

Metro North Hospital and Health Service *Putting people first*



MNHHS Cancer Care Clinical Services Plan

2017-22

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Part 1

1 Executive summary

The Metro North Hospital and Health Service (MNHHS) Cancer Care Clinical Services Plan (the Plan) has been developed to support MNHHS to continue to be a leader in cancer care services for patients locally and across Queensland. The Plan will focus on strengthening the partnerships between services and service providers to enhance the patient journey within MNHHS and with other Hospital and Health Services (HHSs). Developed in consultation with key stakeholders and informed by state directions contained in *My Health, Queensland Future: Advancing Health 2026*, *MNHHS Strategic Plan*, *MNHHS Health Service Strategy* and the *Cancer care statewide health service strategy 2014*, the Plan identifies five service directions to build a platform to achieve our goals to remain at the forefront of cancer care long term. These service directions include objectives, signs of success measures and actions that will guide service development to MNHHS cancer care services for the next five years.

The service directions are:

1. Reduce cancer risk and detect cancer earlier
2. Patients and their families will be at the centre of MNHHS cancer care services
3. MNHHS cancer care system is integrated, coordinated and efficient providing best practice care to our local, regional and statewide patients
4. MNHHS will maximise utilisation of current capacity and grow capacity over time to deliver timely high quality care as close to home as clinically appropriate
5. MNHHS will be a leader in cancer research, innovation and education across all disciplines supported by a highly skilled and integrated workforce with well-established partnerships with leading research and education bodies.

The Plan has been developed based on the needs of patients and our commitment to improve care across the cancer care continuum from prevention, detection, treatment and survivorship through to palliative care.

Once implemented, the expected **outcomes of the Plan** are:

- improved patient access to safe, contemporary high-quality cancer care services in the most appropriate setting as close to home as clinically appropriate
- best practice patient-centred care from diagnosis, care planning and coordination to treatment, discharge and follow-up practices irrespective of where people live
- productive partnerships across MNHHS services, between MNHHS and other HHSs, and with other service providers who care for cancer patients, including pathology, medical imaging, oral health and primary care providers
- commitment to continue to advance clinical and service research and clinical trials to improve the quality and outcomes of cancer care
- more efficient and effective use of key resources, including enhanced education and development opportunities for our workforce.



2 Introduction

Cancer is the leading cause of mortality in Queensland. By 2026, it is expected that there will be approximately 42,000 cancer diagnoses for people living in Queensland including almost 8000 new cancer diagnoses for people living in MNHHS. The combination of a growing and ageing population will mean that the rate of cancer incidence will continue to grow with 50 per cent of Queenslanders likely to develop cancer in their lifetime. Whilst cancer incidence rates are increasing, earlier diagnosis and cutting-edge treatment options are resulting in higher survival rates. This combined with advancements in early cancer screening and genomic medicine is changing the way cancer is detected and treated.

MNHHS has a long and proud history of providing comprehensive specialist cancer care services to adults locally and to the state of Queensland. The needs of patients and their families are at the centre of our health care with services delivered across the State through a network of specialised and highly skilled health practitioners. Our highly skilled staff are national leaders in cancer research and clinical trials increasing our understanding of how to prevent cancer, develop new approaches to detect, diagnose and treat cancer and how to better support people affected by cancer.

MNHHS is the largest cancer care service in Queensland providing a comprehensive range of adult cancer care services across a range of tumour streams with a particular focus on:

- Breast
- Colorectal
- Endocrine
- Gynaecologic
- Head and neck
- Myeloma
- Leukaemia
- Allogeneic transplantation
- Autologous transplantation
- Lung
- Melanoma
- Upper gastrointestinal
- Urological
- Hepatobiliary
- Lymphoproliferative disorders
- Myeloproliferative disorders
- Central nervous system.

Cancer is a complex disease that can present in many different ways and depending on the tumour type a cancer patient may require a range of treatments in a number of settings. Similarly the patient journey across the care continuum is not always linear and can be unpredictable and complex. Our priority is to support the patient throughout the entirety of their journey.

3 Our patients

MNHHS provides care to adult cancer patients from three catchments: the MNHHS population, a regional population catchment and all of Queensland. Some of our services also care for people from northern New South Wales and the Northern Territory who require the most complex cancer care. Our local MNHHS residents make up approximately 75 per cent of patients accessing our services. However for more specialised services, we care for a significant proportion of residents from other regional and statewide areas. Across all catchment areas, we expect significant growth in the future placing a greater demand on the service system.

3.1 Our local MNHHS catchment

Our local MNHHS catchment area covers the Brisbane City Council area north of the Brisbane River, the Moreton Bay Regional Council area and the statistical local areas Somerset (R) – Kilcoy. Children within our catchment who require cancer care services are cared for by Children's Health Queensland.

By 2026 the total MNHHS population is anticipated to grow by 17.7 per cent to over one million people.

This population growth will not be equally distributed. High population growth is expected in the northern part of MNHHS around Caboolture and Redcliffe Hospitals. The Caboolture Hospital catchment adult population is expected to experience the highest growth at a rate of 31.3 per cent and the Redcliffe Hospital catchment adult population expected to grow by 22.9 per cent by 2026. Additionally the Caboolture and Redcliffe Hospital catchments are expected to experience the highest growth rates in residents aged 65 years and over, at 42.7 per cent and 36.2 per cent respectively. With the highest levels of socioeconomic disadvantage in the HHS, these areas have greater potential for health inequality.

In contrast, the Royal Brisbane and Women's Hospital (RBWH) and The Prince Charles Hospital (TPCH) catchment adult population have lower levels of socioeconomic disadvantage and will grow by approximately 14.7 per cent and 9.9 per cent respectively in the same period.

Over the next ten years the number of people diagnosed with cancer who live in MNHHS is anticipated to increase by 31 per cent. This means the rate of cancer incidence is expected to rise almost twice as quickly as the population over the next ten years.

In 2013, 5058 MNHHS residents were diagnosed with cancer representing just over 19 per cent of total Queensland cancer incidence. The MNHHS cancer incidence rate amounted to 540 cases per 100,000 population, slightly higher than the Queensland rate of 533 cases per 100,000 population. Together, the Caboolture and Redcliffe Hospital catchments within MNHHS accounted for almost 40 per cent of total MNHHS cancer incidence in 2012 and 2013, whilst representing only 33 per cent of the MNHHS population.

