

New Zealand Cancer Plan

**Better, Faster
Cancer Care**

2015–2018

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Minister's foreword

We are all personally affected by cancer in some way, whether through our own direct experience or through the experience of family or friends.

Ideally we should all have every opportunity to keep cancer away by being well and living healthy and productive lives. If cancer does become a part of our lives we must be able to easily access services to get checked, tested and, if needed, receive the best treatment and care. For many cancers, getting an early diagnosis and quickly getting treatment can save lives.

The cancer sector has achieved an enormous amount over the last five years. The programme of work is far reaching and deserves to be captured in one place. This is what the *New Zealand Cancer Plan 2015–2018* is for: to demonstrate all the activities that are under way now as part of a concerted effort to improve cancer-related outcomes for all New Zealanders, and to identify what needs to be done over the next three years. Much activity is also happening in the NGO and private sectors which will contribute to our shared objectives of even better and faster cancer services.

My plan is that the strategic framework set out in the *New Zealand Cancer Plan 2015–2018* sets the direction of cancer activities for years to come, and that these activities will ultimately result in fewer people getting cancer and more people living better and longer following a cancer diagnosis.

Hon Dr Jonathan Coleman
Minister of Health



Contents

Minister's foreword	iii
1. Introduction	1
1.1 Background	1
1.2 New Zealand Cancer Plan 2015–2018	1
1.3 A focus on equity	2
1.4 Expectations	3
2. The New Zealand context	4
2.1 Overview	4
2.2 The cost of cancer	4
2.3 Models of care	4
2.4 Research	5
2.5 Investment over the last six years	5
2.6 New funding	5
3. Faster cancer treatment	6
3.1 The Faster cancer treatment programme	6
3.2 The cancer health target	7
4. New Zealand Cancer Plan – a framework for action	8
4.1 The vision: better, faster cancer care	8
4.2 Expectations	9
5. The pathway	11
5.1 Prevention and early detection	11
5.2 Diagnosis and treatment	13
5.3 Follow-up care	15
6. The enablers	17
6.1 Infrastructure	17
6.2 Workforce	18
6.3 Supportive care	19
7. Looking to the future	21
References	22
Appendix: Table of activities	23



1. Introduction

1.1 Background

The Government has prioritised cancer as a key area of focus and investment to improve overall health outcomes and support its vision of Better, Sooner, More Convenient Health Care.

To achieve the Government's vision, the Ministry of Health (the Ministry) has established a National Cancer Programme. The National Cancer Programme brings together the work of the Ministry, district health boards (DHBs) and regional cancer networks to implement the Government's priorities for cancer and deliver high-quality services and care to people living with cancer and their families and whānau.

The global economic climate over recent years has seen the health system operating in a time of fiscal constraint and escalating demand. As a result, cancer services must maximise the resources they have, while continuing to improve the overall quality of service delivery.

1.2 New Zealand Cancer Plan 2015–2018

The New Zealand Cancer Plan 2015–2018 (NZ Cancer Plan) provides a strategic framework for an ongoing programme of cancer-related activities for the Ministry, DHBs and cancer networks so that:

- all people have even more timely access to excellent cancer services that will enable them to live better and longer.

Building on what has already been achieved, the NZ Cancer Plan sets out the cancer-related programmes, activities and services that are being implemented across the country over the next three years. It also signals potential future initiatives.

The principles guiding the NZ Cancer Plan are to:

- equitably, effectively and sustainably meet the future demand for cancer services
- maintain high quality of care and improve the quality of life for people with cancer
- ensure fiscal responsibility.

Non-governmental and consumer organisations will play a key role in achieving the vision of the NZ Cancer Plan. The Ministry will oversee and monitor implementation through the development of annual work plans that reflect the NZ Cancer Plan's strategic framework.



1.3 A focus on equity

The NZ Cancer Plan aims to improve cancer outcomes for all New Zealanders. This means that people, irrespective of their ethnicity, gender, locality or socio-economic status, must be able to have every opportunity to access services that will reduce their risk of developing cancer, enable their cancer to be detected earlier as well as getting high-quality cancer treatment quickly.

The impact of cancer is much higher for Māori than the general population. To improve cancer outcomes for Māori, the NZ Cancer Plan is guided by the overarching framework and aspirations in the Māori Health Strategy, *He Korowai Oranga* (Ministry of Health 2014).

