



Northern Cancer Network

Annual Report
July 2008 – June 2009

Introduction

Kia ora Koutou and welcome to the second Northern Cancer Network annual report. This report provides an overview of the Network and highlights of Network's achievements for the year ending June 2009. For the year 2008 to 2009 the Northern Cancer Network annual work plan focussed on the consolidation of the Network's infrastructure and the establishment of the first Northern Cancer Network strategic plan. Key areas of work included:

- Addressing inequalities
- Approving clinical pathways
- Strategic planning

The Network's activity was informed by:

- 2008/2009 District Annual Plans from each Northern region District Health Boards (DHBs)
- DHB Cancer Control plans
- Stakeholder input including Non Government Organisations and DHBs Planners and Funders
- Carry over activities from the previous Network annual plan
- Horizon scanning for national activity likely to require regional implementation during 2008/2009.

Working towards reducing the incidence and impact of cancer and the inequalities with respect to cancer in the Northern region the highlights of the year were:

- The first Northern Cancer Network strategic plan and Northern region Health Needs analysis
- A Situational analysis and Inequalities action plan which strongly informed the strategic plan
- Successfully establishing the lung and bowel tumour streams to facilitate service improvement in the Northern region
- Successfully securing HRC lung cancer research funding

About the Northern Cancer Network

The Northern Cancer Network is one of four Regional Cancer Networks in NZ established to implement the NZ Cancer Control Strategy Action Plan 2005-2010. It works across the cancer continuum, providing leadership, facilitation and coordination with cancer control stakeholders in the Northland, Waitemata, Auckland and Counties Manukau (CMDHB) DHB areas.

The Auckland District Health Board (ADHB) is the lead DHB for the Network.

Our vision is to improve cancer control through increased regional collaboration and our mission is to improve the outcomes for cancer patients, their carers and whanau.

The goals of the Network are based on the purposes of the Cancer Control Strategy being to:

- Reduce the incidence and impact of cancer in the Northern region; and
- Reduce inequalities with respect to cancer in the Northern region

The Network has established the Maori Leadership Group to provide tikanga and kaupapa Maori guidance and strategic advice and to develop and promotes Maori aspiration within all Network activities.

Northern Cancer Network partners come from across the Northern region and work at different stages of the cancer continuum: Northern Region DHBs, Non-Governmental Organisations (NGOs), GPs and Primary Health Organisations (PHOs), cancer service providers, cancer consumers and their family or whanau, hospices, and research organisations.

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Highlights of the year 2008 to 2009

Maori participation

The Treaty of Waitangi (treaty) is widely regarded as New Zealand's founding document and is fundamental to the relationship between Maori and the Crown. The Treaty relationship is based on the three principles of partnership, participation and protection (as derived from the Royal Commission on Social Policy).

The NZ Public Health and Disability Act 2000 confirms the Crown's desire to have greater Maori participation in the health and disability support sector for:

- Improving Maori health outcomes, and
- Reducing health disparities between Maori and other population groups.

The Northern Region DHBs have established mechanisms for engaging with Maori at both governance and operational funding and planning levels through relationships with their Treaty-partner organisations Te Tai Tokerau MAPO, Tihi Ora MAPO and Tainui MAPO. The MAPO are iwi-governed organisations that operate as co-funding partners with the regions DHBs and the Ministry of Health (Ministry).

The Northern Cancer Network is committed to the principles of the Treaty, within the framework of the NZ Public Health and Disability Act 2000 and the NZ Cancer Control Strategy 2003.

The Network has established the Maori Leadership Group to provide tikanga and kaupapa Maori guidance and strategic advice, and to develop and promote Maori aspiration within its activities. The Maori Leadership Group was established in October 2008.

