REPORT
CanNET national workshop
3 & 4 September, 2007
Mercure Grosvenor Hotel, Adelaide

Prepared by: CanNET National Support and Evaluation Service - Siggins Miller
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<td>Australian General Practice Network</td>
</tr>
<tr>
<td>AHS</td>
<td>Area Health Service</td>
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<tr>
<td>BCAG</td>
<td>Breast Cancer Action Group</td>
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<tr>
<td>BCI</td>
<td>Breast Cancer Institute</td>
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<tr>
<td>CanNET</td>
<td>Cancer Services Networks National Demonstration Program</td>
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<tr>
<td>CPD</td>
<td>Continuing professional development</td>
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<tr>
<td>EdCaN</td>
<td>National Cancer Nursing Education Project</td>
</tr>
<tr>
<td>GI</td>
<td>Gastrointestinal</td>
</tr>
<tr>
<td>GP</td>
<td>General practitioner</td>
</tr>
<tr>
<td>Hume RICS</td>
<td>Hume Regional Integrated Cancer Service</td>
</tr>
<tr>
<td>M</td>
<td>Mean (or average)</td>
</tr>
<tr>
<td>MDT</td>
<td>Multidisciplinary team</td>
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<tr>
<td>NBCC</td>
<td>National Breast Cancer Centre</td>
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<tr>
<td>NEMICS</td>
<td>North Eastern Metropolitan Integrated Cancer Service</td>
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<tr>
<td>NHS</td>
<td>National Health Service</td>
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<tr>
<td>NSW</td>
<td>New South Wales</td>
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<tr>
<td>QOOL</td>
<td>Queensland Oncology Online</td>
</tr>
<tr>
<td>RCG</td>
<td>Regional Cancer Group</td>
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Cancer Services Networks National Demonstration (CanNET) Program

A report of the CanNET national workshop Adelaide September 2007

1.1 Introduction and context

Cancer Australia is providing funding for the CanNET program as part of the second phase of the Australian Government’s 2004 policy measure, *Strengthening Cancer Care – Mentoring Regional Cancer Services.*

The overarching aim of the CanNET program is to improve outcomes and reduce disparities in outcomes for people affected by cancer by providing high quality, clinically effective and coordinated cancer services across Australia. The program, which is based on the managed clinical networks model established in Scotland, will enable development of seven managed cancer service networks in rural Australia that link regional and metropolitan services.

Managed clinical networks are linked groups of health professionals and organisations from primary, secondary and tertiary care, working in a coordinated manner. The networks developed during the CanNET program will be encouraged to challenge existing professional and organisational boundaries, and ensure patient centred and equitable provision of high quality clinically effective services throughout their region.

One of the key elements of the CanNET program is active consumer and primary care involvement. The program acknowledges that consumer engagement and input is critical because the prime purpose of the networks is to improve patient care in terms of quality, access, coordination and convenience.

In addition, a CanNET National Support and Evaluation Service has also been established. This service is being provided by Siggins Miller. The CanNET National Support and Evaluation Service will ensure that knowledge and resources are shared to maximise efficiency, prevent duplication of effort, and that a consistent evaluation approach is adopted nationally.

1.2 An overview of the CanNET national workshop


The aim of this second national CanNET Workshop was to:

(a) Gain agreement on a national communication strategy that:
   1. Ensures continuous sharing of knowledge, expertise and relevant resources across the seven networks.
   2. Ensures that communications use a consistent format that reflects the nature of a national program.

(b) Gain agreement about a standard approach to developing a ‘Directory of Services’ for each network using an agreed national template.
   1. Ensure that the ‘Directory of Services’ is consumer led and is able to convey the availability of services that support the care pathway within the network, in a range of suitable formats (paper and electronic).

(c) Support a common understanding of the agreed national evaluation framework and gain agreement on the collection of several uniform data items

(d) Identify the various mechanisms being used to support quality assurance, to gauge
what further support needs to be provided (i.e. a national working group specifically on quality assurance).

(c) Identify the various mechanisms being used to support continuing professional development, to gauge what further support needs to be provided (i.e. a national working group specifically on continuing professional development).

A copy of the agenda for the CanNET national workshop has been included as Appendix A.

Each of the seven networks was invited to send at least three representatives to the national workshop, including a consumer representative, a lead clinician and/or project manager and lead agency representative. Across the two days, the workshop was attended by 44 individuals, including 10 consumer representatives, representatives from each of the networks, representatives from Cancer Australia, representatives from Cancer Australia’s National Cancer Nursing Education (EdCaN) and Continuing Professional Development (CPD) projects, representatives from Siggins Miller, a representative from the National Breast Cancer Centre (NBCC), a representative from the Australian General Practice Network (AGPN) and a representative from Ipsos. A full list of workshop participants has been included as Appendix B.

All participants were also invited to a private workshop dinner at the Mercure Grosvenor Hotel in Adelaide on the evening of the 3rd September, 2007. Dr Graeme Young from Flinders Medical Centre was invited as a guest dinner speaker. Dr Young has an international reputation especially in the broad field of colorectal cancer and its prevention. His clinical achievements include organisational and multidisciplinary team (MDT) planning, implementation of multidisciplinary pathways for complex cases, developing databases that support patient navigation through complex pathways across the continuum of primary and tertiary care.

1.3 The purpose and structure of the current report

The current report, prepared by the CanNET National Support and Evaluation Service, summarises the discussions and key outcomes from each of the sessions during the workshop.

Section 2 summarises the discussions and key outcomes from the workshop sessions on the 3rd September, 2007. It begins with an overview of the preliminary sessions, including the opening address, welcome to country, consumers address, and program overview. Following this, the key points from each of the networks’ burning issues presentations are presented. Section 2 also summarises the discussions and key outcomes from the sessions on communication, CPD and the Directory of Services.

Section 3 summarises the discussions and key outcomes from the workshop sessions on the 4th September, 2007. First, a summary of the discussions and key outcomes from the session on evaluation is presented. This is followed by an overview of the session on quality assurance and the concluding sessions, including the consumer reflections panel and closing address.

The final section of the current report (Section 4) summarises the findings from CanNET national workshop evaluation and presents concluding comments.
Overview of the discussions and key outcomes from workshop sessions on the 3rd September, 2007

2.1 Preliminary sessions

The national workshop commenced with an official welcome to country, delivered by Lewis O’Brien. The Adelaide Plains in South Australia are home to the Kaurna (pronounced garna) Aboriginal people. Mr O’Brien delivered the traditional welcome in Kaurna language: “Ngai wangandi marni nabudni Kaurna yertaanna”: “First, let me welcome you all to Kaurna country”.

2.1.1 National launch

John Stubbs (CEO Cancer Voices, Australia) delivered the opening address in which he formally launched the CanNET program. John Stubbs introduced himself as a consumer representative and posed a number of questions during the CanNET National launch. The first question ‘Why CanNET?’ to which he said that the CanNET program will a) ensure that the Australian, state and territory governments work collaboratively with consumers and health professionals to improve outcomes for people affected by cancer; and b) link health professionals and facilities providing cancer care in regional and rural areas with cancer services in metropolitan areas.