3.2 Our regional catchment

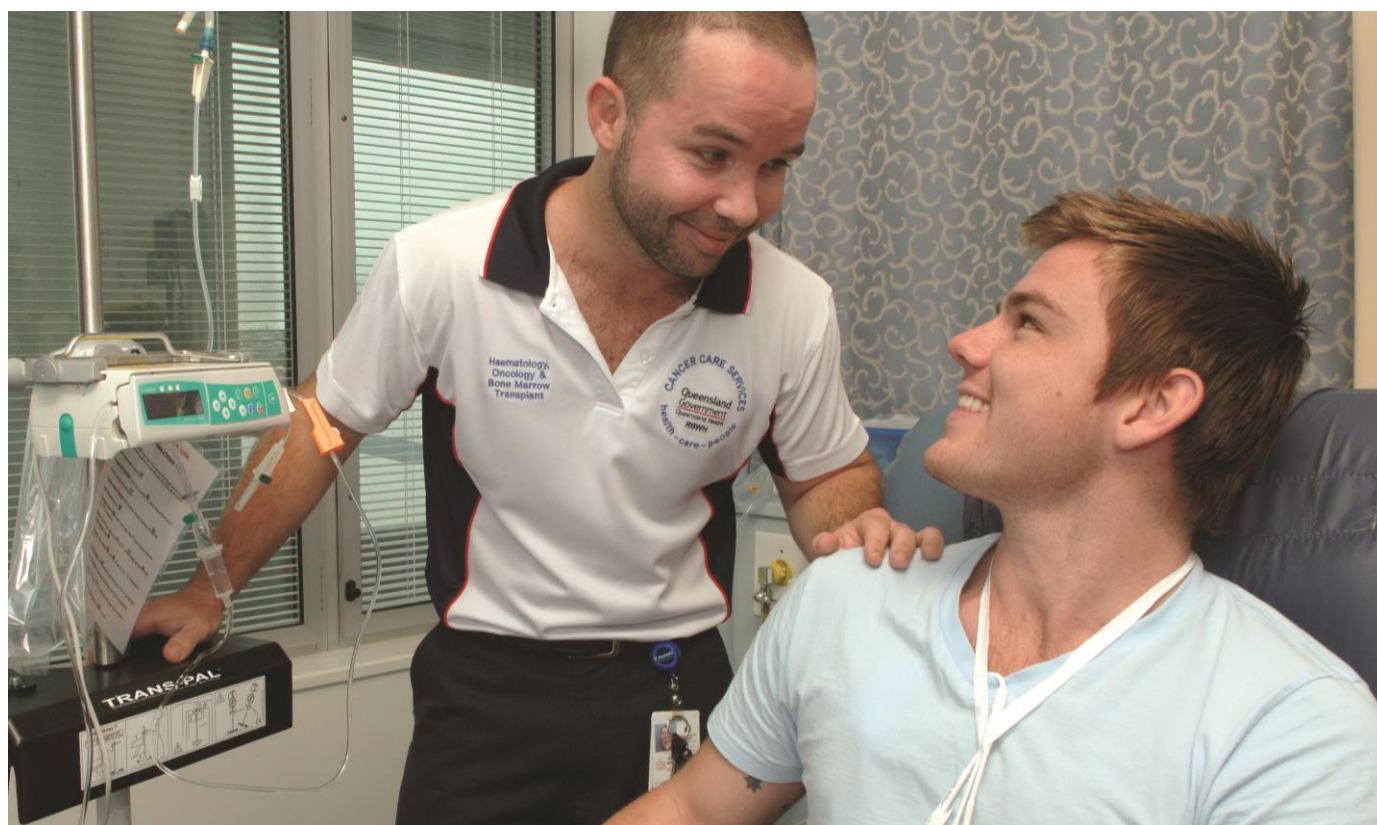
MNHHS also delivers services to patients from other HHSs who require more complex care than can be safely provided locally. In particular, MNHHS supports patients from Sunshine Coast, Wide Bay, Central Queensland and Central West HHSs in this way. This regional catchment represents another 673,644 adults. Similarly to MNHHS, these HHSs are ageing and are expected to grow 18.5 per cent to 815,479 adults by 2026.

Over the next ten years the number of people diagnosed with cancer that live in the regional catchment is expected to increase by approximately 34 per cent. In 2013, 5506 residents who live in the regional catchment were diagnosed with cancer. Within Queensland, cancer incidence is highest in Wide Bay HHS, with 560 cases per 100,000 population diagnosed in 2013.

3.3 Our statewide catchment

As the largest cancer care service in Queensland, MNHHS is the sole provider of a number of specialised cancer care services to all Queensland residents. Over the next ten years, the Queensland population is expected to grow to 5,730,056 persons with the adult population increasing by 20 per cent to 4,633,353 persons. Regional areas are expected to grow faster than metropolitan areas. People aged 65 years and over are expected to increase by 55.7 per cent.

In 2013, the Queensland incidence rate for cancer was 533 cases per 100,000 population. Over the next ten years, the number of new cancer cases among Queenslanders will increase by 34 per cent.



4 The MNHHS cancer care service system

Cancer care in MNHHS is delivered to patients through a comprehensive service system provided in the community, ambulatory and inpatient service settings. The current MNHHS service system includes:

Cancer prevention and screening services

General Practitioners (GPs) provide services to patients to reduce behaviours known to increase the risk of cancer including reducing UV sun exposure, alcohol consumption, smoking and maintaining a healthy weight. GPs also deliver screening services to identify cancer early. Screening services delivered by GPs include cervical, prostate and bowel screening.

BreastScreen Queensland (BSQ) delivers breast screening and assessment services to women living in most parts of MNHHS. There are six locations including Brisbane City, Indooroopilly, Chermside, Keperra, Kippa-Ring and North Lakes (Note: BreastScreen Queensland Brisbane Northside service catchment differs from MNHHS catchment).

Oral health services (public and private) play a critical role in the early identification of oral cancers and supporting treatment which is likely to prevent the progression of intra-oral lesions and subclinical-cancers.

Genetic Health Queensland provides diagnosis, counselling and management advice to individuals and their families who have, or are at risk of having, a genetic or inherited condition including patients with a personal or family history of cancer that is suspected to have a heritable basis.

Cancer care services across MNHHS by site

The table below provides an overview of MNHHS ambulatory, outpatient and inpatient cancer care services by site as at January 2017.

Table 1: Summary of ambulatory, outpatient and inpatient cancer care services available in MNHHS as at January 2017

Site	CSCF	Chemotherapy	Haematology	Radiation oncology	Medical oncology	Outpatients	Surgical	Rehabilitation	Palliative care
North Lakes	4	8 spaces	Outpatient	Outpatient consult	Outpatient	Haematology, Medical oncology, Radiation oncology, Pharmacy, supportive care	Nil	Nil	Consultation Liaison
Redcliffe Hospital	5	10 spaces	Nil	Outpatient consult	Outpatient	Medical oncology, Radiation oncology, Pharmacy, Psychology, supportive care	Breast and colorectal	Inpatient and Outpatient	Inpatients and outpatient
Caboolture Hospital	3	Nil	Nil	Outpatient consult	Outpatient	Medical oncology, Radiation oncology	Limited breast and colorectal	Nil	Consultation Liaison
TPCH	5	8 spaces	Outpatient	Outpatient consult	Inpatient and Outpatient	Medical oncology, Haematology, Radiation oncology, supportive care	Lung and colon (level 5 CSCF)	Inpatient and Outpatient	Inpatients and outpatients
RBWH	6	28 spaces	Comprehensive	Treatment and consult	Comprehensive	Comprehensive including tele-health	All tumour types	Inpatient and Outpatient	Consultation Liaison
RBWH statewide services	6	Nil	Queensland Haemophilia Centre	Nil	Allogeneic bone marrow transplant	Nil	Nil	Nil	Nil

Note: A comprehensive service provides the full range of inpatient, outpatient, and ambulatory cancer care and specialised interventions to manage common cancers as well as rare cancers. The service may provide outreach services, as well as other support, to other cancer care services and cancer units within the cancer care network.

Supportive care

Supportive care services are physical, social, psychological, spiritual and information services that may be required by patients, their families and carers, in addition to cancer treatment. Dietetics, occupational therapy, physiotherapy, psychology, social work, oral health and speech pathology services across MNHHS support patients and their carers to address common cancer related issues including pain, deconditioning, fatigue management, function at home, weight loss, swallowing, emotional distress and adjustment to illness to improve function and quality of life. Chaplaincy services are available to provide spiritual support.