A useful framework has also been developed alongside *He Korowai Oranga* to drive improved equity in health care. This equity framework can be applied to all existing and new approaches that aim to improve cancer outcomes for Māori.

1.4 Expectations

Within three years the Ministry expects to see the following improvements across the cancer pathway which will contribute to better overall cancer outcomes.

By 2018 **New Zealanders** can expect to have:

- a greater opportunity to be well and a lower chance of prematurely developing or dying from cancer
- good access to primary care services if they feel unwell or are experiencing cancer symptoms
- good access to population screening services in their region
- quick referral to specialist cancer services if cancer is suspected
- good access to palliative care in their place of choice.

By 2018 **patients** can expect to:

- be well informed about their cancer and the treatment and support options available to them
- receive their first cancer treatment within 62 days of referral with a high suspicion of cancer
- be consistently well cared for regardless of where they live.

By 2018 **health professionals** can expect to:

- have the right technologies and equipment to do their jobs
- have appropriate training and educational opportunities
- be part of a high-functioning multidisciplinary team
- be performing at the top of their scope of practice.

2. The New Zealand context

2.1 Overview

Cancer is a leading cause of morbidity and mortality in New Zealand, accounting for nearly one third of all deaths. For Māori and people living in socioeconomically deprived areas, the burden of cancer is much higher than it is for the general population.

While the overall risk of developing cancer is expected to lessen over the next decade, more people in New Zealand will develop cancer in line with present trends (for example, between 2000 and 2010 the number of deaths from cancer increased by 12.8 percent). The impact of cancer will continue to increase because the size of our population is increasing and people are living longer (Ministry of Health 2010a).

Internationally, New Zealand performs well in terms of overall cancer outcomes. The Organisation for Economic Co-operation and Development (OECD) uses three cancers as indicators of how well countries are delivering cancer care (breast, cervical and colorectal cancer). The results for 2011 show New Zealand's five-year relative survival ratios for all three cancers were above the OECD average (OECD 2011). The OECD data also showed improved survival rates for patients with breast and cervical cancer from 2004 to 2009 compared with 1997 to 2002.

2.2 The cost of cancer

The public health system spends more than \$500 million a year on diagnosing and treating cancer (based on 2008/09 prices and excluding screening programmes and supportive care service costs). This cost is approximately 6 percent of New Zealand's total publicly funded health expenditure and is in line with cost estimates for cancer treatment services from the United States of America and Australia.

By 2021 the cost of cancer is predicted to increase by more than 20 percent. The main drivers of this projected increase are the increasing size and age of the New Zealand population.

Bowel, breast, prostate, lymphoid and haematological cancers account for over 60 percent of both costs and registrations. These cancers are expected to account for 93 percent of the projected cost growth. Prostate cancer is likely to account for over 40 percent of that growth.

2.3 Models of care

The majority of cancer costs are in hospital settings. In view of the projected increase in costs, service models are required to improve productivity and ensure sustainability of cancer services in New Zealand by:

- focusing on different and innovative ways of service delivery
- increasing capability and capacity of the cancer workforce
- ensuring quality systems through the development of standards and protocols.

Consideration must also be given to the impact on service delivery of introducing new equipment, technologies, screening intervals and ages, and drugs. For example, the introduction of a new drug may require patients to attend outpatient clinics more frequently than they would if they were prescribed a drug already in use. This means the impact of introducing the drug comes not just from the cost of the drug itself, but also from the administration of it.

2.4 Research

Cancer research underpins improvements across the cancer pathway and is critical in ensuring that people are able to access the best care and treatments available to them. The Health Research Council (HRC), the agency responsible for managing the Government's investment in health research, has allocated an average of \$9.6 million per year to cancer-related research over the last five years. In 2011 the Ministry and the HRC co-invested in three new cancer research projects focusing on bowel and prostate cancer and palliative care.

2.5 Investment over the last six years

Since 2008 the Government has made a significant investment in cancer services including:

- \$62.7 million for the faster cancer treatment programme, including \$8 million to increase the number of colonoscopies performed and \$5.4 million for cancer screening
- \$10 million investment in digital mammography technology
- \$15 million for the Boost Hospice Funding Initiative to improve access to specialist palliative care services
- public funding for 12 months of Herceptin treatment per patient
- \$24 million on the Waitemata Bowel Screening Pilot
- \$4.3 million for the prostate cancer awareness and quality improvement programme over four years
- the purchase of 10 new linear accelerators in public hospitals.