The second question was ‘What will CanNET do?’ Mr Stubbs said the CanNET program will incorporate key interventions that have been shown to improve outcomes for people with cancer, including supporting GPs in prompt diagnosis and early referral to a MDT; developing evidence-based protocols; developing and promoting MDTs; developing systematised approaches to quality assurance; and ensuring a commitment to consumer involvement in all aspects of service planning and delivery.

The third question was ‘What difference will CanNET make?’ Mr Stubbs said the CanNET program will address the disparities in outcomes for people affected by cancer by ensuring active involvement of consumers in the networks (particularly those in rural areas), ensuring GPs and other primary care providers are linked in as members of a cancer care team, and providing greater access to multidisciplinary care for people with cancer, regardless of where they live or the type of cancer they have.

Mr Stubbs’ final question was ‘What will CanNET mean for people with cancer?’ He said more people with cancer will be able to receive best practice treatment and support, as close to home as safe and practical. More people will have their care planned by a MDT, as they are able to find and access information about multidisciplinary care for their cancer type using a Directory of Services developed by each network. The program will also mean that cancer care will be better coordinated. Finally, the CanNET program will have an even greater impact in future years by providing the evidence base for managed clinical networks for cancer across Australia. “In the case of the CanNET program, consumers are ready, health professionals are ready, and our federal, state and territory governments have committed to working together - so collectively GO TEAMS!”.

2.1.2 Consumer addresses

Two consumer addresses followed. Ms Roslyn Weetra introduced herself as a consumer and an Aboriginal woman. She openly shared her experience of being diagnosed with non-Hodgkin’s lymphoma. She discussed her treatment, which involved a range of medical treatments and traditional Aboriginal healing. She also identified three areas of concern, based on her experience with cancer: lack of information and knowledge; cultural respect and appropriateness of services; and access to services (eg transport). Ms Weetra concluded by discussing how being diagnosed with cancer affected her life and the lives of those around her - for example, by inspiring her to establish the Aboriginal Women’s Survivors of Cancer Action Group and become ‘part of the solution’.
Dr Ian Roos also openly shared his experience of being diagnosed with prostate cancer. He voiced his support for the CanNET program because coordinated care is not generally the experience of most people affected by cancer. It is critical for services to listen to all people affected by cancer in order to ensure that the care pathway is as coordinated as possible. He also discussed innovative ways services could ensure that they listen to the stories of a broad cross section of those affected by cancer. Dr Roos concluded by stating that what consumers really want is “a health system where the person affected by cancer is at the centre, where the people who will have an effect on that person’s journey are getting together, talking to each other and forming networks, because it is then that you will get a coordinated care pathway”.

2.1.3 Overview of CanNET

The final preliminary session was presented by Rita Evans, National Manager, Quality and Professional Development, Cancer Australia. Rita gave an overview of the CanNET program, noting that this program provides an opportunity and a space to think about how things can be done differently, to try new ways of working together, and to challenge existing jurisdictional, organisational and discipline specific boundaries. She acknowledged that the program will be challenging at times, but in the long run will be extremely rewarding and worthwhile. Ms Evans defined managed clinical networks and discussed the overarching aim of the program. She described the CanNET approach, funding arrangements and model, including the role of the National Support and Evaluation Service. Ms Evans concluded by discussing the key principles and elements of the CanNET program.

2.2 The networks’ burning issues presentations

Siggins Miller and Cancer Australia had asked each network to prepare a brief 10 minute presentation for the workshop, identifying three burning issues that the network wanted to address through the CanNET program; outlining how the network would address these issues; and how it would ultimately make a difference in quality of care and clinical outcomes. The networks were offered a PowerPoint template to help their presentations.

2.2.1 CanNET Victoria

Jane Jones spoke on behalf of CanNET Victoria. The network was described as a partnership between two of eight existing integrated cancer services in Victoria - the Hume Regional Integrated Cancer Service (Hume RICS) and the North Eastern Metropolitan Integrated Cancer Service (NEMICS). These integrated cancer services share a common boundary and service of population of 1.6 million residents. The three burning issues identified by CanNET Victoria were:

1. Consumer participation at all levels of lung cancer planning and coordination;
2. The need for multidisciplinary coordinated care for all lung cancer patients; and
3. The need to provide effective supportive care to all cancer patients and their families/carers (see Table 1).

CanNET Victoria will address these burning issues using a wide range of strategies and processes. It is believed that the CanNET Victoria will ultimately make a difference in terms of quality of care and clinical outcomes because:

- Every aspect of network development will be informed by people affected by cancer;
- Lung cancer planning will be population based and services will be provided as close to home as possible;
- Individuals with lung cancer will have timely access to the full range of services from prevention, screening, diagnosis, treatment, rehabilitation, supportive care and palliative care;
- Lung cancer referral pathways will be clearly defined for the range of services required;
- Care will be well coordinated and delivered by MDTs;
• Services will be effective and efficient and meet the needs of lung cancer patients and their carers; and
• Services will be planned to ensure a critical mass of expertise, leadership, quality and safety in all aspects of patient care.

2.2.2 CanNET New South Wales

Dr Colum Smith spoke on behalf of CanNET New South Wales, which involves a consortium composed of: Hunter New England Area Health Service (AHS); North Coast AHS; Northern Sydney Central Coast AHS; Cancer Institute NSW; and NSW Department of Health. The network covers a large and diverse geographic area with a population of 2.42 million. CanNET NSW identified four burning issues to be addressed through the CanNET program:

1. Engaging consumers;
2. Improving access to specialist care, treatment, care coordination and support;
3. Improving equity of access to quality cancer care on the basis of need, irrespective of geography; and
4. Resourcing and sustaining improvements after the implementation of the CanNET program (see Table 1).

The NSW network will address these burning issues using a variety of strategies which will ultimately make a difference in terms of quality of care and clinical outcomes because:

• Consumers across the network will have access to an optimal range of quality services and care;
• There will be clear documented pathways to assist consumers and health professionals to more easily navigate cancer services across the network;
• Health professionals will be assisted to enhance their practice so consumers receive best possible treatment and care;
• Resources will be used optimally; and
• Evaluation and clinical outcome measures will document challenges to foster ongoing solutions.

2.2.3 CanNET Queensland

Shoni Colquist spoke on behalf of the Queensland network. The network will involve the development of a breast cancer tumour team in each of the three AHSs in Queensland. In addition, it will involve the development of statewide focused tumour teams for less frequently encountered cancers, such as upper gastrointestinal (GI) and thyroid cancer. CanNET Queensland will service a population of over 4 million residents. The three burning issues identified by CanNET Queensland were:

1. Multidisciplinary care;
2. Care coordination; and
3. Communication (see Table 1).

CanNET Queensland will address these burning issues using a wide range of strategies and processes, such as further developing an integrated information system (Queensland Oncology Online; QOOL). It is believed that CanNET Queensland will ultimately make a difference in terms of quality of care and clinical outcomes because:

• Longitudinal data on service improvement will be available;
• It will provide the evidence base for managed clinical networks for cancer; and
• It will enable a comprehensive user evaluation of the QOOL system.
2.2.4 CanNET South Australia

Meryl Horsell spoke on behalf of the CanNET South Australia, which she described as a single statewide network encompassing all health services and cancer related programs across South Australia. CanNET South Australia is part of a larger clinical network development program and will service a population of approximately 1.57 million residents. The three burning issues identified by CanNET South Australia were the need:

1. To improve the patients’ journey and care outcomes, especially for Aboriginal and Torres Strait Islander peoples;
2. To develop a consistent MDT approach; and
3. For more comprehensive and timely cancer information to facilitate the quality agenda for improving cancer care outcomes.

