TE AHO
O TE KAHU
CANCER
CONTROL
AGENCY

Briefing to the Incoming Minister

November 2020

Mā te whiritahi, ka whakatutuki ai ngā pūmanawa ā tāngata

Together weaving the realisation of potential

Contents

Introduction

Congratulations on your new role Minister. Te Aho o Te Kahu, the Cancer Control Agency is excited to work for you to improve cancer outcomes for New Zealanders. We look forward to meeting with you and discussing how we can work together to reduce the incidence of cancer, improve cancer survival, and support equity across the cancer pathway.

Te Aho o Te Kahu will continue to work closely with your office to keep you informed of progress and alert you to risks. With your office, we will agree appropriate scheduled reporting mechanisms to provide you with oversight of our Agency's performance.

This document provides you with:

- background information on Te Aho o Te Kahu; our mandate, structure and role
- the work we do and our priorities
- the challenges we face
- strategic opportunities for improvement.

TE AHO
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CONTROL
AGENCY

He iti iho i te mate pukupuku.

Whakapai ake i te morehutanga.

He taurite nga huanga.

Fewer cancers

Better survival

Equity for all

Who we are

On 1 September 2019, the Government announced their intention to establish a Cancer Control Agency to strengthen national leadership of cancer control. This was an innovative solution to a pressing need for improved quality and consistency of cancer care and prevention nationwide. On 2 December 2019 the Agency was opened by the Prime Minister and the Hon. Dr David Clark, and in Budget 20 the Government committed $30.7 million to the establishment of the Agency over the next four years.

An agency focused on cancer

Te Aho o Te Kahu, the Cancer Control Agency is an independent departmental agency, one of only four in New Zealand. It is hosted by the Ministry of Health but reports directly to the Minister of Health. These new arrangements better recognise the impact that cancer has on the lives of New Zealanders and provide a sharp focus on this important health issue.

The purpose of the Agency is to provide strong central leadership and oversight of cancer control. It is equity-led, knowledge-driven, person and whānau-centred and outcomes-focused, taking a whole-of-system approach to preventing and managing cancer. The Agency's vision is:

- Fewer cancers
- Better survival
- Equity for all.

It remains critical to have an independent, strong state entity to coordinate across and integrate the many stakeholders involved in cancer care and control. Countries who have attempted to include cancer control in a broader commissioning entity have tended not to perform as well as countries who have a stand-alone entity focused on cancer.

As a small and nimble agency, we have already demonstrated the ability to achieve and maintain a strong and considered focus on improving cancer outcomes and believe we are well placed to work effectively with other partners.

The Agency's ability to lead the sector during the recent COVID-19 response was perhaps the strongest illustration of the advantages of this structure in enabling strong national leadership. We were able to quickly mobilise and build consensus guidelines with clinical leaders to ensure that health services were able to appropriately maintain and optimise the availability of cancer treatment services at a time when the health system was seeking guidance and support on how to respond during the pandemic. As a result, cancer treatment was maintained largely unchanged, thereby supporting the wellbeing of many vulnerable New Zealanders.

Our commitment to the goal of achieving equity is being embedded in all the Agency's processes and work programmes. This was demonstrated during the response to COVID-19 where the Agency, working closely with Hei Āhuru Mōwai, the Māori Cancer Leadership Group, played an active role in considering the effects of service changes on equity, mitigating this impact through equity-supporting guidance, and following up with an analysis to quantify this impact. We were encouraged to see that there was no direct impact on increasing inequalities on Māori and Pacific as had been previously feared.

The Agency believes a strong regional presence is a key success factor in achieving the aims of the government with respect to cancer. To this end, the Agency has undertaken a change programme to move the previously contracted regional cancer networks into the Agency as regionally based internal teams.

At this stage Te Aho o Te Kahu does not have responsibility for cancer screening programmes, the NZ Cancer Registry or palliative care. These remain with the Ministry of Health, however we are consulted and usually provide joint advice on these issues.

Where we came from

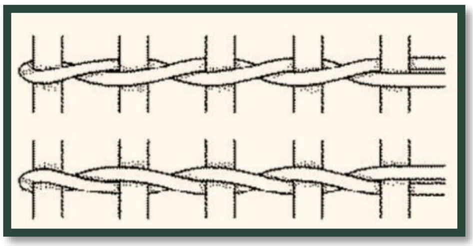
Cancer presents some unique challenges to the health system. The number of people diagnosed with cancer is projected to double in the next two decades, the costs and complexity of care, and pace of change present major challenges for our systems and services, and Māori and Pacific people have worse survival than other New Zealanders. Cancer survival is improving in NZ, but our rate of improvement is slower than other comparable countries, so we are at risk of falling behind.

In January 2019, nearly 400 patients, clinicians, sector leaders, health service providers, policy makers, NGOs and community organisations came together at the Cancer Care at a Crossroads Conference. This was probably the most significant cancer focused conference ever held in New Zealand. Eight out of ten attendees agreed that NZ needed a standalone cancer agency. Shortly after the conference a public referendum was launched by Blair Vining, calling on the Government for a Cancer Control Agency. Over 130,000 signed this petition, making it the biggest ever cancer-related petition in New Zealand.

There is a very strong and well organised consumer lobby in cancer. Following the conference and petition, there was clear consensus that New Zealand urgently needed strong central leadership and a national cancer agency that provided evidence-based cancer control.

The Government's decision to establish the National Cancer Control Agency and appoint a National Cancer Control Leader was supported by international models and the World Health Organisation which stated, 'good cancer control requires a comprehensive, integrated programme of activities, clear identifiable leadership with involvement of the sector'.