The group draws membership from:

- Kaumatua and Kuia
- Consumers
- Te Tai Tokerau, Ngati Whatua and Tainui MaPO
- General Managers Maori from the Northern DHBs
- Maori Providers
- PHO – Tamaki, Te Kupenga o Hoturoa, Waiora and ProCare
- DHB cancer nursing services
- Palliative care and Hospice services

Key achievements:

- Agreed terms of reference for the Maori Leadership Group
- Submission of Maori priorities to the Networks strategic planning process
- Integrated Maori priorities into the annual plan
- Provided tikanga and kaupapa Maori guidance, advice and leadership to projects and Network activities
- Developed and integrated a tikanga and kaupapa based Inequalities approach to the 3 year HRC Lung research project

Northern Cancer Network's strategic plan

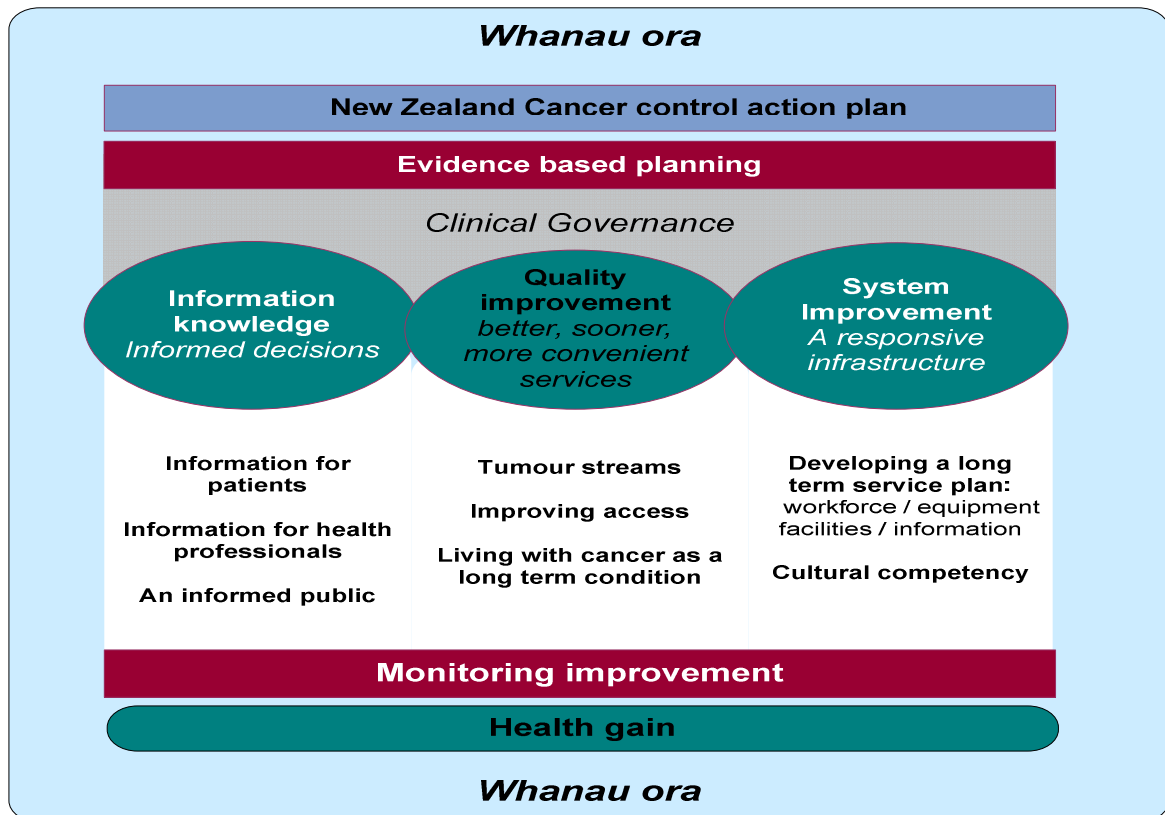
The completion and sign off of the Network's first strategic plan was one of the key highlights of the year. The plan sets out the cancer control activity that will be lead by the Network in the Northern region for five years from 2009/10 through to 2014/15. It also provides strategic direction for Northern DHB and stakeholder cancer control plans.

Development of the plan has been informed by input and feedback from the stakeholders within the Network. This is a positive reflection on the success of the Network to date to work collaboratively.

The plan comprises a combination of quality improvement and health gain initiatives. The framework used directs strategic activity occurring at patient, service delivery and organisational dimensions and is underpinned by sound planning, and monitoring and evaluation. This multi-dimensional approach is needed in order achieve sustainable improvement.