CanNET South Australia will ultimately make a difference in terms of quality of care and clinical outcomes because:

- The cancer care pathway for patients and carers will be easily understood and streamlined;
- Patients and carers will be more informed and better able to manage their cancer journey;
- There will be more timely access to treatment, and reduced time between diagnosis and therapy commencement;
- MDTs will plan care for all patients;
- Service providers will have a clear understanding of their role in a MDT and how the MDT approach supports the patient journey;
- Linkages between service providers will be clearer;
- Referral pathways for tumour streams will be clear and there will be more collaboration between GPs and treatment centres;
- Consistency of management and treatment will be improved, and care plans will be underpinned by clinical protocols;
- Increased numbers of people from rural areas will access longer term treatment modalities;
- Aboriginal and Torres Strait Islander people will be diagnosed earlier and access treatment earlier;
- The need to travel long distances for extended periods of treatment will be minimised;
- There will be more timely access to data to support clinical practice; and
- Clinicians will be able to access timely comprehensive cancer data and information.

2.2.5 CanNET Western Australia

Violet Platt presented on behalf of CanNET Western Australia. This network will formally extend specialist cancer care out of the current metropolitan-centric model in Western Australia. The development of this network will provide services to a population of approx 54,000 residents in the southern region of Western Australia, who would have previously had to drive 5 hours to seek specialist cancer services. CanNET Western Australia identified three burning issues to be addressed through the CanNET program:

1. Referral processes and pathways;
2. Continuous professional development; and
3. Workforce issues.
CanNET Western Australia will ultimately make a difference in terms of quality of care and clinical outcomes because it will:

- Be patient centred and support new ways of working to deliver patient care; and
- Bring together a range of people who would not normally come into contact with one another.

2.2.6 CanNET Northern Territory

Meribeth Fletcher spoke on behalf of the CanNET Northern Territory. CanNET NT will involve establishing four Regional Cancer Groups (RCG) in the most populated areas of the Northern Territory (Darwin, Alice Springs, Nhulunbuy, and Katherine). Regional Coordinators will also be nominated within each RCG to facilitate meetings, and liaise with the CanNET Northern Territory Network Coordinator. The three burning issues identified by CanNET NT were:

1. The need for improved access to cancer services;
2. Workforce issues; and
3. The need to enhance service coordination.

CanNET NT will address these burning issues using a variety of strategies which will ultimately make a difference in terms of quality of care and clinical outcomes because it will:

- Establish a solid platform to enhance and develop quality cancer services; and
- Explore innovative ways to address service gaps in rural and remote areas and promote networking amongst all service providers.

2.2.7 CanNET Tasmania

Jane Wood presented on behalf of the CanNET Tasmania, described as a single state wide network encompassing a range of service providers including surgical, medical, haematological and radiation oncology, primary and community health services, general practice, cancer screening and control, palliative care services and the Cancer Council. CanNET Tasmania will service a population of approximately 490,000 residents. The three burning issues identified by CanNET Tasmania were the need for:

1. A state wide strategy for cancer services;
2. Clinical information systems that enable provision and sharing of timely and accurate information to service providers and consumers across the acute-primary continuum; and
3. Strategies to strengthen the capacity of consumers to be involved in the planning and delivery of cancer services.

CanNET Tasmania will address these burning issues using a variety of strategies, such as developing a strategic plan for cancer services, enhancing existing information systems, developing a provider information exchange hub, and establishing mechanisms to engage consumers. The network will ultimately make a difference in terms of quality of care and clinical outcomes because:

- It will provide an opportunity for cancer service providers to work collaboratively on a multidisciplinary basis;
- It will improve capacity and sustainability around the provision of cancer services;
- It will assist with service integration and coordination;
- Cancer patients will have access to relevant information and referral pathways will be clearly defined;
- Treatment will be better informed, more timely and there will be a reduction in duplication; and
- Consumer involvement will lead to more appropriate and consumer-focused care.
2.2.8 Summary

As Table 1 shows, a number of common themes were identified by each of the state and territory networks as the burning issues:

1. *Service and care coordination* were identified by four of the seven networks;
2. *Multidisciplinary care* was identified as a burning issue for three of the seven;
3. *Consumer participation and engagement* was identified as a burning issue for three of the seven networks;
4. *Access to services* was identified by two of the seven networks;
5. *Workforce issues* were a burning issue for two of the seven networks; and
6. The need for *timely access to clinical information* was a burning issue for two of the seven networks.
<table>
<thead>
<tr>
<th>Burning issues to be addressed through CanNET</th>
<th>Victoria</th>
<th>New South Wales</th>
<th>Queensland</th>
<th>South Australia</th>
<th>Western Australia</th>
<th>Northern Territory</th>
<th>Tasmania</th>
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</thead>
<tbody>
<tr>
<td>Consumer participation at all levels of lung cancer planning and coordination</td>
<td>Engaging consumers</td>
<td>Multidisciplinary care</td>
<td>The need to improve the patients’ journey and care outcomes, especially for Aboriginal and Torres Strait Islander peoples</td>
<td>Referral processes and pathways</td>
<td>The need for improved access to cancer services</td>
<td>Workforce issues</td>
<td>The need for a statewide strategy for cancer services</td>
</tr>
<tr>
<td>The need for multidisciplinary coordinated care for all lung cancer patients</td>
<td>Improving access to specialist care, treatment, care coordination and support</td>
<td>Care coordination</td>
<td>The need to develop a consistent MDT approach</td>
<td>Professional development</td>
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<tr>
<td>The need to provide effective supportive care to all cancer patients and their families/carers</td>
<td>Improving equity of access to quality cancer care on the basis of need, irrespective of geography</td>
<td>Communication</td>
<td>The need for more comprehensive and timely cancer information to facilitate the quality agenda for improving cancer care outcomes</td>
<td>Workforce issues</td>
<td>The need to enhance service coordination</td>
<td></td>
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<tr>
<td>Resourcing and sustaining improvements after the implementation of the CanNET program</td>
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2.3 Communications: Sharing knowledge, innovations and learnings

The communication session began with a presentation from Jane Phillips, Program Manager, Quality and Professional Development, Cancer Australia. She focused on sharing and learning as an important element of the CanNET program. There is a wealth of experience within the state and territory networks, and each network will be dealing with a number of common issues. In order to make the most of limited resources, the networks will need to share and collaborate with one another to promote knowledge transfer.