A range of supportive care services for inpatients and outpatients are provided at RBWH, TPCCH and Redcliffe Hospital, while Caboolture Hospital provides some physiotherapy, speech pathology, dietetics, psychology and social work services for inpatients.

Clinical support services

Support services including medical imaging, nuclear medicine, pathology and pharmacy are an integral part of the cancer care pathway that also makes valuable contributions in the diagnosis, management and treatment of cancers. Support services commonly form part of the multidisciplinary teams (MDTs) which determine diagnostic and treatment pathways for patients.

- **Pathology** collections are undertaken on-site by Pathology Queensland (PQ) at all MNHHS facilities. Specialist pathology teams at PQ support cancer care services at RBWH and TPCCH including lung cancer services.
- **Medical imaging:** All MNHHS facilities have X-ray, ultrasound and computed tomography (CT) services provided on-site. Other medical imaging services such as magnetic resonance imaging (MRI) are available onsite at RBWH, TPCCH, Caboolture Hospital and through an offsite provider at Redcliffe Hospital. Positron emission tomography (PET) is only available publically at RBWH. The Herston Imaging Research Facility (HIRF) also offers PET-MRI and CT-MRI services.
- **Cardiac investigations:** Echocardiography is available of all MNHHS hospitals.
- **Nuclear medicine:** RBWH is home to the largest nuclear medicine department in Queensland. This department provides a comprehensive range of diagnostic scans and therapeutic procedures for both adults and children. TPCCH also provide nuclear medicine services.
- **Pharmacy:** RBWH and TPCCH host specialist cancer care satellite pharmacies supported by central pharmacies that manage the procurement and manufacture of chemotherapy and supportive medications for cancer care patients. Both Redcliffe and Caboolture Hospitals operate through a central pharmacy located within the main hospital. Cancer care pharmacies also support other services such as palliative care and cystic fibrosis.
- **Oral Health:** Oral health services are provided at RBWH, Redcliffe and Caboolture Hospitals and at community clinics across MNHHS. Services include dental care prior to and during treatment, oral rehabilitation and the provision of dental prostheses.

The private sector including general practice also plays a significant role in the provision of diagnosis and treatment of cancer and many patients will move between the private and public sector throughout the duration of their care.

Outreach services

MNHHS works closely with other HHSs in both our regional and statewide catchments to build local capability and, in some cases, to provide local care through outreach and telehealth services led by MNHHS clinicians. In an effort to treat patients as close to home as is safe and practical, RBWH provides the following outreach services:

- haematology and radiation oncology consultations to Central Queensland HHS
- haematology and bone marrow transplant consultations to Sunshine Coast HHS
- medical oncology and radiation oncology clinics to Central West HHS
- the Queensland Haemophilia Centre team also provides outreach to Cairns, Townsville, Nambour, Toowoomba and Gold Coast Hospitals
- supportive therapies via telehealth to Longreach oncology day therapy unit.

Palliative care services

Cancer care services work closely with palliative care services to support patients to access timely tailored care in the appropriate service setting. TPCCH and Redcliffe Hospital have designated inpatient beds for palliative care

patients. Consultation liaison services are provided at RBWH, TPCH, Caboolture and Redcliffe Hospitals. Home-based palliative care is provided across MNHHS in partnership with general practice and other providers.



5 Issues and challenges

The cancer care health service system is rapidly evolving and whilst MNHHS is at the forefront of delivering cancer care we face a number of challenges over the next five years. How we deliver our services in the future will be impacted by:

Growing and ageing of population (local, regional and statewide)

Cancer is a disease of the aged with strong correlations between increased cancer risk and age, and managing cancer in older patients is complicated by the higher prevalence of comorbidities, physiological and cognitive decline, and reduced social function. The expected growth in the cohort aged 65 years and over between 2016 and 2026 in MNHHS is 49.3 per cent, with the regional catchment 42 per cent and Queensland 55.7 per cent. Population growth and ageing will continue to drive increases in service demand and the complexity of care into the future.

Lifestyle choices and behaviours that contribute to disease burden

Some individual lifestyle choices and behaviours can substantially increase the risk of a person developing cancer. More than a third of all new cancers diagnosed in Australia in 2010 were due to lifestyle-related risk factors such as tobacco use, physical inactivity, high body mass and alcohol consumption. Tobacco continues to be the leading cause with 13 per cent of all new cancers linked to tobacco, followed by exposure to solar radiation, inadequate diet, and obesity. While some risk factors such as smoking rates and second hand exposure have decreased in recent years, lifestyle-related factors will continue to have an impact on cancer prevalence in the community.

Earlier detection of cancer

The delivery of population-based screening programs such as the BreastScreen Queensland Program, the Queensland Cervical Screening Program, and the National Bowel Cancer Screening Program and screening in the primary care setting will increase the number of cancers detected earlier. Advancements in genetics and genomics will also provide early identification of risk of disease and detection of cancers. Increasing screening will result in a corresponding increase in need for treatment and surgery. Increasing cancer survival rates.

While population growth and ageing continues to increase overall cancer cases, improved survival rates also mean a rise in the number of people living with cancer. Approximately 70 per cent of people diagnosed with cancer will now survive for at least five years after diagnosis. These numbers are expected to continue to increase, resulting in increased support for follow-up care, support to manage side-effects of cancer treatment, and transition to life post-cancer care.

Disadvantage in the northern region of MNHHS

The health status of MNHHS residents varies significantly across hospital catchment areas. The northern corridor of MNHHS, primarily Caboolture and Redcliffe Hospital catchment areas, has higher levels of socio-economic disadvantage, limited access to GPs and a tendency to have comorbidities requiring more complex care, all of which are placing a higher demand on cancer care, allied health and support services.

Service connectivity across care settings

At present cancer care service delivery is focussed on hospital inpatient and outpatient settings with limited use of ambulatory, home and community settings. Partnerships with primary and community care service providers across the HHS are also limited. This impacts the utilisation of shared care models and the efficiency of the health system's response to increasing cancer incidence.

Changing expectations

Increasingly consumers expect to receive more timely and individualised care when required and generally want to be more informed and involved in the management of their own care. Patients more than ever before have access to information about themselves and their illness and now have higher expectations of their healthcare including what is reasonable in terms of access, safety and outcomes. As such taking note of patients' requirements and responding to their expectations should now be a central focus in how we deliver our care.

Service system integration and coordination

For residents of MNHHS, access to services, and the models and workforce through which they are provided, is inconsistent. Most cancer care services are organised on a facility rather than a HHS-wide basis, making integration difficult and creating access and workload variations between facilities. The lack of integration between services at MNHHS facilities has led to poor coordination, poor visibility of patients once care is shared with another facility and increased barriers to access for patients.

Coordination of care

Variable access to multidisciplinary team review at MNHHS hospitals leads to some inconsistency in quality and inhibits standardisation of care. RBWH delivers multidisciplinary team reviews for a range of cancers including head and neck, hepatobiliary, neuro-oncology, breast, colorectal, lung, lymphoma, upper gastrointestinal, medullary thyroid, neuroendocrine and urological cancers. TPCH delivers multidisciplinary team reviews in pulmonary malignancy and general surgery, and Redcliffe Hospital provides multidisciplinary team reviews for breast and other cancers. Care coordinators are available at RBWH, TPCH, Redcliffe Hospital. There is limited availability at Caboolture Hospital. Similarly, patient experiences diverge because care coordinators are not in equal supply at each facility providing cancer care services.

