

Minutes

Haematology Working Group (HWG) – Extra Meeting

Date: Wednesday 30 June 2021

Time: 1.30 to 3.30pm

Location: Via Zoom

Chair: Gabrielle Nicholson (Interim until new Chair is appointed)

Attendees: Allannah Kilfoyle, Eileen Merriman, Laura Young, Lucy Pemberton, Marie Hughes, Peter Fergusson, Rosie Howard, Sharon Jackson, Alwyn D'Souza, Natalia Gavrilova, Luke Merriman, Leanne Berkhan (apologies for lateness)

From Te Aho o Te Kahu, Cancer Control Agency: Gabrielle Nicholson, Humphrey Pullon, Simon Pointer, Elizabeth Dennett (agenda item 3), Helen Stobba (agenda item 3), Jane Dancer (agenda item 3), Nisha Nair (agenda item 3), Elena Saunders (agenda item 3),

Secretariat: Elaine Edwards (via recording)

Apologies: Andrew Butler, Elizabeth Shaw, Tim Prestidge, Debbie Moore, Sarah Poplar

Item
<p>Minutes, actions and review of the conflicts of interest register</p> <p>The minutes of the meeting held on 19 November 2020 were accepted as a true and correct record. It was noted that this is an extra meeting, scheduled for the purposes of the Cancer Services Planning agenda item. Therefore, it was agreed that the actions would be carried over to the next regular meeting, scheduled for August.</p> <p>The conflicts register was received and noted without change.</p>
<p>Discussion re the Group Going Forward</p> <p>Te Aho o Te Kahu is updating all of its advisory groups' terms of reference. As part of this will also be considering changes to membership to achieve at least two Māori and two consumer members per group and ensure membership succession planning is in place where appropriate. Another focus is ensuring that work programmes are clear and aligned with the particular group's purpose.</p> <p>Also, as part of this work the frequency of meetings for all advisory groups is being considered. For this group there will be no change: the meeting frequency going forward will be two meetings per annum plus additional, ad hoc meetings as required/ in agreement with the chair.</p>

A draft revised TOR for this group will be on the agenda for this group's next meeting.

The need for a new chair was discussed. The group agreed to Gabrielle continuing as interim chair until a new chair is found – the length of time this takes will be kept to a minimum because it is inappropriate for Te Aho o Te Kahu to chair the group. The chair should be independent, so that the group is truly independent and able to advise Te Aho o Te Kahu in that capacity.

There were two suggestions regarding how a new chair could be found: 1) follow up with clinicians that have recently stepped down from the haematology clinical director role – they would have the knowledge and (the assumption is) the capacity; and 2) follow up with the Royal Australasian College of Physicians to identify existing haematologists and seek nominations from the widest pool possible.

The group were advised that the approved meeting minutes would be going up on the agency's website from this meeting onwards, as part of ensuring transparent governance.

The Group confirmed they were in agreement with the proposed way forward.

Te Aho o Te Kahu update and discussion re Cancer Services Planning

– Haematology Focus

As a result of the recently announced Health and Disability Sector Reforms, Te Aho o Te Kahu is undertaking a piece of work aimed at informing the Minister's thinking (and eventually the two commissioning bodies: 1) Health NZ; and 2) the Māori Health Authority) about what cancer services should look like in the future in order to deliver high quality, equitable, patient and whānau centred, sustainable cancer treatment.

The group was advised that the current focus is on treatment services (Tier 2 cancer services ie: generally hospital-based). Consideration of primary care services is being done through a separate project.

Systemic treatments, cancer surgery, radiation oncology, allied health, and support services are all in scope.

The Agency aims to present recommendations of the report to the Minister in late 2021.

A draft document was circulated prior to the meeting and feedback from the group was sought.

The Group queried if there was time to form a task force to pull together more data and provide specific recommendations around stem cell transplant in particular. While a separate task force is not possible at this stage due to project timeframes, members were strongly encouraged to identify issues for inclusion in the report.

With respect to pathology services, and opportunities for improvement, the Group considered that access to molecular testing should be standardised across New Zealand. The Group considered that in acute leukaemias, for example, it is not possible to make appropriate treatment decisions without molecular test results. The Group considered that molecular tests should be implemented as routine, with appropriate funding attached. The Group also noted that there are no national guidelines or pathways that describe what tests to use (and to not use) for particular tumour types and considered that pathways should be developed that included molecular testing recommendations. The Group also noted that in general there is reasonable access to pathology services for haematological malignancies, but in some cases the turnaround times are too long.

The group advised that the issue with transplant services is the funding model – the budget and the model are different at different hospitals, which is not efficient or equitable. A national model and consistency is needed.

Members of the group escalated their concerns about staff capacity issues and said that staff shortages would soon result in burnout of existing staff if nothing is done.

Staffing is an issue at all levels – SMO, CNS, Ward Nurses, Nurse Practitioners, etc. It was suggested that the project team should look at haematologists per head of population in New Zealand versus other jurisdictions – the assumption is that NZ numbers would be low. Training, recruitment and retention are all issues that need addressing. It was agreed that there is scope to further develop the roles played by nurses and nurse practitioners in haematology settings.

Capacity issues are making safety on the wards an issue and putting the provision of transplant services in jeopardy. An issue that should be identified in the report is that facilities are currently inadequate, let alone if the forecast growth comes to bear. The group agreed that peripheral hospitals need to build skills and appropriate facilities to take some of the load from the main hospitals – they could do less complex cases freeing up staff and facilities at the main hospitals for the more complex cases.

Another suggestion was increasing self administration – COVID-19 has meant that some DHBs are trialling this and this approach could be expanded, freeing up staff time and beds for more complex cases.

It was noted that staff shortages and wait list issues are priorities to be addressed immediately, as well as via the report. Te Aho o Te Kahu staff agreed that they would progress this as a matter of urgency.

Other Business

A member of the group advised that the Leukaemia National Research Group had put a submission to the PHARMAC Review with regard to the access to drugs, timeliness of review etc. The group queried if the HWG (as clinicians) might endorse their submission or submit its own submission. A member advised that the Haematology Society (HSANZ) is also preparing a submission and there could be an opportunity to contribute to that. It was agreed that members of the group would meet to discuss how best to approach the submission, and then prepare a submission to PHARMAC.

Action: Subgroup to meet to develop a submission to the PHARMAC Review on behalf of the HWG.

Next Meeting

The next two regular meetings have been scheduled:

1. Tuesday 24 August, 1-4.30pm via Zoom
2. Thursday 25 November, 9.30-3.30pm in person, in Wellington.

Close

The meeting closed at 3.30pm.