Lisa-Maree Herron (Communications Manager, Cancer Australia) spoke on the ‘why, who, what and how’ of the CanNET national communication strategy. She identified three primary objectives for the communication strategy:

- To encourage and facilitate knowledge transfer, information sharing and discussion of learnings and challenges;
- To build stakeholders’ awareness of the CanNET program, partners and collaborators, key elements, anticipated benefits and outcomes; and
- To ensure consistency of key messages and presentation of CanNET materials.

Ms Herron discussed the range of target audiences for CanNET communications activities. She identified internal and external target audiences as two different groups at both national and network level. Internal target audiences may include people who are involved in developing the networks; external audiences may include those not directly involved in the networks but with an interest or stake in the CanNET program.

Ms Herron outlined communication strategies that may potentially be useful. Workshops, teleconferences, email and newsletters/bulletins may be able to facilitate exchange of information and knowledge between networks. It would be important to tap into existing communication channels, including the general media, the medical and professional media, websites, publications, conferences and forums. In terms of new CanNET specific media, Cancer Australia is developing a clearly branded and independent website for the CanNET program. Cancer Australia will also produce a regular CanNET newsletter and bulletins at the national level, to disseminate information about what is happening at the state and territory level, and promote information exchange. Finally, Cancer Australia will also develop a range of tools and templates for networks to ensure consistency of key messages and presentation of CanNET materials.

Ms Herron concluded with a brief discussion of the challenges that she foresees from a communications perspective. There are multiple and diverse target audiences to consider. It will be important to establish effective mechanisms for networks to share challenges as well as learnings, and to promote the intermediate benefits of a program that has a long term objective. Finally, she acknowledged that the amorphous nature of the CanNET program is difficult to explain to stakeholders and requires the use of agreed and consistent key messages.

These presentations were followed by small group discussions about strategic ways the networks could share knowledge and collaborate with one another at the national level. Each small group was asked to discuss the most effective communication channels for two of eight key issues that had been identified by stakeholders before and during the national workshop as topics that the networks would need to communicate with one another about nationally.

The eight key topics selected for discussion were:

1. MDTs
2. Engaging primary care
3. Referral pathways
4. Care coordination
5. Workforce development
6. Evaluation (data, quality, safety, progress)
7. Consumer engagement and information (e.g. Directory of Services)
8. Access (transport and cultural appropriateness)

The key points from the small group discussions were recorded on butchers’ paper and reported back to the whole group by selected spokespersons. Responses from small groups were clustered into themes as summarised below.

- **Regular national workshops**: All four groups recommended regular national workshops to facilitate knowledge transfer and exchange of information among networks. It was suggested that working parties could be formed and tasked with progressing workshop recommendations.

- **Teleconferences (or videoconferences)**: Three groups suggested that teleconferences (or videoconferences) would be an effective ongoing communication channel, following national workshops. They would need to be subject-specific and extremely organised (with agendas and pre-reading materials sent to participants beforehand). Follow-up teleconferences could be recorded and posted on the web as podcasts so that individuals who were not able to participate could listen to the discussions at a later date.

- **Website or central hub for resources**: Three of the four groups recommended that a website or central hub for resources, tools and references be developed to facilitate sharing across the networks.

- **On-line forums, discussion boards or list-serves**: Two of the groups also suggested that online forums or discussion boards and list-serves would be beneficial. Once again, these would need to be subject specific. Finally, two groups suggested that subject specific bulletins would also be an effective communication channel.

### 2.4 Continuing professional development

Jackie Ross and Stewart Barnet, Centre for Innovation in Professional Health, University of Sydney) delivered a presentation about the Continuing Professional Development (CPD) that is also funded by Cancer Australia. The deliverables for the CPD project include:

- A professional development framework designed around the patient journey that identifies relevant professional development elements for each stage.

- Professional development packages, focussing on:
  - supporting multidisciplinary care;
  - improving referral patterns for GPs;
  - improving supportive care, including psychosocial support;
  - fundamentals of oncology; and
  - treatment and evidence based care.

- Each of the professional development packages will include three different categories of educational activities: structured professional development activities; learning on the run opportunities; and resource information and links.

- An information hub to ensure that houses cancer CPD information and resources in a central location. The information hub is scheduled to “go live” with a significant amount of content in November, 2007.

Ms Ross and Mr Barnet informed participants that the next steps in the project include validating module specifications and piloting the professional development packages in a number of selected networks in early 2008.

Workshop participants were referred to the CPD project website for further information ([www.cancercpd.org.au](http://www.cancercpd.org.au)).
2.5 The Directory of Services

The session on the Directory of Services began with a presentation from Rita Evans of Cancer Australia on what the Directory ‘is and is not’. The Directory of Services will be developed by each network as part of the CanNET program using an agreed national framework (to ensure consistency) and based on the principles of multidisciplinary care. Specifically, the Directory of Service at a minimum needs to provide consumers and service providers with up to date information on the closest (by postcode) and most appropriate MDT for a particular cancer type or population group. The Directory should be inclusive of all providers and services across the spectrum of cancer control (private/public; primary/specialist) and should not preclude links to services and teams outside the area of the network where that is necessary for best practice.

Ms Evans emphasised that the Directory of Services should not promote referral to a single entity or specialist; be limited to state funded services; or be silent on the less frequent cancers, specific population groups, and psychological and social aspects of care. Developing the Directory will need a coordinated effort, and will require extensive networking and formalised processes that show how the various service components will be working together to provide seamless coordinated care.

Susan Hanson, National Manager, Consumer Interests and Community Partnerships, Cancer Australia spoke on the Directory of Services from the consumer perspective. She outlined a wide range of evidence that identified the need for Directories of Services in the cancer context. Consumers and consumer organisations believe that the development of nationally consistent and collaborative directories of cancer services will: improve the quality and level of information available about cancer services; enable people to make informed choices on treatment options; and facilitate consumer involvement in decisions about their care.

The final presentation during this session was delivered by Ian Siggins, Director, Siggins Miller. He focused on the rationale for the Directory of Services, and stressed that the objective of the Directory is to provide consumers with details of their agreed pathway and the multidisciplinary services available to support them throughout their journey. Prof Siggins noted that the development of the Directory must be consumer focussed, and the information should be shaped by what they find clear, accessible, supportive and practical. He also acknowledged that the Directory will build on and draw from a range of existing sources. Participants were provided with an overview of a range of existing directories including: the Directory of Breast Cancer Treatment and Services for NSW Women (produced by the Breast Cancer Action Group, (BCAG), in association with the NSW Breast Cancer Institute; (BCI), which provides information about MDT affiliations of individual specialists; and a range of directories of cancer services developed by the National Health Service primary care trusts in the United Kingdom. Both the strengths and weakness of these directories were discussed. Prof Siggins concluded his presentation by highlighting the need to consider how individuals will be able to effectively navigate their way through the Directory and how it will be able to be updated on an ongoing basis. These are important issues to consider in relation to the format for the Directory of Services.