Access to services closer to home

Chemotherapy and radiotherapy treatment are not in equal supply across the HHS. Insufficient chemotherapy services are available locally in the TPCH, Caboolture and Redcliffe Hospital catchment areas. As a result, patients often travel to the RBWH for treatment that could safely be delivered locally. The recent opening of the North Lakes cancer care service and the move to provide cancer care services in the Moreton Bay Integrated Care Centre on the Redcliffe Hospital campus will increase our capacity to provide local care for those living in the northern part of MNHHS. However, more action is needed. In MNHHS, the RBWH remains the only provider of public radiotherapy treatment, essential to treating almost half of all cancers, which results in many patients travelling long distances to the RBWH for care.

Consistency of safety and quality across MNHHS facilities

Currently some aspects of cancer care services are not routinely measured or reported, potentially obscuring any variations between services delivered at MNHHS facilities. The absence of a formal framework for determining the appropriate cancer care services provided at each MNHHS facility has also presented a risk of poorer health outcomes and fragmented care due to factors such as the association between patient volumes and outcomes and the lack of consideration of access to diagnostic and/or rehabilitation services.

Increasing cancer service capacity and capability in regional HHSs

Wide Bay and Central Queensland HHSs have over the last five years grown the capacity and capability of their local cancer care services. Sunshine Coast HHS will also increase capacity and capability of cancer care services available locally in 2017. This has meant many cancer patients who once may have accessed cancer care services in MNHHS are receiving most or all of their care closer to home. Referral to RBWH for highly acute and complex patients continues. This changing service profile will result in MNHHS seeing fewer patients requiring lower-level acute care and growth in the number of patients requiring higher acuity treatment, impacting the MNHHS case-mix profile.



6 The next five years

Over the next five years cancer care services across MNHHS will evolve to ensure that we can respond to the emerging issues highlighted in section 5 and continue to deliver optimal outcomes for people affected by cancer across our three catchments. Our commitment to continue to deliver high quality, evidence-based care for screening, early detection, diagnosis, treatment, supportive care, follow-up and end of life care remains. We will focus on improving access to services to all, irrespective of a person's ethnicity, gender, place of residence or socio-economic status.

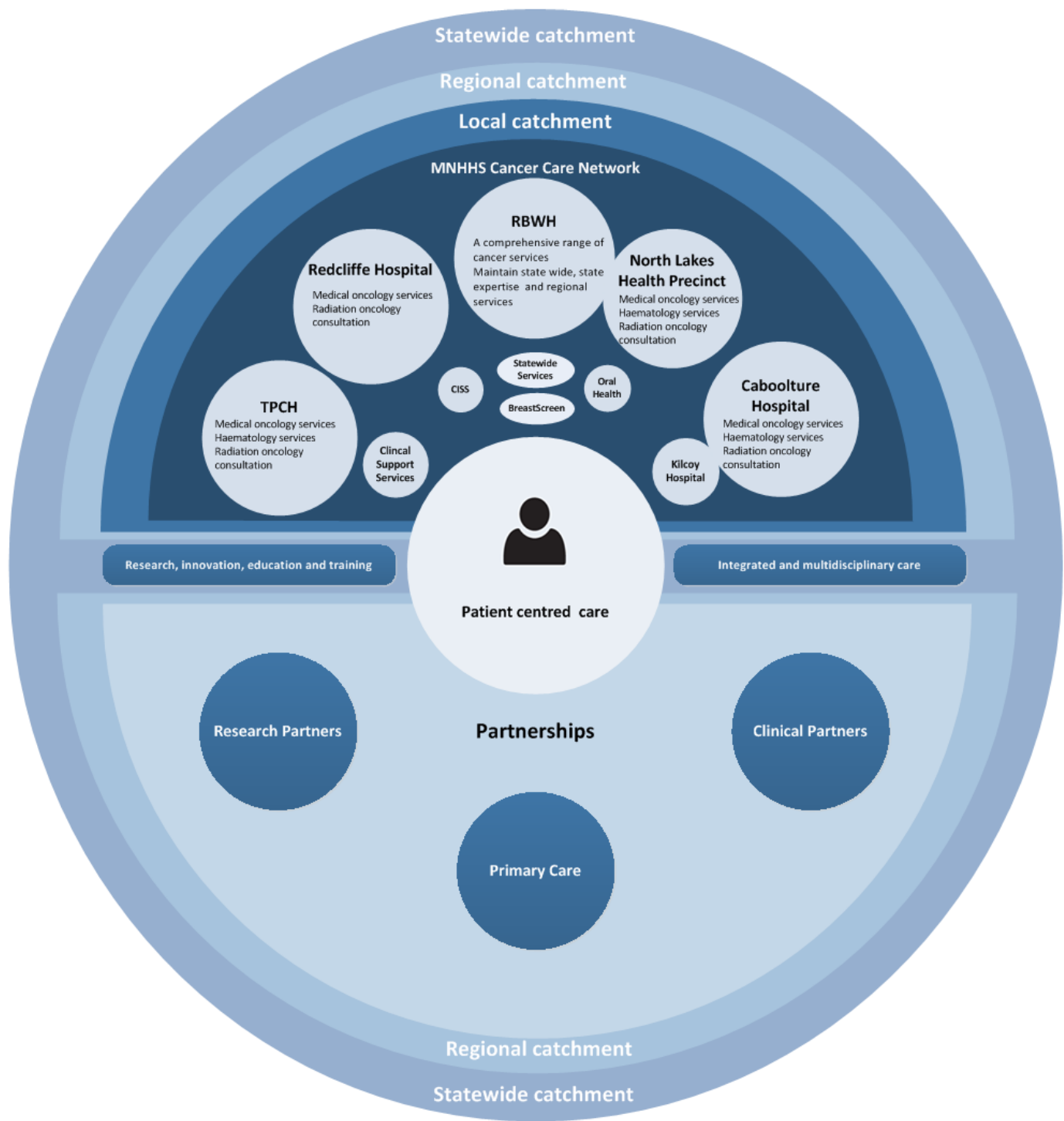
Advancing a person-centred care approach to cancer care will be a priority and will inform the enhancement of the MNHHS cancer care service system. Building on work already well underway, MNHHS cancer care services will realise an integrated and coordinated service system that includes:

- patients and their families at the centre of all care
- preventing cancer by reducing risky behaviours and promoting a healthy lifestyle
- timely access to screening programs
- integration with general practice, non-government organisations and private providers
- timely access to services across the continuum delivered as close to home as clinically appropriate
- moving services into the community, ambulatory care or home setting where appropriate
- early access to new therapies, technologies and treatments
- maximising use of current built service capacity and growing services based on need
- excellent high quality, safe and evidence-based care
- provision of the most complex tertiary cancer care services
- lead the implementation of new and emerging cancer treatment techniques
- care professionals that work together across the care continuum, across settings, and across HHSs supported by streamlined policies, procedures and care pathways
- commitment to advance and advocate for information to be shared across structural boundaries to enable care coordination and shared decision making
- commitment to our workforce to actively support education and training
- lead cancer research and advance our research capacity.

Over the next ten years MNHHS will continue to drive innovation and excellence in cancer care services through advancing initiatives including establishing a Cancer Care Institute developing a world-leading proton therapy service for Queensland on the Herston campus.

Our commitment to provide excellent care for people affected by cancer from other areas of Queensland, New South Wales and Northern Territory is imbedded into our service system improvements described above.