Our name: Te Aho o Te Kahu



On 18 June 2020 at a ceremony hosted at Parliament, Hei Āhuru Mōwai gifted the Cancer Control Agency with the name Te Aho o Te Kahu. In accepting the name, the agency upholds its commitment to honour Te Tiriti o Waitangi, its principles and intentions and to uphold the mana and integrity of the name and its meaning.

Te Aho o Te Kahu refers to the central thread that binds and unites the many strands into one cloak to clothe and protect people and their whānau. Metaphorically:

Te Aho: *the central thread*	symbolises the Agency and its role as a leader and connector across the cancer control continuum.
Te Kahu: *the cloak/garment*	symbolises all the services, organisations, people and communities across the cancer continuum.

Equity will not only be the priority of the agency in its role of 'Te Aho' but it will also be embedded into its architecture, processes, systems and tikanga.

Our Chief Executive

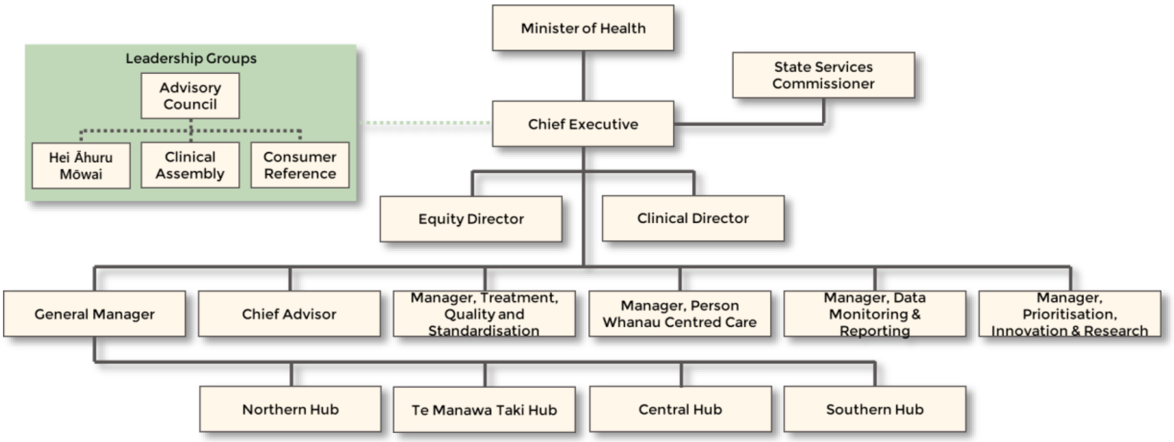
In May 2020 Professor Diana Sarfati (MBChB, MPH, PhD, FNZCPHM) was appointed Chief Executive of Te Aho o Te Kahu following eight months as interim Chief Executive of the Agency. As a public health physician, cancer epidemiologist and health services researcher Diana brings a commitment to improving equity and cancer outcomes through evidence-based, person-centred care and using strong collective expertise.

Diana was appointed as Head of the Department of Public Health at University of Otago, Wellington in 2014, and was the Director of the Cancer and Chronic Conditions (C3) research group. She has led a large body of research relating to ethnic disparities in cancer outcomes, particularly those affecting Indigenous peoples. This work has resulted in the identification of key patient and health system factors that influence cancer survival. It has been used extensively by health policy makers, clinicians and other researchers to develop policies and practices that aim to reduce inequities in cancer outcomes. She has an international reputation in cancer control and is a member of international cancer-related committees.

Diana is a former member of the National Screening Advisory Group, the National Ethics Advisory Committee, the Bowel Cancer Taskforce and the National Bowel Cancer Screening Advisory Committee.

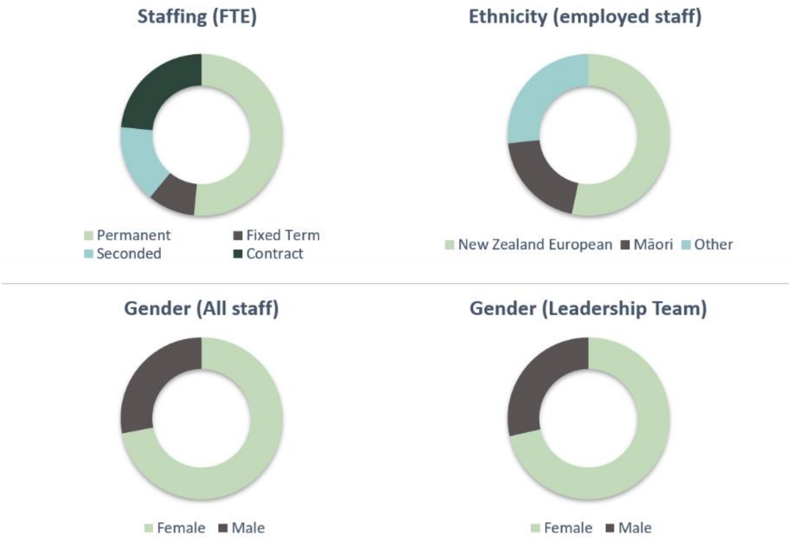
Our structure

The Agency’s primary structure is based on a national office located in Wellington comprising six groups, supported by a Chief Advisor, Clinical Director and four regionally based teams in Auckland, Hamilton, Palmerston North and Christchurch. More information on the work of these groups can be found in the Our work programme section on page 9.



The Agency is pleased with the calibre of its recruitment and as at 30 October Te Aho o Te Kahu comprised 43 FTE based in Wellington, Auckland, Hamilton, Palmerston North and Christchurch. Tier 2 recruitment is now complete. The Clinical Director and Manager, Treatment Quality and Standardisation commenced their roles this month, completing our full senior leadership team. The Agency intends to fill the remaining 20 vacancies by June 2021.