While this strategy will drive the work plan of the Northern Cancer Network Management team, over time we hope to see the development of a broader regional plan for cancer control that will provide collaborative strategic direction for all cancer control activity in the Northern region. Such a plan will in turn inform the future service development and investment of each DHB for the benefit of the growing Northern region population.

Strategic Framework



Addressing Inequalities

Key achievements:

- Completion of the Addressing Inequalities Situation Analysis and Stock Take report.
- Establishment of the Maori Leadership Group of the Northern Cancer Network
- Facilitated in the development of Maori cancer care priorities based on the findings of the Situation Analysis and Stock Take Report
- The integration of the Maori priorities in the Network's strategic plan and annual work plan 2009/210
- Integration of tikanga and kaupapa Maori practices into Network initiatives (HRC Research application)
- Supported the establishment of three Maori Cancer Consumer Groups, West Central and South Auckland
- Identified the first Northern Cancer Network inequalities project: Early intervention for lung cancer.

Situation Analysis and Stock Take Report

The Addressing Inequalities Situation Analysis and Stocktake report was completed in December 2008. It looked at service contracts, initiatives, projects and governance structures for target groups. The report summarised a number of national, regional and local research reports and concluded that the recommendations represented Maori aspiration.

The recommendations were collated and presented to the Maori Leadership Group for endorsement.

Other initiatives underway:

Projects	Progress
Develop and Implement the HRC Inequalities Team	Team confirmed – Powhiri and Equity assessment training October 2009
Early intervention for lung cancer project	Early intervention for lung cancer identified as the first Northern Cancer Network inequalities project. Literature review complete Focus group scheduled for July 2009 Project group members identified.
Palliative Care Strategy Implementation Group – CMDHB initiative	Implementation plan and business case drafted Submission to DHB August 2009.
National Maori Cancer Forum August 2009	Northern Cancer Network Inequalities Project Manager member of organising committee. Planning for forum complete. Northern Cancer Network Clinical

	<p>Director presenting.</p> <p>Northern Cancer Network silver sponsor on behalf of the region.</p>
Regional Cancer Network Inequalities Managers Forum	Two workshops hosted by the Northern Cancer Network
National Maori leadership	<p>Presentation of a discussion paper to Regional Cancer Networks</p> <p>Presented discussion paper to Cancer Control Council staff and Ministry of Health</p>
Information and education material Maori cancer patients	<p>Maori providers have developed material as an outcome of current work</p> <p>A Maori specific resource to be launched at the National Maori Cancer Forum</p>
Establish more Maori Cancer Consumer Groups	<p>West Auckland – active</p> <p>Auckland Central – active</p> <p>South Auckland – in recess</p>

Improving clinical pathways

Site specific work streams

As a means of improving cancer outcomes and reducing inequalities the Northern Cancer Network will utilise an evidence based practice model to review and improve service delivery across the care continuum for all the main tumour groups. The focus of the tumour streams is to ensure consistent access and practice across the region. This will be achieved through the establishment of continuous quality improvement groups who identify opportunities for service improvement.

The tumour streams will initially focus on improving the timeliness for the patient through the clinical pathway using the NHS approach of focussing on high impact change areas first. These are:

- Referral processes
- Diagnostic work up
- Treatment planning
- Follow up.

During 2008/09 the Network established the first tumour streams for Lung Cancer and Bowel Cancer.

Lung cancer tumour stream

Lung cancer was selected as the first tumour stream as a result of the findings of an audit into secondary care management of lung cancer patients in the Northern region¹. The study highlighted the key issues existing within the lung cancer care in the region. When compared to some overseas countries the study found that the following issues existed:

- Poor access to secondary care
- Many patients presenting too late for curative treatment.
- Long diagnostic workup delaying commencement of treatment
- Few patients are discussed in multidisciplinary meetings (MDM)
- Patients are under treated.