Figure 1: MNHHS networked service model



Note: RBWH is the statewide service provider of allogeneic bone marrow transplants and is also the host site for the Queensland Haemophilia Centre

7 Service Directions

This Plan is organised around five service directions, each with its own set of objectives and actions to guide cancer care service development. The signs of success for each service direction will help us monitor progress toward our objectives and alignment with the *Cancer care statewide health service strategy 2014*. Actions have been grouped into two categories—those that should be implemented as priorities and those that can be achieved within the next five years. It is important to recognise that cancer care services operate within a health service system with competing needs and finite resources and that the allocation of new resources required to progress the actions will be subject to normal budget processes.

Service Direction 1: Reduce our cancer risk and detect cancer earlier

Many cancers are preventable and influenced by modifiable lifestyle behaviours including poor diets, being overweight, high levels of alcohol use, limited exercise, smoking and exposure to high amounts of UV sun exposure. A coordinated whole-of-population approach to making positive lifestyle changes is supported by MNHHS.

Implementing national and statewide public health strategies to encourage healthy lifestyle choices and reduce risky behaviours to decrease the proportion of people diagnosed with preventable cancers is our priority.

Increasing participation in screening programs to enable early detection and timely treatment of cancer will improve patient outcomes, increase cancer survival rates and have significant cost saving benefits to the health system. MNHHS will work with the Brisbane North PHN, general practitioners and other service providers to increase participation in screening programs. Population groups which traditionally have lower participation rates, including people from the northern region of MNHHS and Aboriginal and Torres Strait Islander communities, will be our priority.

Objectives

- Improve promotion of healthy lifestyle behaviours among all MNHHS residents, staff and patients.
- Increase awareness and uptake of breast, bowel, cervical and skin cancer screening programs.
- Early identification of disease and treatment of cancers.

Signs of success

- Increased communication campaigns to promote healthy lifestyle and importance of participation in cancer screening programs.
- MNHHS has a clearly defined referral pathway to cancer care services.
- Increased breast, bowel and cervical screening rates among MNHHS residents, particularly those living in Caboolture and Redcliffe Hospital catchments and Aboriginal and Torres Strait Islander residents.
- Increasing numbers of patients' intended treatment plans are communicated to the patient's primary care provider.

Service actions

Priority actions		Responsibility
1.1	Increase communication campaigns to promote healthy lifestyle behaviours targeting patients, families and staff across MNHHS service settings. Specific strategies will be developed to target population groups including younger people, older people and Aboriginal and Torres Strait Islander communities.	MNHHS Public Health Unit, Community, Indigenous and Subacute Services, BreastScreen Qld, Cancer Care Clinical Stream
1.2	In partnership with Brisbane North PHN, and local general practice to advance: <ul style="list-style-type: none"> public awareness and uptake of cancer screening programs identification of eligible patients for screening shared care models. 	Cancer Care Clinical Stream, Brisbane North PHN
1.3	Review breast screening services in MNHHS to identify options to increase uptake and provide timely access to screening services as close to home as possible.	BreastScreen Qld Brisbane Northside, Cancer Care Clinical Stream
1.4	Expand current education sessions with PHN and local general practice to promote early detection of disease, MNHHS referral pathways and timely best practice treatment approaches.	Brisbane North PHN, Cancer Care Clinical Stream
1.5	Document and communicate to external health partners referral pathways to cancer care services in MNHHS.	Cancer Care Clinical Stream

Actions to be achieved over the next 5 years		Responsibility
1.6	Monitor impact of screening programs on service demand to plan for any required changes in service capacity.	Cancer Care Clinical Stream
1.7	Expand existing joint genetic and familial cancer clinics to support early detection and monitoring of people at high risk of genetic or familial cancers.	RBWH Cancer Services, Genetic Health Queensland



Service Direction 2: Patients and their families will be at the centre of MNHHS cancer care services

Patients and their families are at the centre of our cancer care services. Their voices and experiences inform the way we deliver our services. Over the next five years we commit to further evolving to truly create a cancer care system across MNHHS that focuses on improving the patient experience from diagnosis, through treatment to post-treatment support. Treating the individual as a whole person, not just the disease, will continue to be central to our care.

We will strengthen the organisational culture of cancer care services to deliver person-centred care across service settings and along the care continuum. Recognising our patients as partners in their care we will empower patients to be active participants in their care.

Objectives

- Improve health literacy to ensure health information is well understood and supports informed decision-making.
- Improve support for patients to keep them socially and emotionally healthy during and after treatment.
- Better support carers of cancer patients.
- Involve patients in developing a shared care plan across service providers.

Signs of success

- Patients provide progressively improving reports of their experiences throughout MNHHS cancer care services.
- Progressively increasing patient and carer satisfaction with timeliness, usefulness and comprehensibility of health information.
- Cancer patients undergoing treatment have a documented evidence-based treatment plan accessible by treating MDT members and provided to patients and their general practitioner.

Service actions

	Priority actions	Responsibility
2.1	<p>In partnership with patients and carers review and update as required:</p> <ul style="list-style-type: none"> a) education and information for patients and their families regarding the patient journey and management of common symptoms and side-effects b) education and information to support carers c) information and education resources available for people from Aboriginal and Torres Strait Islander and culturally and linguistically diverse (CALD) communities d) education and information regarding major treatment modalities and locations of care. 	Cancer Care Clinical Stream, RBWH, TPCH, Caboolture and Redcliffe Hospitals
2.2	Work with partner organisations to review and update the library of information, resources and programs available to support patients and families to stay socially and emotionally well during and after cancer treatment.	Cancer Care Clinical Stream
2.3	<p>In partnership with patients, carers and MNHHS Palliative Care services, review and update as required:</p> <ul style="list-style-type: none"> • Advanced Care Planning • Acute Resuscitation Plan • Enduring Power of Attorney. 	Cancer Care Clinical Stream and Clinical Directorates
2.4	<p>Further develop partnerships with MNHHS palliative care services to support patients and families who require end-of-life care to live as well as possible with a focus on:</p> <ul style="list-style-type: none"> • symptom control • independence • emotional wellbeing • planning • bereavement support. 	Community Indigenous and Sub Acute Directorate and Cancer Care Clinical Stream
2.5	Develop models of care that support cancer care services for vulnerable populations including young people, older people, Aboriginal and Torres Strait Islander people and Culturally and Linguistically Diverse people.	Clinical Directorates and Cancer Care Clinical Stream
2.6	In partnership with other providers, expand and promote survivorship programs including self-management programs and follow-up services.	Cancer Care Clinical Stream, RBWH, TPCH, Caboolture and Redcliffe Hospitals and partners
2.7	Implement a standardised patient experience survey throughout MNHHS cancer care services.	Cancer Care Clinical Stream, RBWH, TPCH, Caboolture and Redcliffe Hospitals

Actions to be achieved over the next 5 years		Responsibility
2.8	In partnership with general practice and Brisbane North PHN, develop agreed interaction points within the patient journey to support shared care between MNHHS cancer care services and general practice.	Cancer Care Clinical Stream
2.9	Document a patient-centred care framework (including the involvement of patients in decision-making about their treatment and the role of families and carers) to formalise our commitment to deliver patient-centred cancer care.	Cancer Care Clinical Stream
2.10	Develop and measure patient satisfaction throughout the patient's journey including treatment, psycho-social support including peer support, rehabilitation and palliative care.	RBWH, TPCH, Caboolture and Redcliffe Hospitals
2.11	Improve health literacy through development of online content to incorporate service information and feedback portals for consumers, clinical guidelines and procedures for clinicians, and research and trial information for consumers and clinicians alike.	Cancer Care Clinical Stream

Service Direction 3: MNHHS cancer care system is integrated, coordinated and efficient, providing best practice care to our local, regional and statewide patients

Over the next five years, MNHHS will create a single integrated cancer care service system across disciplines, services, settings and the care continuum. Building on significant work already underway MNHHS will remove organisational barriers, streamline policies, processes and practices, introduce new innovative models of care and establish a one team culture that delivers care seamlessly throughout the patient journey.