Te Aho o Te Kahu is committed to achieving a diverse workforce. As at 30 June 2020 our staff was comprised of:



Our governance and partners

As a departmental agency, Te Aho o Te Kahu differs from other crown entities in that it is not accountable to a Board. Several groups have been established to strengthen external advice and input into the operation of the Agency. These are described briefly below.

Te Aho o Te Kahu Advisory Council

The Council provides expert and authoritative advice to the Chief Executive relating to a whole-of-system focus on preventing, treating and managing cancer. It is responsible for providing leadership, direction and oversight on the implementation of the Cancer Action Plan and the National Cancer Control Programme.

Council members and the Council Chair are appointed by the Chief Executive of Te Aho o Te Kahu for the skills, experience and differing perspectives that they offer. The Council membership has equal numbers (or close to equal numbers) of Māori and non-Māori.

Hei Āhuru Mōwai

Hei Āhuru Mōwai is the Māori Cancer Leadership Group. Its membership and Chair are determined by its own internal processes and include members with a range of expertise relating to Māori (including clinical, community care, epidemiology, health services management and research). The Chair of Hei Āhuru Mōwai is also a member of the Te Aho o Te Kahu Advisory Council.

Clinical Assembly

The Clinical Assembly provides clinical advice to support the long-term strategic direction for reducing cancer incidence and improving cancer services across the cancer continuum, and to drive equitable health outcomes for priority populations, specifically focusing on Māori, Pacific peoples, those who live in rural and highly deprived areas, those with mental illness and disabled people.

The Clinical Assembly includes representative cancer-related clinicians from a broad range of medical, nursing and allied health specialities and organisations. The Chairs of the Medical Oncology, Radiation Oncology and Haematology Working Groups are members. Additional members have been invited where there are possible gaps in required knowledge or experience.

Consumer Reference Group

A Consumer Reference Group has been convened through an expression of interest (EOI) process. The group is made up of a diverse range of people with different backgrounds and experiences. Half the group is Māori. The Consumer Reference Group will provide high level advice to the Chief Executive of Te Aho o Te Kahu on improving cancer outcomes across the continuum of care. The focus of this group will be to identify practical, creative, person-centred solutions to the problems facing people affected by cancer.

Partners

One of the key functions of the Agency is to link and liaise between the many parties and organisations involved with cancer prevention and care. In the current system, this includes direct relationships between the Chief Executive of the Agency and the Chief Executives of the Ministry of Health, Pharmac, HPA, HQSC and all 20 District Health Boards. The relationship between the Agency and its host the Ministry of Health is particularly important and is supported through co-location.

In addition to these core relationships, the Agency has developed strong active links with Māori and Pacific health leaders, consumer-led groups, clinical leadership groups, NGOs, and primary care. In the eleven months that the Agency has existed, these relationships have been established, embedded and strengthened.

What we do

Te Aho o Te Kahu provides national leadership with a programme of work that sets the direction for change and delivers improved outcomes for New Zealanders. We are responsible for delivering the required actions identified in the New Zealand Cancer Action Plan 2019-2029. We are currently developing a prioritisation framework to inform our work programme and support our investment decision making.