These presentations were followed by small group discussions about the national framework for the Directory of Services. Each small group was asked to consider three key questions:

1. How should MDTs be identified and mapped?
2. Which fields will be useful, essential or valuable to include in the Directory of Services, and which will not?
3. What would be the best format for the Directory of Services (print, electronic or both; consider capacity to update and navigate)?

Once again, the key points from group discussions were recorded on butchers’ paper and reported back to the whole group by selected spokespersons. A number of common themes were identified in the groups’ responses to the three key questions.
• **Access to multi-disciplinary care**: MDTs should be identified for inclusion in the Directories of Services using the checklist for multidisciplinary care developed by the NBCC” (p. 9). However, they suggested that this checklist be reviewed to determine which criteria are ‘essential’ and which are ‘desirable’. They felt it would be particularly important to categorise the criteria in the checklist in order to take into account developing MDTs. It was also suggested that MDTs could be identified based on data about the use of MDT Medicare items.

• **Directory format**: The groups suggested that the framework used in the NBCC’s Directory of Gynaecological Oncology Services would provide a good model for the CanNET Directory of Services. The NBCC’s Directory of Gynaecological Oncology Services provides information about the location of services and their contact details, as well as information about the range of services they offer, such as: gynaecological oncology consultation; gynaecological oncology surgery; chemotherapy; radiotherapy; specialist nurses; palliative care, psychosocial care; multidisciplinary meetings; and opportunities for clinical trail participation.

• **Web based**: All of the groups suggested that the Directories of Services would need to be web-based so that they could be updated regularly. However, there would also be a need for a paper-based version for those who do not have access to the internet or a computer, such as those in rural and remote areas. The groups also recommended that the web-based version of the Directories of Services should be designed so that individuals can navigate their way through it based on their tumour type and location.

The groups also made a number of specific recommendations about fields for inclusion in the Directory of Services, including:

• Core membership (including individual specialists);
• Volume or caseload information;
• Contact details;
• Referral information;
• Cost;
• Practicalities (eg car park, public transport, accommodation);
• Waiting list information; and
• Information about other services (financial services, Aboriginal Medical Services and help-lines).

Overview of the discussions and key outcomes from workshop sessions on the 4th September, 2007

3.1 Evaluation

The evaluation session began with a presentation from Mel Miller, Director, Siggins Miller. Dr Miller’s presentation focused on the purpose of evaluation; the role of the National Support and Evaluation Service; and the need for some consistency in evaluation data sources across the networks for the purposes of the national evaluation. Evaluation is a process that provides valuable learning opportunities and assists with continuous quality improvement activities. In the CanNET program, evaluation will help build the evidence base for managed clinical networks for cancer across Australia, which is particularly important because the program is a national demonstration program.

3.1.1 Overview of the CanNET evaluation framework

The overall objective for the National Support and Evaluation Service is to ensure consistency, reduce duplication and facilitate a national approach to network development and evaluation that will build the evidence for cancer service networks in Australia. This will involve:

- Conducting the national evaluation;
- Supporting individual networks;
- Promoting the sharing of knowledge and resources between the existing Mentoring projects and the CanNET program; and
- Coordinating national Steering Committee meetings and providing all secretariat support.

Dr Miller explained to participants that there is a need for at least one consistent data source at each of the three levels of outcomes in the agreed national monitoring and evaluation framework (impact on, and outcomes for, consumers; providers; and the system). The following presentations in this session focused on a range of potential data sources that could be used by all networks (including provider surveys and/or interviews, mini case audits, patient surveys) and new NBCC psychosocial and MDT performance indicators.

3.1.2 Need for nationally consistent evaluation data

Jane Phillips, Cancer Australia also affirmed the need for some consistency in evaluation data sources across the networks. She suggested that individual network evaluations should focus primarily on the first level of outcomes in the agreed national monitoring and evaluation framework (impact on and outcomes for, consumers; providers; and the system). The following presentations in this session focused on a range of potential data sources that could be used by all networks (including provider surveys and/or interviews, mini case audits, patient surveys) and new NBCC psychosocial and MDT performance indicators.

3.1.3 Mini case audit tool

Professor David Roder, National Data Manager, Cancer Australia, presented a mini case audit tool that could be developed to measure impact on and outcomes for consumers at the organisational level. Prof Roder outlined the rationale for the mini case audit tool. He suggested that it could be used to assess the extent to which consumers are being provided with best practice, evidence-based care. Prof Roder also proposed a range of possible fields to be included in the mini case audit tool:

- Unit record number
- Patient age (yrs.)
• Gender
• Residential postcode
• Cancer primary site (ICD10)
• Histology type and grade
• UICC TNM stage category (or stated equivalent, where TNM not applicable)
• Primary course of treatment planned:
  - Surgery (yes/referral for specialist advice/no) and if yes: principal type (ICD10 surg code)
  - Radiotherapy (yes/referral for specialist advice/no)
  - Chemotherapy (yes/referral for specialist advice/no)
  - Hormone therapy (yes/referral for specialist advice/no)
  - Immunotherapy (yes/referral for specialist advice/no)
  - Other stated therapy (yes/referral for specialist advice/no)
• Comments (including any exceptional circumstance that affected treatment decisions)

3.1.4 Assessing patient satisfaction

Graeme Peacock of the Ipsos Company presented a patient survey that could be used to measure impact on and outcomes for consumers at the personnel level. The Ipsos approach focuses on eight dimensions of patient-centred care: access to care; patients’ preferences; coordination of care; information and education; continuity and transition; physical comfort; emotional support; and, family and friends. Each of the eight dimensions has a series of underlying survey questions that are full validated and reliable. The questions contained in the patient survey also provide service providers with information that is more actionable than other survey formats. The reason is that Ipsos has shifted from using rating scales to measuring patient experiences. There is also an opportunity to add new questions to the Ipsos patient survey by replacing existing non-core questions. Mr Peacock gave an overview of a possible method for the patient survey: Cancer Australia would promptly organise representative lists of 480 cancer patients from each of the networks. Ipsos would mail these individuals a patient survey, with a cover letter and page of instructions, to collect a baseline assessment in early 2008. To ensure at least a 50% response rate, Ipsos would follow up with individuals by sending them two reminders. Ipsos would also operate a 1800 survey hotline to answer any questions people may have about the survey. After analysing the data from the returned surveys, Ipsos would develop two types of tailored reports: an aggregate report across the seven networks and seven individual network reports. Ipsos would also provide networks with access to e-reports that would enable staff to drill down into the data to address key strategic issues and easily construct their own reports. This procedure would then be repeated in early 2009 to collect follow-up data.

