

# Minutes

## Clinical Assembly Meeting

**Date:** Thursday 28 July 2022

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**Time:** 1pm to 4:30pm

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**Location:** Rydges, Wellington Airport: 28 Stewart Duff Drive, Rongotai, Wellington and via Zoom

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**Chair:** Chris Jackson, Dunedin Hospital, Southern District, Te Whatu Ora

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Alex Henderson, National Clinical Leader; Cancer Genetics, Genetic Health Service NZ – via zoom

Chris Hemmings, Clinical Director of Anatomical Pathology, Canterbury Health Laboratories (CHL) (also Executive member of NZSO and NZ rep for CPAs cancer services advisory committee)

Claire Hardie, Radiation Oncologist and Clinical Executive Cancer Services, MidCentral District, Te Whatu Ora (and Chair of ROWG)

Heidi Watson, Clinical Lead, AYA Cancer Network, Auckland District, Te Whatu Ora

Humphrey Pullon – Haematologist, Waikato District, Te Whatu Ora; Clinical Lead, Te Manawa Taki Midland Regional Hub, Te Aho o Te Kahu (and Chair of HWG)

Ian Bissett – Colorectal & General Surgeon, Auckland District, Te Whatu Ora; University of Auckland

**Attendees:** Ineke Meredith - Breast Surgeon, Capital & Coast District, Te Whatu Ora – via zoom  
 James Entwisle, Consultant Radiologist and Clinical Director - 2 District Strategy, Performance & Planning, Capital & Coast and Hutt Valley Districts, Te Whatu Ora (also Chair National Radiology Advisory Group)  
 Justin Gulliver, Social Worker (Advanced Practitioner) and member of the Cancer Support Team, Capital & Coast District, Te Whatu Ora (also NZ rep on the Oncology Social Work Australia & NZ (OSWANZ) group)  
 Laura Clunie, Oncology Pharmacist, Canopy Cancer Care, Auckland  
 Richard North, Medical Oncologist, Tauranga Hospital, Bay of Plenty District, Te Whatu Ora (and Chair of MOWG) – via zoom  
 Sue Waters - Director of Allied Health, Auckland District, Te Whatu Ora; Chair National Directors of Allied Health – via zoom  
 Suzanne Beuker, Urology Surgeon, Nelson Marlborough District, Te Whatu Ora – via zoom

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Catherine D'Souza - Palliative Medicine Lead, South Canterbury District, Te Whatu Ora; University of Otago

Stephen Laughton – Paediatric Oncologist, Auckland District, Te Whatu Ora; Clinical Lead, National Child Cancer Network

**Apologies:** John McMenamain - General Practitioner, Whanganui General Practice; The Royal New Zealand College of General Practitioners rep  
 Mary-Ann Hamilton, Clinical Nurse Specialist/ Cancer Co-ordinator - Equity and Access, Waikato District, Te Whatu Ora (and rep for the Cancer Nurses College, NZNO)  
 Sara Joice - Regional Lead and Health Psychologist, Southern District, Te Whatu Ora

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**Te Aho o Te Kahu attendees:** Nicola Hill, Acting CEO  
Michelle Mako, Director, Equity  
Gabrielle Nicholson, Manager, Treatment Quality & Standardisation  
Elizabeth Dennett, Clinical Director  
Elena Saunders, Principal Advisor

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**Minutes:** Amanda Wooding, ONZL

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**Guests:** Ailsa Claire, Workforce Lead, Health NZ  
Gordon Sinclair, Registered Clinical Psychologist, Principal Advisor, Regulatory Assurance, Health System Improvement and Innovation, Ministry of Health  
Sue Morgan, Principal Advisor, Regulatory Assurance, Health System Improvement and Innovation, Ministry of Health  
Michelle Ingram, Principal Advisor, Health and Disability Intelligence, Health System Improvement and Innovation, Ministry of Health  
Michelle Wilson, Medical Oncologist, SCD Cancer and Blood Research Auckland, and co-lead of the national cancer teletrials steering committee

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Item
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<b>Review of draft minutes from 24 March 2022 meeting, actions and conflicts of interest register</b>
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The minutes of the meeting held on 24 March 2022 were accepted as a true and accurate record, subject to the following changes – on page 4 Chris Hemmings is now ‘on’ the executive of the NZSO, page 5, ‘comprehensive cancer centre’ not ‘clinic’, page 6 2C ‘retain and attract nurses into cancer services’, not ‘cancer treatment’.