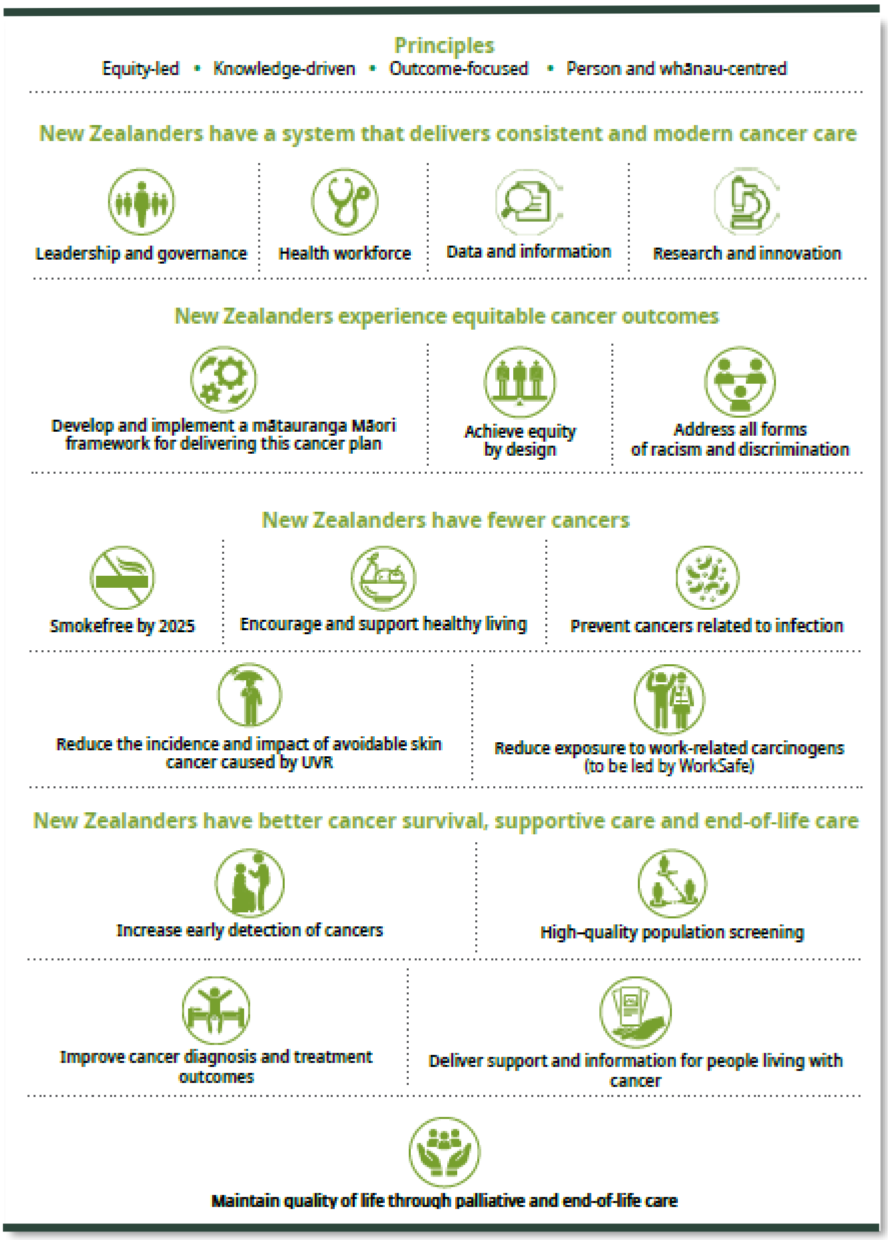
The Cancer Action Plan

In January 2019, the Minister of Health announced at the Cancer at a Crossroads Conference that a new cancer control action plan would be developed. The development of the plan was undertaken in consultation with a wide range of key stakeholders selected to ensure patient views would be prominent.

The plan which was published in February 2020 has a strong emphasis on delivering and targeting services to ensure equitable outcomes for all New Zealanders.

The Plan has four key outcomes:

1. **New Zealanders have a system that delivers consistent and modern cancer care**
   National leadership, a skilled and sustainable workforce and the right information to make the best possible decisions.
2. **New Zealanders experience equitable cancer outcomes**
   Following a cancer diagnosis New Zealanders will receive the best treatment and care no matter who they are or where they live.
3. **New Zealanders have fewer cancers**
   Supporting prevention programmes and policies that will assist New Zealanders to make healthy choices.
4. **New Zealanders have better cancer survival, supportive care and end-of-life care**
   New Zealanders receive person- and whānau-centred cancer care that is appropriately timed and of high quality, from early detection through to living well with and beyond cancer and end-of-life care.



Principles

Equity-led • Knowledge-driven • Outcome-focused • Person and whānau-centred

New Zealanders have a system that delivers consistent and modern cancer care

Leadership and governance | Health workforce | Data and information | Research and innovation

New Zealanders experience equitable cancer outcomes

Develop and implement a mātauranga Māori framework for delivering this cancer plan | Achieve equity by design | Address all forms of racism and discrimination

New Zealanders have fewer cancers

Smokefree by 2025 | Encourage and support healthy living | Prevent cancers related to infection

Reduce the incidence and impact of avoidable skin cancer caused by UVR | Reduce exposure to work-related carcinogens (to be led by WorkSafe)

New Zealanders have better cancer survival, supportive care and end-of-life care

Increase early detection of cancers | High–quality population screening

Improve cancer diagnosis and treatment outcomes | Deliver support and information for people living with cancer

Maintain quality of life through palliative and end-of-life care

Our work programme

While we have been heavily focused on activity to establish Te Aho o Te Kahu as an effective and high performing agency, we have also been progressing high priority work to improve cancer care. The Agency was also able to pivot and reassign resources rapidly to respond to the challenges associated with the Covid-19 pandemic.

Te Aho o Te Kahu is constantly focusing on the highest priority issues and addressing those with the greatest potential to improve outcomes, particularly in areas of greatest inequity.

Establishing a high performing agency

Te Aho o Te Kahu has been focused on creating a fit for purpose organisation that has the right foundations to be successful.

The Agency is now reaching a more robust state, being on track to achieve full establishment within one year of launch. Ongoing establishment is led by the Office of the Chief Executive, with oversight from the General Manager and Chief Advisor. This activity includes:

- clear governance and accountability processes
- a strong brand
- established communication channels and an informative website
- completed recruitment and two change management organisation design processes
- operating model and key policies and procedures in place including business continuity plans, risk and mitigation strategies
- departmental agency agreement in place with Ministry of Health
- clearly articulated programme plan.


General Manager
Nicola Hill


Chief Advisor
Dawn Wilson

The Agency's work programme and organisation structure is focused in five areas:

- **Equity** including the development of an equity action plan, and equity prioritisation framework
- **Treatment Quality and Standardisation (TQS)** including the Quality Performance Indicators (QPIs) programme. Current work is focused on colorectal, lung, head and neck, and pancreatic cancers, melanoma and neuroendocrine tumours
- **Data, Monitoring and Reporting (DMR)** including the drafting of a 'State of Cancer in New Zealand' report, monitoring of chemotherapy and radiotherapy receipt and the impact of COVID on cancer care
- **Person- and Whānau-Centred Care (PWCC)** including work to better measure patient experience and to align primary care with cancer care
- **Prioritisation, Innovation and Research (PIR)** including work on facilitating access to clinical trials, evaluation of the use of molecular testing in NZ and a report on actions to accelerate cancer prevention activity.


Equity Director
Michelle Mako


Manager, DMR
John Fountain


Manager, PWCC
Fletcher Beazley


Manager, PIR
Nisha Nair

One of the foundational elements being embedded into the way Te Aho o Te Kahu does business is successful ongoing partnerships and networking. The Agency is aspiring to be implemented in a way that is Treaty of Waitangi compliant, with demonstrable partnership with Māori at every level of the organisation.

