design stakeholder activities to engage fully with our audiences. * This project is an opportunity that has presented as part of implementing the Health and Disability System Review (HDSR). * The project must align with HDSR and initially focus on treatment services in relation to cancer. * The problem definition needs to define the work better as the current drafting is too broad. * One possibility is to focus solely on distribution of surgical services. * Medical Oncology and telehealth should be closer to home. * Radiation Oncology depends on the availability of LINACS. * 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. |