Cancer care services will evolve to be delivered as part of one service system where local services at TPCH, Redcliffe and Caboolture Hospitals and North Lakes Health Precinct will meet the needs of local residents based on minimum clinical service capability framework requirements. The RBWH as the main tertiary/quaternary hospital in MNHHS will continue to support local services and provide the most complex cancer care to patients who need it. Consistent and coordinated evidence-based treatment protocols, workforce models, guidelines, standards and practices will continue to be developed to enable patients and families to move through the service system smoothly based on their respective care needs.

Recognising our unique position as the provider of some of the most complex tertiary cancer care services in Queensland, our service system will strengthen partnerships with regional HHSs. Stronger linkages with regional HHSs will ensure people from other HHSs receive the same coordinated and efficient care in MNHHS as local residents, including the ability for patients to return to the care of local health services as soon as clinically appropriate.

People with cancer are likely to receive care from multiple health providers. Our partnership with general practice, private cancer care services and the non-government sector will be advanced to improve care coordination, reduce service gaps and duplication and maximise efficient resource use now and into the future.

All patients receiving cancer care in MNHHS will have access to multidisciplinary assessment and care. MDT reviews will become standard care across MNHHS. All clinicians involved in the delivery of cancer diagnosis, investigations and treatment will prospectively review and discuss individual cancer cases to develop treatment care plans. Telehealth will be used to facilitate MDT meetings with other sites in MNHHS and regional HHSs.

As the demand for services, complexity of care and the range of available treatments continue to increase, the effective coordination of care between clinicians, services, facilities and care settings is increasingly vital to high-quality patient-centred cancer care. Cancer care coordinators assist patients in the management and coordination of their cancer treatment across different services and care settings. Within MNHHS cancer care coordinator services will be provided at RBWH, TPCH, Redcliffe Hospital, North Lakes Cancer Care Service and Caboolture Hospital.

Strong governance and accountability will accompany the networked service model. The roles and responsibilities of MNHHS cancer clinical stream and the clinical directorates in delivering services will be developed and documented to improve quality, reduce variations, ensure better patient access and improve responsiveness and service coordination across the health care continuum.

Objectives

- Enhance the MNHHS cancer care service network to deliver coordinated high quality care across service settings and sites.
- Improve governance, service delivery arrangements, responsibility and accountability for cancer care services across MNHHS.
- Strengthen existing partnerships and develop new ones to improve continuity of care for cancer patients.
- Improve monitoring and development of service quality system and indicators to ensure safe and effective cancer care across MNHHS.

Signs of success

- Variations in cancer patient journey and outcomes are reduced across MNHHS sites.
- Increasing proportion of patients who consider their care to be well coordinated.
- Each service audits and reports their capability annually using the CSCF as a guide.
- Multidisciplinary teams routinely incorporate members from core specialties including a palliative medicine physician for advanced stage cancer.

Service actions

	Priority actions	Responsibility
3.1	Standardise cancer care pathways across MNHHS to ensure: <ul style="list-style-type: none"> a) consistent and timely access to high quality care b) increasing utilisation of peer-reviewed, evidence-based treatment protocols and guidelines. 	Cancer Care Clinical Stream, RBWH, TPCH, Caboolture and Redcliffe Hospitals
3.2	Facilitate and formalise cross-facility MDTs and MDT meetings and maximise access (e.g. through tele- and video-conferencing) to all relevant sub-specialists including geneticists, diagnostic specialists, radiologists and palliative care physicians.	Cancer Care Clinical Stream, Pathology Qld, Medical Imaging Directorate, Oral Health Directorate, RBWH, TPCH, Caboolture and Redcliffe Hospitals
3.3	Define optimal multi-disciplinary models of care, including allied health, nursing, pharmacy, oral health, pathology, surgery, and medical imaging.	Cancer Care Clinical Stream
3.4	Enable movement of clinicians across MNHHS and non-MNHHS sites to support improved access to sub-specialist care locally and education and training opportunities for generalists by: <ul style="list-style-type: none"> a) increasing joint appointments across MNHHS sites b) introducing a consistent business model for all MNHHS cancer care services to support cross-facility staff appointments c) reorganise clinics to better coordinate services for patients with particular types of cancer. 	Cancer Care Clinical Stream, RBWH, TPCH, Caboolture and Redcliffe Hospitals
3.5	Enhance relationship between cancer care and surgery programs recognising specialist cancer surgeons are an integral part of the multidisciplinary cancer team.	Cancer Care Clinical Stream, Surgery Clinical Stream
3.6	Strengthen service networks across HHS boundaries by formalising referral pathways, shared care models and MDT meetings to enable patients who live outside MNHHS to have care as close to home as clinically appropriate.	Cancer Care Clinical Stream, RBWH, and TPCH

Priority actions		Responsibility
3.7	Expand telehealth within MNHHS and with other HHSs to support care in the patient's home or as close to home as clinically appropriate.	Cancer Care Clinical Stream, RBWH, TPCH, Caboolture and Redcliffe Hospitals Directorates, other HHSs
3.8	Improve referral and post-discharge continuity of care through strengthened linkages with general practice.	RBWH, TPCH, Caboolture and Redcliffe Hospitals, Cancer Care Clinical Stream, Brisbane North PHN
3.9	Investigate areas of low-value care that can be redesigned to improve quality and efficiency.	Cancer Care Clinical Stream, RBWH, TPCH, Caboolture and Redcliffe Hospitals

Actions to be achieved over the next 5 years		Responsibility
3.10	Develop a formal shared care model with general practitioners to enable support and care to be provided in the most flexible environment.	Cancer Care Clinical Stream, Brisbane North PHN
3.11	Explore opportunities to enhance partnerships with community and private cancer care providers to improve care coordination and outcomes for patients.	Cancer Care Clinical Stream, RBWH, TPCH, Caboolture and Redcliffe Hospitals
3.12	Explore opportunities to integrate information communication technology systems to enhance clinical efficiency, safety and increase visibility of patient information between services.	Cancer Care Clinical Stream, RBWH, TPCH, Caboolture and Redcliffe Hospitals

Service Direction 4: Maximise utilisation of current capacity and grow capacity over time to deliver timely high quality care as close to home as clinically appropriate

MNHHS will maximise its utilisation of the capacity of our existing cancer care services to deliver high quality and efficient care as close to home as clinically appropriate. Over time, in line with projected service demand, current capacity at North Lakes Health Precinct, Caboolture Hospital, Redcliffe Hospital, RBWH and TPOCH will be maximised.

Maximising utilisation of our current service capacity alone will not meet health needs into the future. In response, MNHHS is planning to expand services to better meet service demand as a result of improved screening programs. A new cancer service is planned to be established at Caboolture including chemotherapy chairs, a haematology service, medical oncology and surgical service up to a level 4 (CSCF v3.2). Partnering with the private sector and non-government support services will also continue.