The Agency also has demonstrable proactive and ongoing engagement processes with key stakeholders, including Minister and Associate Ministers of Health; Director General of Health and Ministry staff; health services including DHBs at both leadership and operational levels; other agencies responsible for delivery of actions in the Cancer Action Plan; cancer clinicians; academics; those affected by cancer and their families; Pacific leaders and communities; other groups disproportionately impacted by cancer.

The Agency has a broad work programme, including the following:

A 'State of the Nation' cancer report

Te Aho o Te Kahu is currently developing a report on the 'state of cancer' in New Zealand to provide a baseline measure of key cancer-related outcomes including equity-focused reporting of these measures. This report is intended to inform policy and investment decision-making, change implementation and service delivery. The report is due to be completed by February 2021.

Cancer service planning

It is important that Te Aho o Te Kahu develop a view of the preferred strategic direction of cancer service delivery in New Zealand, to provide relevant and useful advice to government on immediate requests for investment. Te Aho o Te Kahu is in early discussions with the transition team for the Health and Disability System Review regarding the potential for consideration of distribution of cancer services as a test case for broader health system improvements.

Government response to Māori Affairs Committee inquiry into health inequities for Māori

In March 2019 the Māori Affairs Select Committee initiated an inquiry into health inequities for Māori. The inquiry responded to concerns from Māori users of the health system expressing concerns and identifying shortcomings for Māori seeking cancer care, particularly challenges accessing publicly-funded pharmaceuticals. The former Minister of Health, the Hon. Chris Hipkins requested that Te Aho o Te Kahu prepare the Government's response to this inquiry. The response is due to be tabled in Parliament on 15 February 2021.

Quality performance indicators

The QPI programme involves identifying key steps in cancer diagnosis and treatment to measure and report against. It aims to identify unwarranted clinical variation, which indicates that some patients are not getting optimal care. QPIs are developed for each cancer site so that the indicators are relevant and specific to that site. The process of identifying these indicators involves substantial clinical engagement, broad consultation and consensus that the indicators selected, developed and published are appropriate.

Once the indicators are identified, a report is produced which provides information about how each DHB is doing in relation to each of those indicators, and whether there is inequity between ethnic groups. Where variation is seen, DHBs and the Agency undertake work to understand the causes of the variation. The Agency, working with DHBs and other partners, then develop and implement programmes of work to address causes of variation at national, regional or DHB level as appropriate. QPIs will be regularly monitored to ensure that the actions taken have been effective to improve quality of care and outcomes and to reduce inequities.

Table 1 provides a summary of the progress to date.

Table 1: Quality Performance Indicator Programme: Progress to date

Tumour group	Progress
Bowel	Published March 2019; workshop with clinicians in September 2019, Quality improvement plan prepared and published, with DHBs now working on improvements. Due for monitoring progress in early 2021.
Lung	QPIs identified, and draft report written. Awaiting feedback from DHBs. Quality Improvement Forum to be held in early 2021.
Prostate	QPIs identified, and draft report to be completed and published by early 2021.
NETs	Indicators sent out to cancer health sector in February 2020 for feedback;. awaiting analytical resources to progress calculating indicators.
Head and neck	QPIs currently being developed in partnership with the clinical working group. Draft report to be completed in mid 2021.
Melanoma	Quality statements developed and statements being reviewed by Te Aho o Te Kahu.
Pancreas	QPIs currently being developed in partnership with the clinical working group. Draft report to be completed in early 2021.
Lymphoma, breast	Planned for 2020/2021. Early work on breast cancer is underway with further work planned with a clinical working group.
Gynecological cancers, Stomach cancer	Currently awaiting progress.

Mātauranga Māori

The Cancer Control Action Plan articulates a commitment to working with Māori in the development and implementation of a framework to support Māori to develop and exercise mātauranga approaches in the delivery and experience of cancer treatment and care. Te Aho o Te Kahu has started to consider how this obligation may be met.

Mātauranga Māori essentially relates to Māori knowledge systems and extends to knowledge, beliefs and understanding of health and wellbeing from a uniquely Māori worldview. In the context of cancer control, mātauranga Māori should be a valid form of knowledge and acknowledged as both a mechanism and approach for Māori-led service delivery and as a form of complementary therapy as part of the cancer journey for Māori and their whānau.

Anti-Cancer Therapy – Nationally Organised Workgroups (ACT-NOW) and Radiation Oncology Collection (ROC) projects

Te Aho o Te Kahu is working towards better data to support cancer treatment decision making. The Anti-Cancer Therapy – Nationally Organised Workgroups (ACT-NOW) programme will produce clinically agreed, evidence-based anti-cancer drug regimens to support the national standardisation of treatment, equity of access to therapy, and improved planning / efficient use of resource. These regimens are expected to go live in December 2020.

Te Aho o Te Kahu is actively supporting the Radiation Oncology Collection (ROC). ROC is a national collection of detailed treatment data for people receiving radiation therapy in Aotearoa across both the public and private sector. The purpose of the collection, which went live in 2018, is to support the equitable access to radiation treatment, quality improvement and resource/workforce planning.

Knowledge and information-driven website

Te Aho o Te Kahu worked with Homecare Medical on development of an online website for the Agency with up-to-date, relevant information for people with lived experience of cancer, clinicians and health service providers on cancer prevention, treatment and support, service performance and outcomes. Through this website and other established communication channels, the Agency aspires to be the trusted source of information on cancer and cancer services. The first phase of the website went live in September 2020. The Agency is working on phase two to make the website more informative and user friendly.