3.1.5 Performance indicators for psychosocial and multi-disciplinary care

The final presentation for the evaluation session was delivered by Alison Pearce, Program Manager, NBCC. She focused on performance indicators for psychosocial and multidisciplinary care that could be used to measure impact on and outcomes for consumers at the organisational level. The NBCC is currently coordinating a project to develop sets of performance indicators to measure the implementation of psychosocial and multidisciplinary care in the management of patients at the local level. A range of performance indicators have been developed through multidisciplinary working groups and are currently being reviewed by stakeholders. The next phase of the project will involve piloting the indicators to determine applicability and acceptability. The NBCC hopes to pilot the indicators for breast, ovarian and lung cancer, and are currently looking for sites that are willing to participate in the pilot process. The NBCC will also provide sites that agree to participate with a range of useful tools and templates, including a psychosocial care referral checklist and distress management tool. Ms Pearce concluded by asking any networks that were interested in participating in the
Participants were then asked to reflect on the feasibility of using the proposed national data sources (provider surveys and/or interviews, the mini case audit and patient surveys) within their networks. There appeared to be general consensus that the proposed national data sources would provide useful information and may be able to be consistently used across the networks. There was some concern, however, that patient surveys had recently been conducted in some services within the networks. It was decided that the network representatives would discuss the proposed national data sources with the relevant stakeholders in their state or territory after returning from the national workshop and provide further feedback about their feasibility to Cancer Australia. A number of the networks also expressed interest in participating in the NBCC performance indicator pilot process.

The evaluation session concluded with plenary discussion about where each network was up to in terms of their evaluation plan. It became evident that the networks were at quite different stages in their evaluation planning. Some of the networks had spent a significant amount of time on evaluation planning, developing program logic models and evaluation frameworks, while others had not yet begun their evaluation planning.

### 3.2 Quality assurance

Sue Sinclair, Director, Cancer Services & Education, Cancer Institute NSW, facilitated a session on quality assurance. She described the Cancer Services Accreditation Project being coordinated by the Cancer Institute NSW. She reviewed progress to date and discussed a range of issues and considerations associated with standards development and the accreditation model. The 12 draft standards developed for NSW cancer services were discussed in detail:

1. Psychosocial care;
2. Multidisciplinary care;
3. Care coordination and communication;
4. Credentialing;
5. Professional development;
6. Information and data management;
7. Access;
8. Governance,
9. Research and clinical trials;
10. Consumer participation;
11. Population health; and
12. Effectiveness.

The 12 draft standards are expressed through three different levels in a cancer services standards framework. The 1st level focuses on the goal to be achieved, the 2nd level identifies the key components of the goal, and the 3rd level focuses on associated principles and describes some important practices to achieve 2nd level standards.

Ms Sinclair also described the Cancer Institute NSW accreditation model. This involves three stages of self-assessment and data submission, each separated by one year. This is followed by an unscheduled review to determine whether or not the service can be given an accreditation award (see Figure 1). The Cancer Institute NSW will be piloting the draft accreditation model and standards in six sites in late 2007.
### 3.3 Concluding sessions

Three consumers were invited to be part of a consumer reflections panel at the end of the second day of the national workshop. They consumers were John Stubbs, CEO Cancer Voices, Australia; Julie Marker, Cancer Voices, South Australia; and Karen Forster, Consumer, CanNET Tasmania. These consumers discussed their high level expectations of the difference the networks will make, and raised a number of important issues, including:

- The need for better quality and more timely engagement and communication with consumers (including future cancer consumers),
- The need for consumer engagement to be a higher service priority,
- Potential caveats of the Directory of Services (eg its worth and value for smaller states and orphan cancers), and
- The need to consider sustainability and change management issues.

The consumer panel also suggested that networks should attempt to:

- Increase opportunities for participation in clinical trials,
- Provide consumers with access to care pathways, and
- Make sure that evaluation data is used to inform service improvement.

The national workshop concluded with a closing address by Rita Evans of Cancer Australia, who acknowledged the opportunity and challenges that CanNET program presents, and sincerely thanked workshop participants for their input, time and attention.
Conclusions

4.1 Workshop evaluation

Workshop participants were asked to complete a workshop evaluation form (see Appendix C). 25 completed workshop evaluation forms were returned by 23 females and 2 males. Five of these were classified as consumer representatives, 17 as network representatives, and three as other representatives. Over all, evaluations of the workshop were very positive.

Participants were asked to rate a number of items relating to structure and content, and presentation and delivery, using a 5-point scale. In terms of the structure and content of the workshop, the majority of participants agreed that they understood the purpose and objectives of the workshop ($M = 4.04$); the workshop met their expectations ($M = 3.94$); the workshop was well organised ($M = 4.14$); there was enough opportunity to make comments or ask questions ($M = 4.46$); there was enough opportunity for interaction and participation ($M = 4.28$); the time allowed for activities was adequate ($M = 4.20$); the workshop stimulated interest and discussion ($M = 4.32$); the workshop maintained their interest ($M = 4.00$); and the workshop provided them with information that they will use ($M = 4.46$). In terms of presentation and delivery, the majority of participants agreed that: the presenters were knowledgeable ($M = 4.28$); the presenters were well prepared ($M = 4.18$); the presenters produced a good learning climate ($M = 4.16$); and the transitions between the sessions were smooth ($M = 4.21$).

The participants were also asked to rate how useful they found the information presented during the workshop. On a scale from 1 to 5 (with 1 being not at all useful and 5 being very useful), the average response was 4.20. Similarly, the participants were asked to rate how enjoyable they found the workshop. On a scale from 1 to 5 (with 1 being not at all enjoyable and 5 being enjoyable), the average response was 4.16.

Over all, qualitative comments from participants indicated that they were not satisfied with the venue or food - the venue was very cold, lighting was poor, food was adequate/average. Nevertheless, participants were able to articulate many ways in which they will be able to use what they learned during the workshop, for example:

“The information sessions at the workshop have helped broaden my understanding of the CanNET process - from a regional perspective and a national one. Also, it has been enlightening regarding the breadth and complexity of areas to be covered. I will be able to better convey to consumers and health professionals the nature of CanNET and its objectives”.

“Grief and frustration felt by consumers around repeating their stories to clinicians was overwhelming. Will work within my team to improve communication and documentation”.

“This workshop has served to enhance and validate my participation as a consumer rep for CanNET. I feel more confident now that this project will produce worthwhile outcomes within my state”.

“Excellent networking opportunity. Never underestimate this in terms of need to provide further opportunities for this”.