Initially a small group comprising a respiratory physician from each DHB was established. The group is chaired by Dr Jeff Garret from Counties Manukau DHB with Dr Chris Lewis from Auckland DHB as Clinical Leader. This group reviewed the recommendations made as a result of the audit and commenced work on identifying strategies for improvement of multidisciplinary team meetings, target times for key points of the patient journey and possible performance indicators

A larger multidisciplinary steering group was then established to agree key areas for improvement and to develop improvement initiatives.

Through this group the following achievements have occurred:

1. Standards for timeliness through the clinical pathway have been proposed for adoption
 - Time from GP referral to secondary care: within 2 weeks

¹ Stevens W, Stevens G, Kolbe J, Cox B. Lung Cancer in New Zealand: Patterns of Secondary Care and Implications for Survival. *Journal of Thoracic Oncology*. Vol 2. No 6. June 2006.

- Time from first visit in secondary care to presentation at a multidisciplinary meeting: 75% within 2 weeks
 - Time from multidisciplinary meeting to thoracic surgery: within 2 weeks.
 - Time from multidisciplinary meeting to FSA medical oncology: within 2 weeks.
 - Time from multidisciplinary meeting to FSA radiation oncology: within 2 weeks.
2. Multidisciplinary meeting principles agreed:
- All 4 DHBs should participate in one of the 2 Thoracic multidisciplinary meetings
 - A regional MDM form should be developed to secure effective, efficient and uniform presentation of cases
 - The MDM should be chaired by a named person, not by a rotating chair. One person must be responsible and be in control.
 - All core disciplines should arrange replacement in case no lead clinician from their discipline can attend.
3. Development of a regional Thoracic MDM form which serves three functions:
- a. The form enables the effective and efficient presentation of patients in the MDM meeting.
 - b. The form speeds up the referral process to medical oncology, radiation oncology and thoracic surgery; because it replaces the referral letter which takes a few days to compose and a week to deliver.
 - c. The form enables audit of the areas of greatest concern within lung cancer care. It also tracks the added value of the MDM discussion.
- This form has been piloted and is now being implemented. Refinements continue to be made.

Bowel cancer tumour stream

Colorectal cancer was selected as the second tumour stream due to the high incidence and mortality rates for bowel cancer and also in order to prepare for the introduction of the national bowel cancer screening programme.

Key achievements:

- Initial key informant interviews with key clinicians identified access to colonoscopy as an initial area of focus. There is considerable variation in the way DHBs manage demand for colonoscopies and the intention is to share learnings of successful management to improve regional equity and timeliness of access to diagnosis and treatment.
- Established a bowel cancer tumour stream steering group comprising multidisciplinary and management representation from each DHB. The group has met once to initiate the work stream and will meet for a second time in July to review information and agree initial activity to improve the diagnostic work up.

Lung cancer research funding

The Northern Cancer Network has received a three year HRC_DHBNZ grant to assess barriers to the early diagnosis of lung cancer in the Northern region and the Lakes region, especially for Maori and Pacific peoples. The research project is a collaborative effort between the Northern Cancer Network, ADHB, CMDHB, Procure Networks Auckland and Manukau, Healthcare Otara, Lakes DHB, PHOs within the Lakes region, the NZ Guidelines Group and the University of Auckland.

Lung cancer is a major health problem, especially for Maori; and it is the leading cause of cancer deaths in NZ. Poor survival from lung cancer is largely attributed to late presentation and diagnosis. The research project will focus on that section of lung cancer patient pathway from first presentation to the GP with the suspected cancer until the first specialist appointment. The project builds on previous work in the Northern region which examined the management of people with lung cancer within secondary care; and it complements current activities by the Northern Cancer Network which aim to improve public awareness of early cancer symptoms and encourage early presentation to health services.

The research project aims to identify barriers to or within primary care and at the primary-secondary interface to the early diagnosis of lung cancer, and to develop recommendations for healthcare service change to improve the initial care of people with lung cancer.