COVID-19 Response

Te Aho o Te Kahu is working closely with the cancer sector to support the ongoing delivery of cancer services in the context of COVID-19. During the initial wave of COVID-19, Te Aho o Te Kahu worked rapidly with clinical experts to develop and distribute guidance on expectations around the provision of cancer treatment services (medical oncology, radiation oncology and haematology, cancer surgery and cancer imaging) at different hospital alert levels. We also worked in partnership with the Ministry of Health to provide guidance on gastrointestinal endoscopy services. The focus of this work was to ensure cancer diagnosis and treatment services continued to the maximum capacity possible.

During the COVID-19 lockdown, Te Aho o Te Kahu met regularly with clinical working groups to address issues and provided regular updates and a short video for cancer patients.

Immediately following the national lockdown, Te Aho o Te Kahu commenced monitoring of the impact of COVID-19 on cancer services, with a focus on equity. Regular reports released by the Agency showed that cancer treatment largely continued during the lockdown and resurgence, but that there was a significant disruption to diagnostic services, particularly gastrointestinal endoscopy, and a decrease in new diagnoses of cancer. Positively, the COVID-19 lockdown does not to appear to have increased inequities in cancer care for Māori.

Te Aho o Te Kahu has been working with the Ministry of Health and clinical partners to address the disruption to diagnostic services. As a result of collective work by the sector, by the end of September 2020 we have recovered from the drop in cancer registrations seen in April and May, and a similar number of diagnosis of cancer have been made in 2020 as the same time period in 2019.

Upcoming milestones

December 2020	Tabling of the inaugural Te Aho o Te Kahu Annual Report (attached to Ministry of Health report)
2 December 2020	First Anniversary of the establishment of Te Aho o Te Kahu
5 January 2021	Northern Regional Cancer Network transitions into Te Aho o Te Kahu to become the Agency's fourth regional hub
12 February 2021	First community hui, in Taranaki
4 February 2021	World Cancer Day and release of State of Cancer in NZ report
15 February 2021	Government response to Māori Affairs Committee inquiry into health inequities for Māori due to be tabled in the House
22 February 2021	Prostate and Lung Cancer Quality Improvement Symposium
April 2021	Release of focus on cancer prevention report

Risks and issues

Te Aho o Te Kahu is constantly evaluating the risks which could impact on our ability to deliver.

Meeting high expectations

Key to achieving the Agency's goals is building the trust and confidence of the sector in relation to national responses to cancer. However, despite the best efforts of all concerned the broad scope of priorities will inevitably mean that the Agency is unable to meet the expectations of some stakeholders. This may lead to some negative feedback regarding the value and functioning of the Agency.

Our approach to mitigating this risk is:
- engaging stakeholders in development of clearly articulated prioritisation processes
- clearly articulating realistic deliverables without over-promising
- developing and maintaining clear programme and project plans, with risk and mitigations strategies in place
- developing and delivering communication strategies which are mindful of both opportunities and risks and meet the broad range of needs of our stakeholders.

Particular areas of high interest and expectation relate to screening for bowel cancer and human papillomavirus (HPV). Any delay to rollout of the bowel cancer screening programme or HPV testing will likely receive vocal concern from supporters from within and outside the sector, and from lobby groups. Recent attention to the issue of extending the age range for bowel cancer screening for Māori has highlighted the extent of feeling on this issue. More information on these issues can be found in supplementary briefings provided by the Ministry of Health.

Transformation of the health system

In the short period that Te Aho o Te Kahu has been established we have demonstrated the value of a stand-alone entity with a single focus on the complex issue of cancer. Our independence has greatly supported our ability to bring together partners from across the sector to work in a collaborative and solution-focused way.

We are thoughtful about how we can best operate through a period of potential disruption of the system through transformation. Te Aho o Te Kahu has taken proactive steps to support effective system transformation and have agreed with the Health and Disability Review transition team for our cancer service planning work to be considered an exemplar for how the system could think about services and service planning in the future. We believe we are in a strong position to support any such transformation, in whatever form it takes.

It is also our contention that the positive impact and gains that have been made through the establishment of Te Aho o Te Kahu will be reduced if our independence and autonomy is reduced through rolling our Agency into another construct or under another umbrella organisation (Health Report 20200979 refers).

Rapid advances in technology

Globally there is currently a massive investment in research and development for cancer treatments including pharmaceuticals. This has an impact on both the cost and speed of change of these treatments and raises public expectations about their availability through the New Zealand public health system. Te Aho o Te Kahu will be taking a proactive approach to managing this through our Prioritisation, Innovation and Research workstream. Our agency also has strong international links which enables us to be proactive in this area.

Strategic opportunities

While Te Aho o Te Kahu is focused on the things it believes matters most, more can always be done. The areas described below are those we believe represent the best strategic opportunities for the future.

Equity

Te Aho o Te Kahu has a fundamental focus on improving equity of cancer outcomes through its existing work programme. However, there is an opportunity to make greater improvements. Further work is required to identify the best investments, and options already canvassed include practical factors such as improved support for accommodation and travel for treatment and reducing the financial burden of care and treatment e.g. through removal of GP co-payment for people with cancer.

There is also much to be gained from investment in preventing and treating the cancers with the greatest inequities. Lung cancer rates are the most unequal of all cancer sites. More could be done to develop lung cancer screening to support early intervention and better outcomes. As a first step, Te Aho o Te Kahu is working with the Health Research Council and the Ministry of Health on a research partnership to obtain foundational information for a potential population lung cancer screening programme.

Building on lessons from COVID-19

Te Aho o Te Kahu is in the early stages of considering future investment in a suite of activities to deliver cancer care closer to home, leveraging off advances in telehealth made during the COVID crisis. This investment would focus on the patient at the centre of care and could include access to outpatient appointments, developing foundations for tele-chemotherapy and tele-trials, e-prescribing and improved support for patients who need to travel for care.

