

**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 ScottDiana 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.
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