The project involves several aspects including:

- an audit of the primary care clinical records for all (estimated 280) people with lung cancer diagnosed in 2008 in the participating PHOs
- interviews of people with suspected lung cancer who first present to secondary care via the emergency department at Auckland, Counties Manukau or Lakes DHBs, or who do not attend an appointment (either with their GP or their first specialist appointment) over a specified period in 2010 (estimated 50 interviews); and focus groups to further explore issues raised in the interviews.
- survey and focus groups of GPs (in the participating PHOs) to explore potential barriers to early lung cancer diagnosis from a GP perspective.
- survey of general practices in the participating PHOs to identify local service provision and processes of care
- identification of successful services used elsewhere within this section of the lung cancer patient pathway to improve access to health services and early diagnosis.

An Inequalities Team and an Expert Advisory Group will oversee the research and develop recommendations for service change based on the findings of the study. Key performance indicators will also be developed to monitor service change. It is hoped that improved access to cancer care and earlier diagnosis will improve the health outcomes for people with lung cancer.

Health Needs Analysis

A cancer related health needs assessment was undertaken by the Network's Public Health Medicine Specialist to provide an overview of the cancer burden in the Northern Cancer Network region and inform the network's strategic plan. Results from this report will also be used to support strategic, service planning and research activities of the cancer care stakeholders.

Data for the report was collated from the National Cancer Registry, National Minimum Dataset, National Mortality Collection Dataset and Census 2006. Additional data on cancer screening, survival rates and treatment was sourced from Ministry of Health.

The report contains sections on:

- Population demography
- Cancer incidence
- Cancer mortality
- Cancer Survival
- Cancer treatment
- Cancer screening
- Ethnic inequalities
- Northern Region DHB inequalities.

Information from the Health Needs Analysis informed the prioritisation of tumour streams that the Network will implement over the next five years.

The report has been peer reviewed.

Radiotherapy Strategic Review

The Network in conjunction with the Auckland Regional Cancer and Blood Service is leading a strategic review of Regional Radiotherapy Services in order to identify requirements to meet future demand. The project commenced in 2007/08 and continues. The project is using international models to confirm demand projections in order to identify the capacity required over the next 10-15 years and is analysing a range of service configuration options to identify a preferred model for sustainable radiotherapy services for the region. It will also examine new technology on the horizon, workforce needs and potential efficiency gains. The final strategy is due for completion later in 2009.

Key achievements to date:

- Adoption of the National Radiotherapy Advisory Group (UK) methodology to determine capacity requirements. This methodology has been endorsed by the Ministry of Health and the national Radiation Oncology Working Group.
- Development of reports on the radiotherapy intervention rates for northern region patients with breast, lung, bowel and head and neck cancers
- Identification of the capacity requirements (linear accelerators) forecast through to 2019/20
- Identification of financial implications based on the forecast capacity requirements
- Identification of a stepped increase in the radiotherapy intervention rate through to 2014/15
- Configuration options including the possible development of a satellite unit have been scoped
- Development of a paper to identify equity of access issues to inform the selection of the recommended service configuration option
- Horizon scanning exercise undertaken regarding future technology development.
- Workforce planning exercise to identify requirements based on forecast capacity
- Engagement with the private radiotherapy provider for planning purposes.

Travel and Accommodation Needs Analysis

Through a Regional Cancer Collaborative discussion concerning the difficulties with travel to treatment for cancer patients a Travel and Accommodation needs analysis project was established. The aim of the project is to identify transport and accommodation issues and make recommendations for resolving these. It will also explore the impact of travel and accommodation issues on non attendance at treatment and follow up appointments. The final report will make recommendations to the DHBs and the Cancer Society on initiatives to improve the travel and accommodation needs of cancer patients.

The project group consists of representatives from the Network, the Cancer Society, Regional Cancer and Blood Centre, and the Northland Cancer Control Steering group.

A major component of the project is to find out:

- How oncology patients are travelling to their appointments and treatment and where they are staying
- The difficulties oncology patients face when needing to attend an appointment or treatment at Auckland City Hospital or Whangarei Hospital
- What types of travel and accommodation assistance oncology patients are aware of.

Achievements to date:

- Stock-take completed to determine current travel and accommodation options available to patients
- Review of previous DNA studies completed to determine the impact of travel and accommodation on appointments not attended
- 100 face to face patient interviews carried out and 1000 postal surveys sent with an aim of identifying transport and accommodation challenges and barriers cancer patients' experience.