Streamlining pathways

Through strengthened attention on new innovations and technologies, there is the potential to better triage and target treatment and thereby reduce treatment pathways and waitlists. An example of this is current work Te Aho o Te Kahu is leading along with the Ministry of Health to develop an additional tool to assess the risk of colorectal cancer among those who have symptoms. This tool would support improved triaging to ensure those with the greatest need receive diagnostic services first. A pilot process is being developed. If successful, this intervention would be transformational in relation to managing colonoscopy waiting times.

Prevention

To date, the primary focus of action to reduce the impacts of cancer has been on treatment and extending survival. Although the factors which contribute to cancer are complex, much could be gained from better understanding of cancer prevention and a strengthened focus on prevention activity. This could be enabled through a collaborative, evidence-based cancer prevention action plan, in partnership with the Ministry of Health, Health Promotion Agency, Cancer Society New Zealand and academics.

Appendix 1: the current state of cancer in New Zealand

Te Aho o Te Kahu is in the final stages of developing an inaugural report on the state of cancer in New Zealand. This report will provide a baseline measure of key cancer-related outcomes including equity-focused reporting of these measures. This report will inform policy and investment decision-making. Prior to release of that report, the following is the most recent brief snapshot of cancer in New Zealand.

Cancer is the leading cause of death in New Zealand. It accounts for nearly one-third of all deaths. In 2016, 24,086 people were diagnosed with cancer; an increase of 21 percent since 2007. By 2040, the number of diagnoses is predicted to double to around 52,000, or 142 people a day.

The increasing incidence of cancer and better cancer survival will have a growing economic, social and emotional impact. The demand for treatment and post-treatment services will put increasing pressure on health care.

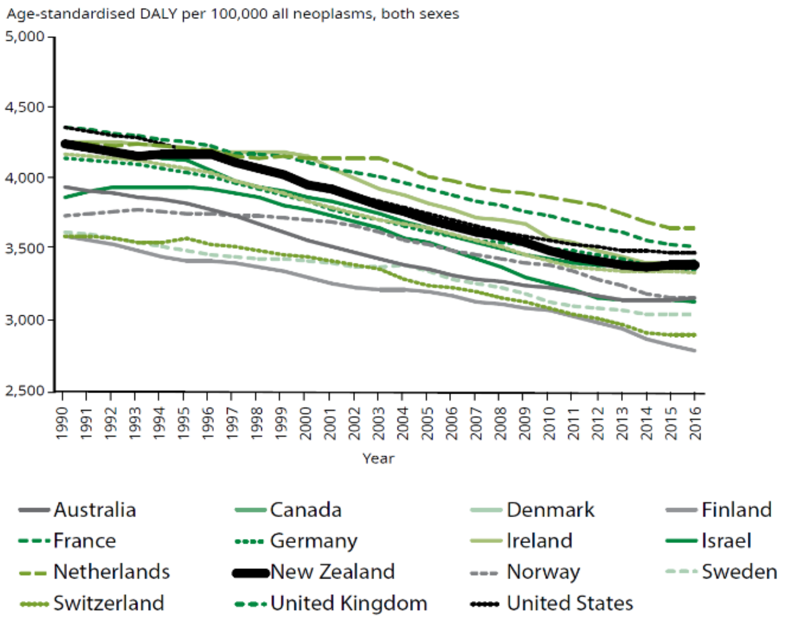
The impact of cancer in New Zealand, measured in terms of disability-adjusted life years (DALYs). DALYs lost in New Zealand is similar to that in comparator countries. Generally, age-adjusted DALYs lost per 100,000 people is declining over time, largely reflecting reducing age-specific cancer mortality rates.

In 2016, 66 people in New Zealand were told they had cancer every day

In 2016, there were 17.2 million cancer cases worldwide; an increase of 28% over the past decade

Overall, mortality rates decreased from 140.6 deaths (standardised rate per 100,000) in 2004 to 122.6 in 2016

Figure 1: Age-standardised disability-adjusted life years lost per 100,000, all neoplasms, both sexes, selected countries, 1990–2016



Rates of colorectal cancer and melanoma in New Zealand rank among the highest worldwide.

New Zealand's five-year survival rates remain among the highest in the world for most cancers, along with the United States, Canada, Australia, Finland, Iceland, Norway and Sweden. However, recent research suggests that our survival rates from cancer may be falling behind those of our comparable countries and not improving at the same rate as elsewhere. It is time to take action to ensure we do not fall behind.

There are significant disparities in cancer incidence and outcomes in New Zealand. Māori are 20 percent more likely to get cancer and nearly twice as likely to die from cancer as non-Māori (see Figure 2 for cancer registration rates and Figure 3 for mortality rates). Once diagnosed, Māori have worse survival rates for almost all cancers (Soeberg et al 2012). Pacific people, people with mental health issues, multiple health conditions, disabled people and who live in remote areas of New Zealand also have worse cancer outcomes. There is also variable access to cancer treatment across the country and variation in clinical practices which needs to be addressed.