4.2 Summary

The CanNET national workshop was a vital part of the launch of the national demonstration program. It brought people together to discuss the key elements of the program, including the communication strategy, Directory of Services, evaluation, CPD and quality assurance. Workshop attendees actively participated in all sessions and there was clear evidence of sharing and learning. Recommendations from discussions during the workshop will contribute, along with other sources of information and data, to the development of the national communication strategy, the national framework for the Directory of Services, and both national and network level evaluation frameworks.
### Appendix A:

#### Agenda for CanNET national workshop

**CANCER SERVICES NETWORKS**  
**NATIONAL DEMONSTRATION PROGRAM (CanNET)**

**National Workshop**  
**Monday 3rd & Tuesday 4th September 2007**  
**Venue: James Alexander Room, Mercure Grosvenor**  
**Hotel, 125 North Terrace, Adelaide**  
**Phone: (08) 8407 8888**

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
<th>Speaker(s)</th>
</tr>
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<tbody>
<tr>
<td>9.30 am</td>
<td>Coffee/Tea</td>
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<tr>
<td>10.00 am</td>
<td>1. Opening Address CEO of Cancer Voices, Australia</td>
<td>John Stubbs</td>
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<tr>
<td>10.10 am</td>
<td>2. Welcome to Country</td>
<td>Lewis O’Brien</td>
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<tr>
<td>10.20 am</td>
<td>3. Consumer Address</td>
<td>Ms Roslyn Weetra Dr Ian Roos</td>
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<tr>
<td>10.30 am</td>
<td>4. CanNET Overview</td>
<td>Rita Evans</td>
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<td>10.50 am</td>
<td>5. Site presentations: Burning issues</td>
<td>Dr Mel Miller Network representatives</td>
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<td></td>
<td>(10 minute presentations from each site about 3 burning issues they</td>
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<td></td>
<td>want to address through the project, how they will address these</td>
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<td></td>
<td>issues, and how it will make a difference)</td>
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<tr>
<td>12.15 pm</td>
<td>6. Communications: Sharing knowledge, innovation &amp; learnings</td>
<td>Jane Phillips Lisa Herron Dr Mel Miller</td>
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<tr>
<td></td>
<td>6.1 Sharing and learning</td>
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<td></td>
<td>6.2 Exploring CanNET communications: Who, what, &amp; how</td>
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<td></td>
<td>6.3 Discussion of key elements in the communication strategy</td>
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<tr>
<td>1.00 pm</td>
<td>Lunch</td>
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<tr>
<td>2.00 pm</td>
<td>6. Communications cont’d</td>
<td>Dr Mel Miller All</td>
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<td></td>
<td>6.4 Small group work: Developing the communication strategy</td>
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<td></td>
<td>6.5 Small groups report back</td>
<td>All</td>
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<tr>
<td>2.45 pm</td>
<td>7. Continuing Professional Development (CPD)</td>
<td>Jackie Ross &amp; Stewart Barnett</td>
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<tr>
<td></td>
<td>7.1 How CPD links with CanNET</td>
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<tr>
<td>3.30 pm</td>
<td>8. Directory of Services</td>
<td>Rita Evans Susan Hanson Prof Ian Siggins</td>
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<tr>
<td></td>
<td>8.1 Presentation: What it is and isn’t</td>
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<td></td>
<td>8.2 The consumer perspective</td>
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<td></td>
<td>8.3 Rationale and sample fields</td>
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<tr>
<td>4.15 pm</td>
<td>Afternoon Tea</td>
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<tr>
<td>4.35 pm</td>
<td>8. Finalising Directory of Services</td>
<td>Dr Mel Miller All</td>
</tr>
<tr>
<td></td>
<td>8.4 Small group work: Developing the framework</td>
<td>All</td>
</tr>
<tr>
<td></td>
<td>8.5 Small groups report back</td>
<td>All</td>
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<tr>
<td></td>
<td>8.6 Summary and close</td>
<td>Dr Mel Miller</td>
</tr>
<tr>
<td>7.00 pm</td>
<td>Workshop Dinner in Pioneer Room, Mercure Grosvenor Hotel, 125 North</td>
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<td></td>
<td>Terrace, Adelaide (Guest Speaker: Dr Graeme Young)</td>
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</table>
## Tuesday 4th September 2007  (8.00am–4.00pm)

### 8.00 am  
**Coffee/Tea**

### 8.30 am  
1. **Evaluation**
   1.1 Presentation: The purpose of evaluation and Siggins Miller’s general approach to evaluation  
   1.2 The role of the National Support and Evaluation Service  
   1.3 The need for some consistent data sources  
   1.3.1 Provider surveys and/or interviews  
   1.3.2 Mini case audit tool  
   1.3.3 Patient surveys  
   1.3.4 NBCC Psychosocial and MDT performance indicators  
   Dr Mel Miller  
   Dr Mel Miller  
   Jane Phillips  
   Prof David Roder  
   Graeme Peacock  
   Alison Pearce

### 10.30 am  
**Morning Tea**

### 10.50 am  
1. **Evaluation cont’d**
   1.3.5 Small group discussions: Consistent data sources for Level 1, 2 and 3 outcomes (Impact on, and outcomes for, consumers; providers; and the system)  
   1.3.6 Small groups report back  
   Dr Mel Miller  
   All

### 11.30 am  
**12.15 pm**

### 2.00 pm  
2. **Plenary**
   2.1 Discussion of where each site is up to in terms of their evaluation plan  
   Dr Mel Miller  
   Network representatives

### 3.00 pm  
3. **Quality Assurance (QA)**
   3.1 Presentation: Cancer Institute NSW Accreditation Program  
   3.2 Question and answer session  
   3.3 Discussion of the various mechanisms being used by sites to support QA and further support that needs to be provided  
   Sue Sinclair  
   All  
   All

