

Minutes

Medical Oncology Work Group (MOWG)

Date: Wednesday 19th October 2022

Time: 9am to 4:30pm

Location: Rydges Conference Centre, Wellington Airport, Wellington
Zoom

Chair: Richard North, Clinical Leader Medical Oncology, Te Whatu Ora Hauora a Toi Bay of Plenty

Attendees: Brendan Luey, Clinical Leader Medical Oncology, Te Whatu Ora Capital, Coast and Hutt Valley
Sharon Pattison, Medical Oncologist, Te Whatu Ora Southern
Matthew Strother, Clinical Leader Medical Oncology, Te Whatu Ora Waitaha Canterbury
Jessica Lowe, Clinical Leader Medical Oncology, Te Whatu Ora South Canterbury
Anne-Marie Wilkins, Clinical Leader, Te Whatu Ora Te Toka Tumai Auckland
Kirstin Wagteveld, Nurse Practitioner, Te Whatu Ora Southern
Navin Wewala, Medical Oncologist, Te Whatu Ora Te Pae Hauora o Ruahine o Tararua MidCentral
Alvin Tan, Clinical Leader Medical Oncology, Waikato DHB
Steve Delaney, Clinical Leader Medical Oncology, Te Whatu Ora Nelson Marlborough
Caroline Aberhart, Pharmacist Team Leader, Te Whatu Ora Nelson Marlborough

**He Ara Tangata
– Consumer
Reference
Group** Ngaroimata Reid (via Zoom)
Thomas Ngaruhe

**Te Aho o Te
Kahu
attendees:** Alice Minhinnick, Medical Oncology Registrar, Clinical Advisory Team, Te Aho o Te Kahu
Elena Saunders, Principal Advisor, Clinical Advisory Team, Te Aho o Te Kahu
Jo Anson, Project Manager, Central Regional Hub
Eila Cunnah, Project Manager, Cancer Services Planning
Michelle Liu, Team Leader, Data Analysis, Data Monitoring and Reporting Team
Alex Dunn, Senior Project Manager, Data Monitoring and Reporting Team

John Manderson, Senior Project Manager, Data Monitoring and Reporting Team
Janfrey Doak, Interim Manager Southern Hub
Simon Pointer, National Pharmacist, Clinical Advisory Team
Dawn Wilson, Chief Advisor Interim Manager Clinical Advisory Team

Guests: Logan Heyes, Senior Therapeutic Group Manager, PHARMAC
Chippy Compton, Therapeutic Group Manager, PHARMAC
Jared Solloway, Therapeutic Group Manager, PHARMAC

Secretariat: Amanda Wooding (minutes)

Apologies:

NB: The audio recording of this meeting was of a poor quality and therefore the minutes of this meeting are largely derived from the notes of meeting participants.

Minutes, actions, and review of the conflicts of interest register

The Minutes of the meeting held on 20 June 2022 were accepted as a true and correct record.

The Action Register was reviewed. All actions were complete/progressing.

The Conflicts Register and List of Registered Medical Oncologists in NZ were reviewed, and no updates required.

A request to add to agenda under Pharmac section – People’s view on unfunded treatment options due to legislation changes. Question: Are you facilitating any unfunded treatment options?

- There was a discussion re interpretation of Te Pae Ora (new legislation) re: offering patients unfunded vs funded drugs. Clinicians seeking clarification and guidance on interpretation.

Action: Te Aho o Te Kahu to discuss with Clinical Director outside of meeting and report back at next MOWG Review of MOs on Directory is current

Action 1: all members to review and add Nurse Practitioners to list

- Variation around the country re FTE and remuneration was discussed, consideration of a unifying remuneration approach for MO's was raised, apply MECA across the country?

Action 2: membership to send current actual FTEs (including vacancies) at their centres to Chair for collation.

Cancer Services Planning mini workshop

Te Aho o Te Kahu presented a vision for cancer treatment in the reformed health system, with the following key points discussed:

Two Phases included

Phase 1: Assessing the current conditions.

Phase 2: Achieving improved and equitable patient outcomes and experience. Providing strategic advice, and ongoing monitoring and support.

A sustainable service design needs to be generated.

Key points:

- Cancer Services Planning is about the system
- Te Aho o Te Kahu has a clear mandate and purpose to advise the government on cancer control.
- Te Aho o Te Kahu does not have a regulatory or a commissioning lever, so partnering with central government agencies that do have those levers is a big part of our job.

A mini workshop was held on CSP to:

1. Share current focus areas
2. Seek MOWG's perspectives on current state service 'governance structures', highlight knowledge gaps to direct Te Aho o Te Kahu SACT CSP current work
3. Signpost where work will later focus and plan for MOWG's input

Next Steps: Request for those interested in contributing to more detail, including recommendations of others who can contribute – Clinical MDT input is needed.