The final report for this project is due in September 2009.

Resources

2008/09 has been an expanding year for the Network's Management Team, going from 1.4 FTE to 6.7 FTE at the end of June 2009. During the year permanent positions have been appointed for a Support Coordinator and Project Managers for the Inequalities and Clinical Improvement portfolios. Through funding from the Auckland Regional Public Health Service a Public Health Medicine Specialist was also appointed. A Lead Researcher has been appointed to undertake the Lung Cancer research. Further project manager and data analyst support is provided through NDSA.

Role	FTE
Network Manager	1.0
Clinical Director	0.4
Support Coordinator	1.0
Project Manager Inequalities	1.0
Project Manager Clinical Improvement	1.0
Project Manager Service Improvement	0.4
Public Health Medicine Specialist	0.8
Data Analyst	0.3
Lead investigator	0.8
Total	6.7

Establishment of the Network forums

Three forums were established in the latter part of 2008 to further complete the Network organisational structure. The groups have agreed terms of reference and meet bi-monthly.

1. Consumer Reference Group
2. Maori Leadership Group
3. Regional Cancer Care coordinator Forum

Consumer Reference Group

Consumer participation at all levels of health care has been shown to make a positive contribution to improving health outcomes. The Consumer Reference Group was established in November 2008 to ensure a consumer perspective and input into projects, service planning and Network activities. Forum members have experience of a variety of cancers. Having focussed on addressing cancer consumer related issues within the Northern region the group has:

- Provided constructive input and feedback to both Network strategic plan and the Radiotherapy strategic review
- Provided feedback on various Network projects
- Consumer representatives now sitting on both tumour stream steering groups working to support the tumour stream activities within the four DHB's
- Undergone training in consumer participation.

Regional Cancer Care Coordinator Forum

New Cancer Care Coordinator and Navigator roles have been initiated across the region over the last two years. This has created a variety of models of care and resources to support service delivery across the region. The Network established the Regional Cancer Care Coordinator Forum in October 2008 to assist with the professional development of these roles and to address regional coordination issues. The forum comprises Care Coordinators and Cancer Patient Navigators from both within and outside DHBs including representatives from the Cancer Society and PHOs. The Chair of Regional Cancer Care Coordinator Forum is a member of the Regional Cancer Collaborative.

Key achievements:

- Identification of the need for consistency in care coordinator roles and models across the region
- Produced a list of the Northern region cancer service resources and publications. This document will contribute to the Network's Service Directory project.
- Established a relationship with the Cancer Care Coordinators in Australia with an aim of building stronger relationships and sharing information.

Governance and leadership

The Network now comprises of a number of groups to enable maximum participation of key stakeholders:

Regional Cancer Collaborative

The Regional Cancer Collaborative provides kaitiakitanga / guardianship of the Network, and is the forum for wider stakeholder participation into the Network direction and focus. This group coordinates and provides stakeholder advice and recommendations to the Network Executive Group, and oversees the development of the regional strategic plan and annual work-plans in order to achieve the Network vision.

Key responsibilities for group during 2008 and 2009 were: Advising on the:

- Strategic regional priorities
- Prioritisation of the Network's workplan for 2009/2010 and tumour streams
- Northern Cancer Network strategic plan.

Network Executive Group

Since establishment of the Network in 2006 the governance has sat with the Network Executive Group, chaired by the CEO Sponsor including the Network's Manager and Clinical Director, Chairs of the Regional Cancer Collaboration and Maori Leadership Group and representatives from the Regional Funding Forum and Regional Oncology Operations Group. It considers and prioritises advice and recommendations from other Network groups in order to integrate clinical, funding, and population requirements to achieve the Network vision.

During 2008/2009 the Network Executive Group agreed the:

- Strategic framework and regional priorities
- Network's first strategic plan
- Work plan and budget for the Network for 2009/2010

Stakeholders

Consumers, district health boards (DHBs), Maori providers, non-government organisations (NGOs), primary health organisations (PHOs), private practice/sector providers and researchers.