The **action register** was reviewed. Status of actions updated.

The **conflicts register** was reviewed. Chris Hemmings has changes to advise – she will email them through.

Updates from recent HWG, MOWG, ROWG meetings were noted with the chairs from each group speaking to the written updates that were provided to the CA in advance of the meeting.

The ICBP infographics were noted, and the chair explained the background and potential implications. It was noted that there could be definition differences between countries, so interpretation should be done carefully.

<b>Shape of reforms to date – update</b>
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(including Cancer Service Planning (CSP) update and discussion re implementation)

**Michelle Mako and Nicola Hill presented on behalf of Te Aho o Te Kahu**, updating on the CSP work to date. Currently in phase 2, focusing on advising Te Whatu Ora, Health NZ re immediately implementable actions and setting future priorities. It was noted that Te Aho o Te Kahu can only advise Te Whatu Ora; however, early engagement with representatives from Te Whatu Ora have been very positive and they are very receptive to and grateful for the CSP work.

**Members commented** on their concern that ongoing health reforms and further changes may result in more work/ exacerbate capacity issues, rather than fixing existing problems. Te Aho o Te Kahu reps advised that this is something that’s being considered and worked on as part of the CSP work.

The group also queried where palliative care fits within the CSP programme of work. Te Aho o Te Kahu representatives advised that because palliative care is broader than just cancer, responsibility sits with Te Whatu Ora and they are progressing work in this space. Te Aho o Te Kahu staff will update the assembly as appropriate at a future meeting.

## Clinical trials update

**Michelle Ingram (MI) presented on behalf of Manatu Hauora**, updating the group on the project to nationalise/ standardise the approach to clinical trials, and therefore make access to them more equitable for potential participants.

On 1<sup>st</sup> July the Ministry established a new evidence, research, and innovation directorate, providing strategic leadership for health research and innovation across the health system, in collaboration with Te Aka Whai Ora, Maori Health Authority.

The aim of the clinical trials project is to enable more people to participate in and benefit from clinical trials. The project team have conducted a review of current clinical trials and developed general recommendations for a national, equitable clinical trials infrastructure with a national centre and regional spoke model – enabling better connection.

Key contingencies include establishment of research leadership and support, annual investment, and development of research culture.

**Members commented** that they are interested in funding, where this would come from, and how this would be managed with study sponsors at a national level. MI advised the funding discussion is still in the early days and this is not yet confirmed.

The group supported the proposed national approach to ensuring equitable access to clinical trials regardless of where participants reside.

## Teletrials update

**Michelle Wilson (MW) presented on behalf of the National Cancer Teletrials Steering Committee**, the work of which has been partially supported by Te Aho o Te Kahu.

MW outlined that the teletrials - also known as decentralised clinical trials - project aims to ensure that people can participate in trials without having to travel or be away from family (or that any travel is kept to a minimum). A primary site and satellite site model will be used. Raising awareness of trials and good communication networks between sites will be crucial in the success of implementation.

An early focus is the ability to provide remote consents.

First study teletrial with main site in Auckland and satellite site in Tauranga.

Next trial will have Wellington and Auckland as main sites and Northland as the satellite site.

Not all trials will be suited to this model, funding and having the right people involved will be key.

**Members commented** and extended their thanks and appreciation from the group for the work and progress that has been made and extended ongoing support to MW's group.

## End of Life Choice Act Update

**Gordon Sinclair and Sue Morgan presented on behalf of Manatū Hauora.**

An update on the implementation of the Act was provided. Feedback has been mostly positive, with more integration with wider health services (eg: hospice) and providing guidance that would enable a smoother process are two things that have been suggested.

**Members commented** that they would like to better understand the average length of time from application to assisted death and were advised that this information is not available yet but will be assessed in future. Understanding the impact on suicide rates would also be valuable but given the length of time that the coronial process takes, this analysis will not be possible for many years.