MOWG Medicines Modelling Tool Prototype

Te Aho o Te Kahu gave an update on the MOWG Medicines Modelling Tool Prototype with the following key points discussed:

- Brief intro/background for context
- Demonstration of prototype modelling tool
- Discussion around
 - Assumptions built into tool
 - Additional inputs and or outputs
 - Potential uses
- Next steps

Comments:

Action: BL, MS and SP discuss further work in modelling outside of meeting, including using AUC PFS.

Structured pathology update

Te Aho o Te Kahu (John Manderson) gave an update on Structured Pathology, with the following key points discussed:

- Data standard tool has been developed to monitor standards, and anyone can go in and provide feedback.

The presentation can be viewed here below, any questions, please get in touch with John directly.



Structured
Pathology Reportinç

PHARMAC visit

Pharmac representatives presented:

Olaparib

- There was a discussion about mainstreaming and any challenges that centres face

Evusheld

- Not currently prescribing much except in a few lymphoma patients receiving rituximab (mostly haematology patients)

Oral vinorelbine

- The potential for funded oral vinorelbine being funded was discussed. There was discussion that it would be of limited use, but acknowledgment that in some patients having an oral option that would reduce

Comments:

- Dose is basically the same via oral and IV, so unless someone can't swallow, they would opt for oral.
- Given IV demand now - suggestion to move to oral only.

Immuno-therapy of lung cancer

Action: Pharmac to discuss with Te Aho o Te Kahu continued input into new medicines modelling.

ACT-NOW Update

Te Aho o Te Kahu gave an update on the ACT-NOW programme, with the following key points discussed:

- All workshops complete across all cancer types.
- Goal to publish all by Christmas, and if not, by end of Feb 2023.
- 2023 Implementation for ACT-NOW.
- Data-quality – would like MOWG to set the DQ groups.
- Maintenance of national regimen library. Workshops delivered every 1-2 years.

Comments:

- There were some comments that some functionality took a while to become available in e-prescribing systems
- There was comment that preparation for and attendance at workshops could take a significant amount of time and this needed to be recognised as part of a clinician's FTE
- Some centres are having error messages with staging data

COVID-19 update and discussion

Te Aho o Te Kahu gave an update on COVID, with the following key points discussed:

- From the last COVID report – MOWG services are less of a concern than other areas of the health system.

Diagnostics

Te Aho o Te Kahu spoke to the memo on the Standardising Access to PET-CT project seeking the groups review of the proposed national PET-CT indications list, with the following key points discussed:

- Importance of regional Variance committees role continuing to approve cases that are not covered by the list.
- Importance of the evidence base to be provided to enable clinicians to review the proposed changes to the indications
- Concerns about proposed additional indications creating capacity issues if the list is approved. Jo noted that the Variance Committee Chairs had confirmed that apart from PSMA scans the majority of the other 'new' national indication are being routinely approved currently
- Need a process for ongoing updating of the new list

Action: Te Aho o Te Kahu to address feedback and re-engage with the group.

Round table

Particular issues raised from each department:

- Bay of Plenty DHB – Sourced Another registrar. Lack of nurses. PET scans limited. Tauranga has increased in size, therefore general medicine operating at capacity.
- MidCentral DHB – New FTE in HB and Taranaki. Nursing in clinics and day wards, as well as day ward capacity is a challenge.
- Auckland –
- Dunedin – Lack of space and insufficient clinic rooms which limits amount of Registrars. Short on SMO FTE (EY report findings were not actioned). Wait list, concerns that this will increase, Rad Onc WL is concerning. Loss of institutional Nursing knowledge.
- Capital and Coast – Nursing on the day ward is a workforce challenge. Enough SMOs.
- Nelson/Marlborough – SMO levels ok (no Registrar), great to have additional Pharmacist. Nursing challenges.
- Waikato – New SMO, WL is 4 weeks to treatment. Issues with unplanned leave and infrastructure (offices are clinic rooms) – converting lounge area and ward meeting room to Chemo Chairs. Shortage of advanced trainees next year.
- Canterbury: 1 SMO has left, need additional 2.5 FTE/ear marking some RMOs. Space constraints, (business cases have been rejected). WL sitting at 125 (6 weeks to be seen). Challenges with workforce moving into private (SMOs and NPs). CNS model up and running, 5 new nurses, doing fup work, planned training scheme in place to support this, been successful as pitched well with career growth.

Other Business:

- TN provided the group with a reminder of ‘what’s important’ regarding patients feeling welcome and MOWG leading the way with equity at the forefront of all discussions.
- We need to put succession plans in place for a new MOWG Chair. Discussion about investigating whether role could have some FTE attached:

Action: Te Aho o Te Kahu to investigate options for FTE for MOWG Chair.

Close

The next meeting date to be confirmed. Propose late March

The meeting closed at 4:30pm.