### 3.50 pm  
4. **Consumer Reflections Panel**  
   TBA

### 3.50 pm  
5. **Summary and Next Steps**  
   Dr Mel Miller

### 4.00 pm  
**Close**
### Appendix B:

CanNET national workshop attendance list

<table>
<thead>
<tr>
<th>Name</th>
<th>Affiliations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alison Pearce</td>
<td>National Breast Cancer Centre</td>
</tr>
<tr>
<td>Associate Professor Dorothy Keefe</td>
<td>Interim Clinical Director, RAH Cancer Centre, Royal Adelaide Hospital, South Australia</td>
</tr>
<tr>
<td>Bronwen Conn</td>
<td>Project Officer, Access, Cancer Institute New South Wales</td>
</tr>
<tr>
<td>Cathie Pigott</td>
<td>EdCaN Project</td>
</tr>
<tr>
<td>Christine Scott</td>
<td>Program Manager, CanNET and North Eastern Metropolitan Integrated Cancer Service, Victoria</td>
</tr>
<tr>
<td>Crissa Sumner</td>
<td>Consultant (Organisational Psychologist), Siggins Miller</td>
</tr>
<tr>
<td>Dr Chris Arthur</td>
<td>Director of Area Cancer Services, Northern Sydney &amp; Central Coast Area Health Service, New South Wales</td>
</tr>
<tr>
<td>Dr Colum Smith</td>
<td>Director of Area Cancer Services, Hunter &amp; New England Area Health Service, New South Wales</td>
</tr>
<tr>
<td>Professor David Roder</td>
<td>National Data Manager, Cancer Australia</td>
</tr>
<tr>
<td>Frances Mohomet</td>
<td>Consumer, CanNET Western Australia</td>
</tr>
<tr>
<td>Graeme Peacock</td>
<td>Ipsos</td>
</tr>
<tr>
<td>Helen Collyer</td>
<td>Consumer, Cancer Australia</td>
</tr>
<tr>
<td>Ian Roos</td>
<td>Consumer, CanNET Victoria</td>
</tr>
<tr>
<td>Professor Ian Siggins</td>
<td>Director, Siggins Miller</td>
</tr>
<tr>
<td>Jackie Ross</td>
<td>CPD Project, Centre for Innovation in Professional Health, University of Sydney</td>
</tr>
<tr>
<td>Jane Jones</td>
<td>Program Manager, Multidisciplinary Care, Cancer &amp; Palliative Care, Department of Human Services, Victoria</td>
</tr>
<tr>
<td>Jane Phillips</td>
<td>Program Manager, Quality and Professional Development, Cancer Australia</td>
</tr>
<tr>
<td>Jane Wood</td>
<td>Project Coordinator, Department of Health and Human Services, Tasmania</td>
</tr>
<tr>
<td>John Stubbs</td>
<td>CEO, Cancer Voices, Australia</td>
</tr>
<tr>
<td>Name</td>
<td>Position / Organization</td>
</tr>
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<td>-----------------------</td>
<td>--------------------------------------------------------</td>
</tr>
<tr>
<td>Julia Bennett</td>
<td>Policy Advisor, AGPN</td>
</tr>
<tr>
<td>Julia Stewart</td>
<td>Project Coordinator/Staff Development Educator, Albany Hospital, Western Australia</td>
</tr>
<tr>
<td>Julie Marker</td>
<td>Cancer Voices, South Australia</td>
</tr>
<tr>
<td>Karen Forster</td>
<td>Consumer, CanNET Tasmania</td>
</tr>
<tr>
<td>Lesley Reilly</td>
<td>Consumer, CanNET Northern Territory</td>
</tr>
<tr>
<td>Lisa-Maree Herron</td>
<td>Communications Manager, Cancer Australia</td>
</tr>
<tr>
<td>Margaret McKenzie</td>
<td>Project Manager, CanNET, Victoria</td>
</tr>
<tr>
<td>Maureen McGovern</td>
<td>Cancer Services Development Manager, North Coast Area Health Service, New South Wales</td>
</tr>
<tr>
<td>Dr Mel Miller</td>
<td>Director, Siggins Miller</td>
</tr>
<tr>
<td>Meribeth Fletcher</td>
<td>Director Acute Care Policy &amp; Services Development, Department of Health and Community Services, Northern Territory</td>
</tr>
<tr>
<td>Meryl Horsell</td>
<td>Manager, Clinical Service Planning, Statewide Service Strategy, Department of Health, South Australia</td>
</tr>
<tr>
<td>Natascha Plani</td>
<td>Project Manager, Acute care, Department of Health and Community Services, Northern Territory</td>
</tr>
<tr>
<td>Nicole Robert</td>
<td>Cancer Support Nurse, Royal Darwin Hospital, Northern Territory</td>
</tr>
<tr>
<td>Penny Adams</td>
<td>Manager, Access, Cancer Institute New South Wales</td>
</tr>
<tr>
<td>Rita Evans</td>
<td>National Manager, Quality and Professional Development, Cancer Australia</td>
</tr>
<tr>
<td>Roslyn Weetra</td>
<td>Consumer, Cancer Australia</td>
</tr>
<tr>
<td>Sally Crossing</td>
<td>Consumer, CanNET New South Wales</td>
</tr>
<tr>
<td>Sandy Miller</td>
<td>Consumer, CanNET South Australia</td>
</tr>
<tr>
<td>Shoni Colquist</td>
<td>Manager, Qld Cancer Control Analysis Team, Queensland</td>
</tr>
<tr>
<td>Stewart Barnet</td>
<td>CPD Project, Centre for Innovation in Professional Health, University of Sydney</td>
</tr>
<tr>
<td>Sue Sinclair</td>
<td>Director, Cancer Services &amp; Education, Cancer Institute New South Wales</td>
</tr>
<tr>
<td>Susan Hanson</td>
<td>National Manager, Consumers, Cancer Australia</td>
</tr>
<tr>
<td>Suzanne Seeley</td>
<td>Nursing Director, Great Southern Region, Western Australia Country Health Services</td>
</tr>
<tr>
<td>Tracey Guan</td>
<td>Clinical Analyst, Qld Cancer Control Analysis Team, Queensland</td>
</tr>
<tr>
<td>Violet Platt</td>
<td>Director of Nursing, Western Australia Cancer &amp; Palliative Care Network</td>
</tr>
</tbody>
</table>
Appendix C:

Cancer Service Networks National Demonstration Program (CanNET)
National Workshop Evaluation Form

Date:  Monday 3rd & Tuesday 4th September 2007
Venue: James Alexander Room, Mercure Grosvenor Hotel, 125 North Terrace, Adelaide

Instructions: Please take a few minutes to complete this evaluation by answering the questions below and providing comments. When you have completed the evaluation, fold in half to keep your responses confidential and return it to one of the facilitators.

Structure and Content Evaluation:

<table>
<thead>
<tr>
<th>Please circle the appropriate number for each statement:</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neutral</th>
<th>Agree</th>
<th>Strongly Agree</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>I understood the purpose and objectives of the workshop</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>N/A</td>
</tr>
<tr>
<td>The workshop met my expectations</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>N/A</td>
</tr>
<tr>
<td>The workshop was well organised</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>N/A</td>
</tr>
<tr>
<td>There was enough opportunity to make comments or ask questions</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>N/A</td>
</tr>
<tr>
<td>There was enough opportunity for interaction and participation</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>N/A</td>
</tr>
<tr>
<td>The time allowed for activities was adequate</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>N/A</td>
</tr>
<tr>
<td>The workshop stimulated interest and discussion</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>N/A</td>
</tr>
<tr>
<td>The workshop maintained my interest</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>N/A</td>
</tr>
<tr>
<td>The workshop provided me with information I will use</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>N/A</td>
</tr>
</tbody>
</table>

Presentation and Delivery Evaluation:

<table>
<thead>
<tr>
<th>Please circle the appropriate number for each statement:</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neutral</th>
<th>Agree</th>
<th>Strongly Agree</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>The presenters were knowledgeable</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>N/A</td>
</tr>
<tr>
<td>The presenters were well prepared and organised</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>N/A</td>
</tr>
<tr>
<td>The presenters produced a good learning climate</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>N/A</td>
</tr>
<tr>
<td>Transitions between sessions were smooth</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>N/A</td>
</tr>
</tbody>
</table>
Over all, the information presented during the national workshop was (please circle the appropriate number):

1 2 3 4 5
Not at all useful Very useful

Over all, the national workshop was (please circle the appropriate number):

1 2 3 4 5
Not at all enjoyable Very enjoyable

Do you have any specific comments about the venue or food?

Briefly describe how you will use what you have learned during the national workshop:

PERSONAL PROFILE:

What is your gender (optional)? Male □ Female □

What is your age (optional)?

□ 18 - 24 yrs □ 25 - 34 yrs □ 35 - 44 yrs
□ 45 - 54 yrs □ 55 - 64 yrs □ 65 & over

Which participant category do you identify with?

□ Consumer representative
□ Network representative
□ Cancer Australia representative
□ Other (please specify): ___________________________

Do you have any additional comments you would like to make?

.......................................................................................................................................................
.......................................................................................................................................................
.......................................................................................................................................................
.......................................................................................................................................................
.......................................................................................................................................................

Thank you for taking the time to complete this form.