



# Northern Cancer Network

## **LUNG TUMOUR STREAM TERMS OF REFERENCE**

As a means of improving cancer outcomes the Northern Cancer Network (NCN) will utilise an evidence based practice model to review and improve service delivery across the care continuum for all the main tumour groups. There has been agreement among the 4 regional networks in New Zealand to adopt the Victorian Cancer Patient Management Framework to promote consistent regional practice across the cancer continuum.

While the initial focus of the work stream will be to identify and establish opportunities for service improvement it is envisaged that the work stream will over time evolve into a continuous quality improvement group.

The NCN will utilise the audit by Stevens<sup>1</sup> as a baseline against which measure improved outcomes.

NCN will link closely with like groups in the other cancer networks and any relevant work occurring nationally to maximise opportunities for shared learning and the development of consistent approaches to addressing systems issues.

### **1. Purpose**

- To undertake an evidence based practice approach, where this exists, to establish and enable an appropriate care for patients with lung cancer.
- To guide the development of a 3 year service delivery plan for lung cancer in collaboration with regional cancer service providers which identifies short, medium and long term initiatives to address system issues
- To provide regional cancer service providers with advice and guidance for the distribution of resources across the Network to ensure commissioning of services is in the best interest of cancer patients.
- To consider the recommendations made following the Lung Cancer Audit by Stevens.

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<sup>1</sup> Stevens, W., Stevens G., Kolbe, J. Audit of Lung Cancer Management of Patients in Auckland – Northland Diagnosed in 2004. 2007.

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## **2. Responsibilities**

- To adapt and endorse pre-existing guidelines and protocols for the management of lung cancer within the region.
- To develop a set of evidence-based, valid, relevant and readily collectable clinical performance indicators (CPIs) to be obtained on all patients with lung cancer as part of a process of continuous quality improvement.
- Consider the establishment and maintenance a database (based on the existing database developed as part of the lung cancer audit) with regular reports to clinical services; and ii) facilitate quality improvement initiatives in clinical departments.
- Establish a weekly Lung Cancer MDM to be attended by relevant staff of participating DHB's
- Ensure ready availability of lung cancer clinics/clinicians/services to assess and manage persons with lung cancer within the NCN.
- To develop and implement strategies to facilitate the patient's journey through investigation and management, and to enhance coordination between services.
- To develop and implement strategies to reduce cultural and other barriers to care.
- To develop appropriate patient information resources with respect to diagnosis and management of lung cancer.
- To involve service providers within the cancer control continuum, NGO, Maori, Pacific Island and consumers in the development of quality lung cancer services.
- To develop and monitor key indicators within the system e.g. waiting times, access to MDM, 5 year survival rates
- To reach agreement of mechanisms for auditing lung cancer clinical practice and outcomes against national standards.
- To discuss results of any Network audits for lung cancer.
- To promote a list of clinical trials for lung cancer, into which patients managed by the MDT's for lung cancer in the NCN may be entered.
- To proactively identify areas for future research.
- To monitor and advise on the development, implementation and co-ordination of Tobacco Control initiatives across the region

## **3. Membership**

Membership of the NCN Lung Tumour Stream should be multidisciplinary, including at least one clinician from each DHB, allied health representatives from radiology, pharmacy and laboratory, palliative care, general practice. NGO, Maori, Pacific Island and Consumer representatives will also be included. Consideration will be given to ensuring representatives provide regional coverage.

The group will be provided with project management and administration resource to facilitate its work programme via the NCN management team.

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**5. Chair**

The Chair will be appointed and will ideally be a medical clinician.

**6. Accountability**

The NCN Lung Tumour stream is accountable to the Network Executive Group (NEG). Reporting will be via meeting minutes and regular project updates.

**7. Frequency**

The NCN Lung Tumour stream will formally meet on a quarterly basis however consultation via email / teleconferencing will also occur periodically as the project develops.

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