Achievement against the 2008/2009 annual workplan

ACTIVITY	PROGRESS
Network Structure	
Establish Network Management Team	Support Coordinator, Clinical Projects Manager, Public Health Medicine Specialist, Data Analyst and Lead Investigator appointed.
Addressing inequalities	<p>Situational analysis report completed by December 2008.</p> <p>Recommendations supported by Maori Leadership Group and feed through to Strategic Planning prioritisation process.</p> <p>Early intervention for lung cancer project initiated.</p>
Consolidate Maori leadership and participation throughout the Network's structure	<p>Maori Leadership Group effectively functioning October 2008</p> <p>Supported the establishment of three Maori Cancer Consumer groups, West Central and South Auckland</p> <p>Integrating tikanga and kaupapa Maori practices into Northern Cancer Network initiatives.</p>
Establish Consumer Forum	<p>Consumer Participation document completed. The document outlines the benefits of consumer participation, the principles guiding consumer participation and the purpose and role of the group.</p> <p>Consumer Reference Group functioning effectively with approved terms of reference. First meeting November 2008 and subsequently bio-monthly meetings.</p> <p>Chair is a member of the Regional Cancer Collaborative and a consumer representative sits on the Lung and Bowel Steering Groups.</p>
Coordinate the development of patient navigator/care coordination roles across the region	<p>Regional Cancer Care Coordinator Forum effectively functioning with agreed terms of reference. First meeting held October 2008 with subsequent bio-monthly meetings.</p> <p>Chair is a member of the Regional Cancer Collaborative.</p>
Planning	
	The five year strategic plan has been

Regional Cancer Network strategic plan	approved by the Regional CEO forum and has been sent to the Ministry of Health for their endorsement. Once received the plan will be printed and distributed to key stakeholders.
Health Needs Analysis	Health Needs Analysis for cancer is completed and currently being peer reviewed.
Work streams	
Lung tumour stream	<p>Review of the recommendations resulting from the Stevens lung cancer audit completed.</p> <p>Steering group established February 2008</p> <p>Standards for timeliness through the clinical pathway have been proposed for adoption</p> <p>Multidisciplinary meeting principles agreed</p> <p>Development of a regional Thoracic MDM form.</p>
Colorectal tumour stream	<p>Initial key informant interviews with key clinicians identified access to colonoscopy as an initial area of focus.</p> <p>Steering group established and met for the first time in May 2009.</p>
Third tumour stream	The third tumour stream has been identified as being breast cancer. This will be implemented later in 2009 once the other two streams have become firmly established.
Regional Radiotherapy strategic review	Methodology endorsed nationally. Capacity requirements have been confirmed. Phased intervention rates identified. Service configurations options scoped for decision making. Strategy is currently being drafted.
HRC Lung cancer research	<p>The Network's proposal has been successful. Project commenced 1 June</p> <p>Lead investigator appointed</p> <p>A literature review has commenced.</p>
Development of KPI's as a means of monitoring network improvements	Draft KPI's have been identified against which to measure network performance

	Ethics approval given for accessing cancer registry data against which to analyse performance against KPI's
Support the implementation of the new palliative care service specifications	Regional Palliative Care Operations group similar to Regional Oncology Operations group established. Other stakeholders will be canvassed to judge support for establishing a regional forum.
Work towards improving access to palliative care especially for Maori and Pacific people	Inequalities Project Manager a member of the CMDHB Palliative Care advisory group contributing to the implementation of CMDHB action plan.
Travel and accommodation needs analysis	<p>Stock-take of current transport and accommodation options completed and available to patients.</p> <p>50 chemotherapy and 50 Radiotherapy patients interviewed at the Regional Cancer and Blood centre.</p> <p>1000 postal sent including approximately 230 of those being from Northland to assist with the radiotherapy strategy.</p>

Appendix: Acronyms

Auckland District Health Board	ADHB
Consumer Reference Group	CRG
District Health Boards	DHBS
FSA	
KPI	
Ministry of Health	Ministry
Multidisciplinary meeting	MDM
Non Government Organisation	NGO
Northland District Health Board	NDHB
Waitemata District Health Board	WDHB