Figure 2: Provisional New Zealand cancer registration rates, 2017, selected cancers, Māori vs non-Māori, non-Pacific

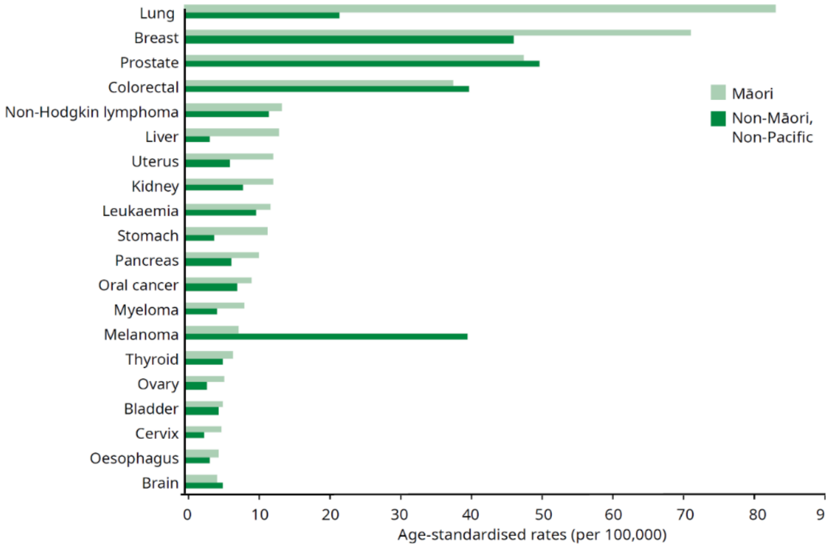
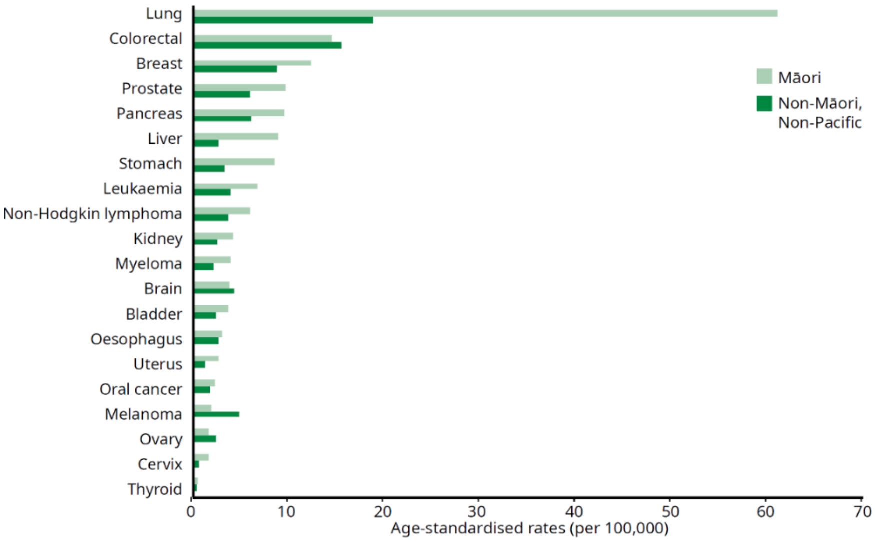


Figure 3: Provisional New Zealand cancer mortality rates, 2016, selected cancers, Māori vs non-Māori, non-

Pacific



Pacific peoples also have higher incidence and mortality rates for a number of cancers compared with non-Pacific, non-Māori (see Figure 4 for cancer registration rates and Figure 5 for mortality rates; caution is needed when interpreting these graphs as several age-standardised rates have fewer than 30 events).

Figure 4: Provisional New Zealand cancer registration rates, 2017, selected cancers, Pacific vs non-Pacific, non-Māori

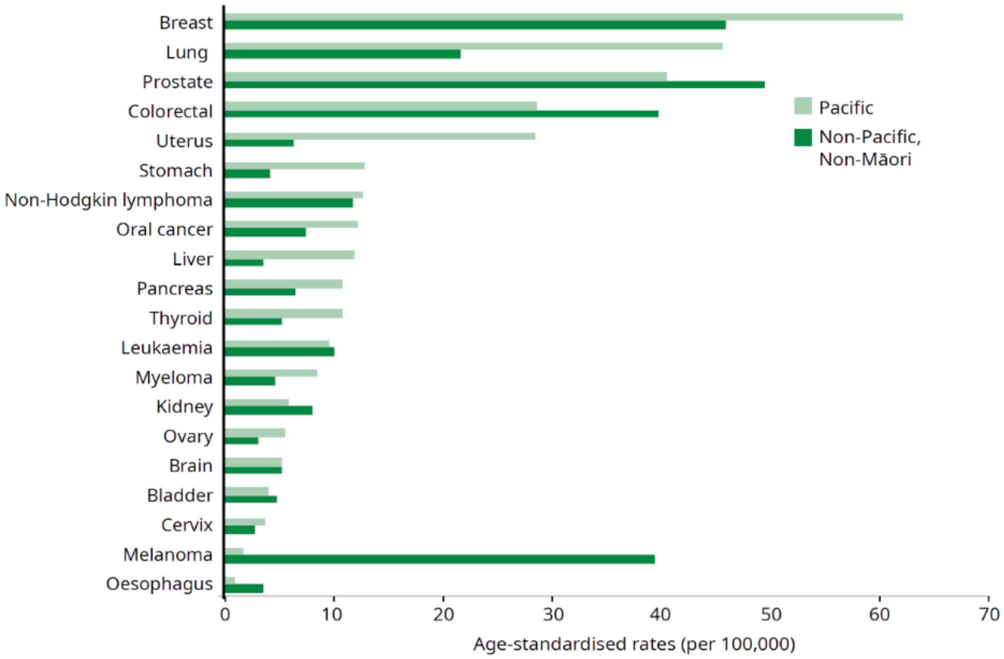


Figure 5: Provisional New Zealand cancer mortality rates, 2016, selected cancers, Pacific vs non-Pacific, non-Māori