RBWH's role in providing quaternary cancer care services will be strengthened. Patients across the state will continue to have access to leading specialists, technology and treatment to ensure optimal outcomes as RBWH advance new care models and translate research into practice. Increasingly cancer is not treated by its type or stage. Precision medicine enables clinical staff to select and rule out treatments based on the genomic profile of each patient and the individual tumour. Advancing our collaboration with Genetic Health Queensland will ensure cancer patients and their families can access genetic testing, genetic counselling and, for those who need them, familial cancer clinics. Customised treatment based on genetic factors will also develop. Interventional radiology and interventional oncology will grow as a speciality. Minimally invasive interventional techniques will complement the medical, surgical and radiation oncology care available to patients with cancer receiving treatment in MNHHS.

Objectives

- Maximise the utilisation of current capacity of cancer care services across the continuum to deliver safe, sustainable services as close to home as clinically appropriate.
- Enhance capacity of cancer care services across MNHHS through growing public cancer care services and enhancing networks with private and non-government sectors.
- Implement new evidence-based models of care and treatment techniques in cancer care.
- Improve service quality, safety and performance.

Signs of success

- Patients receive cancer care services as close to home as clinically appropriate, with each site measuring and reporting access criteria (such as achieving evidence-based time targets or lower waiting times) for cancer diagnoses, cancer treatment services and post treatment support programs.
- The MNHHS cancer care service has documented links with other HHSs to support patients who require specialist care in MNHHS to return home in a timely clinically appropriate manner.
- New evidence-based models of care and treatment techniques in cancer care are advanced.

Service actions

	Priority actions	Responsibility
4.1	Develop and implement the following services in MNHHS: <ul style="list-style-type: none"> • radio-isotope therapies • non-malignant haematology • linked surgical services. 	Cancer Care Clinical Stream, RBWH, TPCCH, Caboolture and Redcliffe Hospitals
4.2	Progress the planning and establishment of an interventional oncology service at RBWH.	Medical Imaging Directorate, Cancer Care Clinical Stream
4.3	Increase outpatient consultation and chemotherapy service capacity in medical oncology at North Lakes Health Precinct, in a phased approach.	RBWH
4.4	Grow cancer care services at TPCCH including medical oncology, haematology and radiation oncology.	Cancer Care Clinical Stream, TPCCH
4.5	Transition chemotherapy and infusion services at Redcliffe Hospital to Moreton Bay Integrated Care Centre, increasing capacity from 10 chairs to 16 chairs.	Redcliffe Hospital
4.6	Explore on-site breast imaging services at Redcliffe Hospital including consideration of impact on staffing.	Redcliffe Hospital, Medical Imaging Directorate
4.7	Increase access to echocardiography services at Redcliffe and Caboolture Hospitals to align with growth in chemotherapy services.	Redcliffe and Caboolture Hospital Directorates, Cancer Care Clinical Stream and Heart and Lung Clinical Stream
4.8	Increase access to allied health and oral health services across MNHHS to better support holistic patient care.	RBWH, TPCCH, Caboolture and Redcliffe Hospitals, Oral Health Directorate, Cancer Care Clinical Stream
4.9	Continue to explore integrated ICT solutions to improve cancer care data collections for diagnosis, staging, treatment and research.	Cancer Care Clinical Stream, RBWH, TPCCH, Caboolture and Redcliffe Hospitals
4.10	Improve service quality, safety and performance: <ol style="list-style-type: none"> a) Implement and monitor performance indicators, measures and targets that align with state and national benchmarks. b) Review reported results to better inform service quality improvements through routine reporting. 	Cancer Care Clinical Stream, RBWH, TPCCH, Caboolture and Redcliffe Hospitals

4.11	Continue to implement site specific Department of Emergency Medicine (DEM) avoidance model of care across MNHHS.	Cancer Care Services Clinical Stream, RBWH, TPCH, Caboolture and Redcliffe Hospitals
4.12	Continue to explore models of care that may deliver cancer care in the community and ambulatory care setting including: <ul style="list-style-type: none"> a) telehealth clinic and treatment models b) shared care arrangements with GPs and other HHSs c) non-medical-led care, such as nurse-led clinics d) advanced practice nursing models of care e) survivorship models. 	Cancer Care Clinical Stream, RBWH, TPCH, Caboolture and Redcliffe Hospitals, partner HHSs

Actions to be achieved over the next 5 years		Responsibility
4.13	Expand diagnostic and support services in line with expected growth and advances in cancer care services, including medical imaging, pathology services, palliative care services, allied health services and ICT systems.	Cancer Care Clinical Stream, RBWH, TPCH, Caboolture and Redcliffe Hospitals, Medical Imaging Directorate, Pathology Queensland
4.14	Participate in planning for the Caboolture Hospital redevelopment to include an integrated cancer service.	Cancer Care Clinical Stream, Caboolture Hospital
4.15	Develop an infrastructure strategy to consider demand growth in the northern region.	Cancer Care Clinical Stream, RBWH, TPCH, Caboolture and Redcliffe Hospitals
4.16	Grow the capacity of the bone marrow transplant unit in line with statewide demand.	RBWH
4.17	Grow the capacity of the Queensland Haemophilia Centre in line with statewide demand.	RBWH

Service Direction 5: MNHHS will be a world leader in advancing cancer care research in partnership with leading research and education bodies.

Research and clinical trials are key to improving outcomes for cancer patients. MNHHS cancer care services has partnerships with a number of flagship research centres, including the QIMR Berghofer Medical Research Institute, Herston Imaging Research Facility (HIRF), and University of Queensland Centre for Clinical Research (UQCCR). MNHHS is committed to innovation, research and education and will continue to be recognised as a national leader in cancer care research, across all spectrums including diagnosis, treatment and service systems. MNHHS will continue to play a key role as an educator and champion of evidence-based practice and protocols. Research and innovation are drivers of better cancer care and MNHHS will ensure that research and innovation are embedded as part of our culture.

MNHHS is exploring the establishment of a Cancer Care Institute on the Herston campus. The institute will provide access to the most advanced systems, resources and technology to support cancer care services across Queensland. The Institute will also provide a venue for advanced teaching programs, research and industry partnerships.

A world-leading proton therapy service is also being explored at RBWH. The service will contribute to the development of a collaborative and integrated network of particle treatment, education, training and research across Australia and internationally.

We also have close relationships with various Queensland universities. Research activities and clinical trials in cancer care at Redcliffe and Caboolture Hospitals are limited resulting in patients from these areas travelling to other hospitals to participate in trials. Limited access to research and clinical trials is also reducing the job satisfaction of cancer care staff at Redcliffe Hospital.

Objectives

- Lead research in cancer care and enable rapid translation of research into practice.
- Build capability and capacity in cancer care services through development of statewide Cancer Care Institute.
- Improve access to education and research at all MNHHS facilities and in all disciplines to support a culture of innovation, research and education in cancer care services.
- Partner with universities and research bodies to support culture of innovation and generate opportunities for research into new therapies and models of care in cancer care services.

Signs of success

- At a minimum, five per cent of the cancer patient population undergoing treatment are participating in a clinical trial to completion.
- Increasing numbers of MNHHS cancer care staff participating in clinical, basic and health service research.