### **Sector communication and engagement**

**The chair led the round-table discussion on sector communication and engagement**, the purpose of which was to discuss how to increase engagement with work of Te Aho o Te Kahu and foster dialogue in the broader cancer sector. Examples were shared of how strong sector communication had led to positive change and results, and also aided public awareness and knowledge regarding cancer including prevention, screening and treatment.

**Members commented** that telling patient stories is often valuable for sharing successes and also managing expectations. Also, the recent celebration of the successes in rolling out the bowel screening programme was cited as an opportunity of celebrating success while signposting desire for expansion.

No specific action points arose from the discussion.

### **Discussion re health workforce**

**Ailsa Claire presented an update on behalf of Te Whatu Ora** – she is no longer CE of ADHB and is instead leading the health workforce work. She and her team are currently pulling together all the existing workforce strategies into one plan. The health workforce taskforce has a focus on quick wins, as well as long term strategies. One area of focus is immigration and smoothing the process and path for offshore trained healthcare workers to come to NZ. The work has been split into different ‘pipeline groups’, eg: allied health, nursing, etc.

Sue Waters, who is the chair of the allied health workforce group, also updated the group and advised that some of the work they are doing is quite specific/ detailed, eg; specifying that providers support/ achieve an increase of specific numbers of specific types of medical registrars per year over a 5-year period.

**Members commented** that streamlining people through immigration and NZ registration would be helpful and provided specific examples. Ailsa asked for specific anonymised examples to be provided in order to build the evidence base for change.

Ailsa advised that her group is not responsible for models of care or scopes of practice; both of these lie with other teams or other agencies.

The example of Pharmac bringing new drugs in as a result of their recent budget uplift with no or limited consideration for the workforce impact was raised. Ailsa advised that she is working to draw attention to this issue. Te Aho o Te Kahu representative advised that this specific matter was also being addressed as part of the CSP programme of work.

Ailsa confirmed that her work includes consideration of the wider health sector, including the private workforce.

## QPI programme and approach to QI update

**Gabrielle Nicholson presented on behalf of Te Aho o Te Kahu** and gave the group an update on recent QPI work, including the approach to universal QPIs, which were discussed at recent meetings, and sought feedback on early thinking regarding the agency's quality improvement (QI) approach.

**Members commented** that there should be a timeliness indicator within the universal QPIs and were advised that while it is known that timeliness is a good performance indicator there are data quality issues here and, also, the agency is undertaking work to improve the faster cancer treatment (FCT) data collection and reporting, which covers this aspect.

The group also commented that not having patient reported outcomes or experience measures (PROMs and PREMs) is a gap. Gabrielle advised that projects regarding these two types of patient reported measures are in the early stages of development.

Members commented that the proposed increased focus on follow up QI activity as a result of the QPIs is a good idea and they look forward to discussing this further in due course.

## Updated Terms of Reference

The group agreed to approve the draft TOR, subject to two further, minor edits:

- 1) remove any remaining reference to DHBs; and
- 2) add in reference to recent documents, such as the national health plan.

**Action:** Te Aho o Te Kahu to make these changes and circulate the final, approved version.

It was also agreed that the next meeting should include a discussion regarding the 'chair elect' position.

**Action:** Te Aho o Te Kahu to ensure that this is on the next agenda.

## General Business

### Da Vinci surgical robot at North Shore Hospital

A member of the Assembly highlighted that a da Vinci surgical robot has been acquired at North Shore Hospital. The group discussed the pros and cons of the robot and the equity risks that implementing new technology brings.

After discussion the Assembly felt they needed more information on the procurement process for the robot. Avenues for follow-up included engaging with the Northern Region Clinical Practice Committee, which is the governance group for new technologies in the Northern Region. Te Aho o Te Kahu attendees agreed to this action.

**Action:** Te Aho o Te Kahu to write to chair of the Northern Region Clinical Practice Committee to ask for information about the committee's evaluation of the robot, including in relation to equity in access, and report back to CA members as appropriate.

## Next meeting

The next meeting is scheduled to be held on Thursday 24<sup>th</sup> November 2022 from 1-4pm.

## Close

The meeting closed with a Karakia at 4:30pm.