Service actions

	Priority actions	Responsibility
5.1	Formalise research linkages with clinical services.	Cancer Care Clinical Stream, RBWH, TPCH, Caboolture and Redcliffe Hospitals
5.2	Increase patient access to clinical trials: <ul style="list-style-type: none"> a) Link clinical research programmes across facilities b) Extend clinical trial programs to allow patients at all MNHHS sites access to trial treatment options c) Improve access to training and certification required for clinical trial involvement d) Improve awareness of clinical trial opportunities among clinicians and patients. 	Cancer Care Clinical Stream, RBWH, TPCH, Caboolture and Redcliffe Hospitals
5.3	Increase research participation and outputs among all disciplines and service settings.	Cancer Care Clinical Stream, RBWH, TPCH, Caboolture and Redcliffe Hospitals, Oral Health Directorate, Medical Imaging Directorate
5.4	Develop academic pathways for staff and trainees.	Cancer Care Clinical Stream, RBWH, TPCH, Caboolture and Redcliffe Hospitals
5.5	Enhance education and professional development programs to meet identified needs among the cancer care workforce.	Cancer Care Clinical Stream
5.6	Continue planning and development of a business case for a Cancer Care Institute on the Herston Campus.	Cancer Care Clinical Stream
5.7	Progress the introduction of proton therapy service in line with Queensland Proton Therapy and Research Centre project.	Cancer Care Clinical Stream

	Actions to be achieved over the next 5 years	Responsibility
5.8	Develop an active innovation programme to explore new and innovative technologies and techniques for cancer treatment.	Cancer Care Clinical Stream, RBWH, TPCH, Caboolture and Redcliffe Hospitals
5.9	Grow the academic workforce across all disciplines: <ul style="list-style-type: none"> a) Increase number of staff undertaking post graduate qualifications b) Develop research fellows across all streams c) Develop partnerships with leading research and education bodies. 	Cancer Care Clinical Stream, RBWH, TPCH, Caboolture and Redcliffe Hospitals

8 Implementation, monitoring and review

Implementation

Implementation of the Plan will be led by Cancer Care Services Clinical Stream in a staged process to allow ongoing refinement over the next five years. At the local level the Plan will guide the health service priorities of the program areas and will be integrated into their local operational plans.

The Cancer Care Services Leadership Team will oversee the implementation process.

All local plans relating to health services should align with the service directions and service objectives in the Plan. For the actions, each program lead nominated as responsible is required to lead the action in the timeframe proposed.

The Plan will also assist Cancer Care Services to establish a platform for discussion and negotiation with MNHHS and other agencies around particular issues.

Risks to successful implementation

The success of the Plan relies on each responsible party determining an approach to implementing the objectives and actions aligned with the service directions. The key risks of not achieving the actions include:

- inability to accurately inform service enablers, including infrastructure, workforce, support services
- insufficient future resources allocated to MNHHS to deliver actions resulting in inability to meet health service demand at MNHHS
- information technology requirements
- inability to plan the allocation of future resources at MNHHS.

Resource implication

The process of planning did consider resource implications of the strategy. Service actions were prioritised based on available information regarding the ability to resource or negotiate for resources for actions and prioritised service needs. Service development will require resourcing over time through organisational budgetary processes.

Monitoring, reporting and review

Monitoring, evaluating, reporting and reviewing implementation of the Plan, including reporting on progress towards achieving the identified objectives will be coordinated by Cancer Care Services Clinical Stream.

Given the rapid change and growth in health needs the Plan will be monitored and reported on an annual basis (end of financial year) in line with operational plan reporting. These processes will allow changes in direction during the implementation of the Plan to ensure ongoing relevance and provide information upon which future service planning may be based. This will also allow the findings and recommendations of statewide plans currently under development to be considered and actions updated as required.

Part 2

9 Methodology

This Plan has been developed in accordance with the Queensland Health-endorsed health service planning approach and process, as articulated in the Queensland Health Guide to Health Service Planning. A range of background papers have been developed to inform this Plan. The background papers consider the planning process and include a comprehensive review of national, statewide and local level strategic documents, health service plans, and related literature. Desktop reviews, data analyses and consultation processes were undertaken to identify current service profiles, models, needs and issues.

A number of datasets and documents have been sourced for analysis of current and projected service activity, demography and health status related service needs for MNHHS.

Identification of service issues and priorities was informed by extensive stakeholder and staff consultation.

The planning process included the following components:

- identification and prioritisation of health service needs of the population
- analysis of current and projected health service utilisation based on a planning horizon of five years to 2022
- prioritisation of health service needs in line with MNHHS Strategic Plan 2016-20
- consideration of integrated, safe and sustainable models of service delivery across MNHHS hospitals
- outline service opportunities for optimising the capacity and or capability of each hospital
- consideration of opportunities for integration with other hospitals, health services and other service providers
- ensuring feasibility and sustainability of projected service requirements across the planning horizon, as well as the impact of service enabler opportunities and constraints
- identification of opportunities to enhance relationships between the acute and other sectors across the continuum of care.

Planning was overseen by the MNHHS Strategy and Planning Unit and the Cancer Care Clinical Stream which provided executive and clinical stewardship of the project.

10 Policy context

The Plan has been informed by a number of MNHHS, Queensland Health and Queensland Government documents including the policy directions articulated in:

- Metro North Strategic Plan 2016—20
- Metro North Health Service Strategy 2015—20
- Clinical Services Capability Framework for Public and Licensed Private Health Facilities v3.2 (CSCF v3.2).
- Guide to Health Service Planning Version 3 (2015)
- Health Priorities Paper 2016—17
- Cancer care services statewide health service strategy 2014.

11 Consultation

Consultation was undertaken in line with the Queensland Health Guide to Health Service Planning—Consultation Supplement, MNHHS Putting People First 2015—19, MNHHS Clinical Engagement Strategy 2015 and MNHHS Consumer Engagement Strategy 2015.

The engagement process was designed to provide information about health service planning being undertaken and to seek and confirm views about health services in the Hospital and Health Service and surrounds.

Consultation sessions with MNHHS staff and representatives from various stakeholder groups were undertaken in 2016 and 2017 to identify the health needs and issues of MNHHS residents. Consumer surveys and interviews were also undertaken in 2016.

A workshop to review and provide feedback on draft service directions and actions were held with key stakeholders from MNHHS on 4 November 2016. Further consultation occurred throughout the drafting of the Plan.

Formal and informal consultation has occurred with MNHHS during the drafting of the Plan and on the final document.

The draft plan was distributed for feedback to a range of partner agencies including the MNHHS Community Board Advisory Group (CBAG) and Brisbane North PHN.

12 Limitations

The project did not undertake development of specific tools, clinical pathways, standards, procedures or protocol or implementation planning.

While the Plan includes reference to the impact of workforce, support services, information management, and infrastructure/equipment/assets, it does not undertake implementation planning or detailed costing of these.

The Plan has acknowledged limitations, in that it is necessarily unable to account for:

- future changes to statewide funding and reporting mechanisms
- the impact of potential future advances in treatment, technology and models of care
- cost and service delivery implications of new service models
- data reliability, including the Australian Bureau of Statistics estimated resident population data, and the Office Economic and Statistical Research population projections and variations for community, ambulatory and primary health service data.

13 Assumptions

The following planning assumptions apply to the preparation of the Plan:

- all population trends are predictable
- benchmarks for service planning and provision are available, appropriate and accurate
- utilisation of public health services by privately insured individuals is predictable
- data and reference documents used are accurate, up-to-date and available
- activity targets are incorporated into future service planning at an operational level
- funding will be made available, or resources will be able to be reallocated to support service directions.