The Government has also made significant investment in areas that will help prevent people from getting cancer in the first place including:

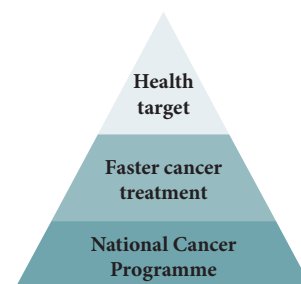
- \$20 million towards the design, development and promotion of innovative efforts to reduce the harm and wider costs of smoking
- increasing tobacco excise taxes by 10 percent a year until January 2016
- \$40 million for a new Healthy Families NZ campaign to eat healthier and exercise more
- supporting the human papilloma virus (HPV) immunisation programme to prevent cervical cancer.

2.6 New funding

Budget 2014 delivered an additional \$32.7 million over four years to further improve cancer services and provide better support for cancer patients. Specifically, the funding will be used to:

- establish supportive care services throughout the country to ensure the emotional and psychological needs of cancer patients are properly assessed and patients and families receive the support they need
- develop tools to support full data capture (most likely as part of multidisciplinary meetings (MDMs)) and establish regional information repositories of MDM data to inform clinical practice and support standardisation of care
- reduce wait times for colonoscopies
- increase breast and cervical screening coverage.

3. Faster cancer treatment



3.1 The Faster cancer treatment programme

The Faster cancer treatment (FCT) programme is a key focus of the National Cancer Programme and the Government has provided additional funding to ensure its successful implementation.

Prompt treatment is more likely to ensure better outcomes for cancer patients. Lengthy waiting times can add to the stress on patients and family at an already difficult time, so it is important that people have a clear expectation of how quickly they can receive treatment. The FCT programme is designed to reduce waiting times for appointments, tests and treatment and standardise care pathways for all patients wherever they live.

Key initiatives in the **FCT** programme include:

- *the ongoing development of, and service review against, national tumour standards* for ten main tumour types describing the level of service that a person with cancer should have access to, promoting nationally coordinated and consistent levels of service provision across the country
- *a service improvement fund*, with funding of \$11.2 million over four years made available to support DHBs to deliver faster cancer treatment. For example, a single point of access lung cancer clinic is being established in the Northern region that means that people can have a first specialist assessment and access to diagnostic tests on the same day
- *improving the coverage and functionality of multidisciplinary meetings* so that there is better continuity of care, more patients benefit from a range of expert opinion and there is less duplication of services
- *implementing the Cancer Nurse Coordinator Initiative* so that patients who need more personalised support have access to a specialist nurse.

3.2 The cancer health target

The Government measures the performance of health services through a number of health targets. The cancer health target measures system improvement by providing a lens on an area of the overall cancer pathway.



The previous cancer health target was introduced in 2008 and focused on shorter waits for cancer treatment; that is, that: *all patients ready for treatment wait less than four weeks for radiotherapy or chemotherapy*. Before the target was introduced patients could wait more than eight weeks to receive radiation treatment.

Significant progress has already been made in improving access to cancer services and by 2014, all DHBs were consistently achieving the Shorter waits for cancer treatment health target. As a result of this success, in October 2014 a new Faster cancer treatment health target was introduced that focuses on people getting faster access to services across the whole cancer pathway, including the tests and investigations needed to confirm a diagnosis of cancer, as well as all forms of treatment.

The Faster cancer treatment target is: *85 percent of patients receive their first cancer treatment (or other management) within 62 days of being referred with a high suspicion of cancer and a need to be seen within two weeks by July 2016, increasing to 90 percent by June 2017.*

The target is based on an international benchmark of 62 days that allows time for doctors to complete important tests and investigations that establish the diagnosis and ensure patients receive the best possible treatment and care. Adopting this benchmark enables comparison against other countries.

The new target provides new opportunities to identify where the cancer pathway is working well and where improvements can be made that benefit all cancer patients. Analysis of the new cancer health target data by ethnicity will also provide important information to guide future activities to ensure equity.

4. New Zealand Cancer Plan – a framework for action

4.1 The vision: better, faster cancer care

The NZ Cancer Plan **aims** to ensure all people have timely access to excellent cancer services that will enable them to live better and longer.

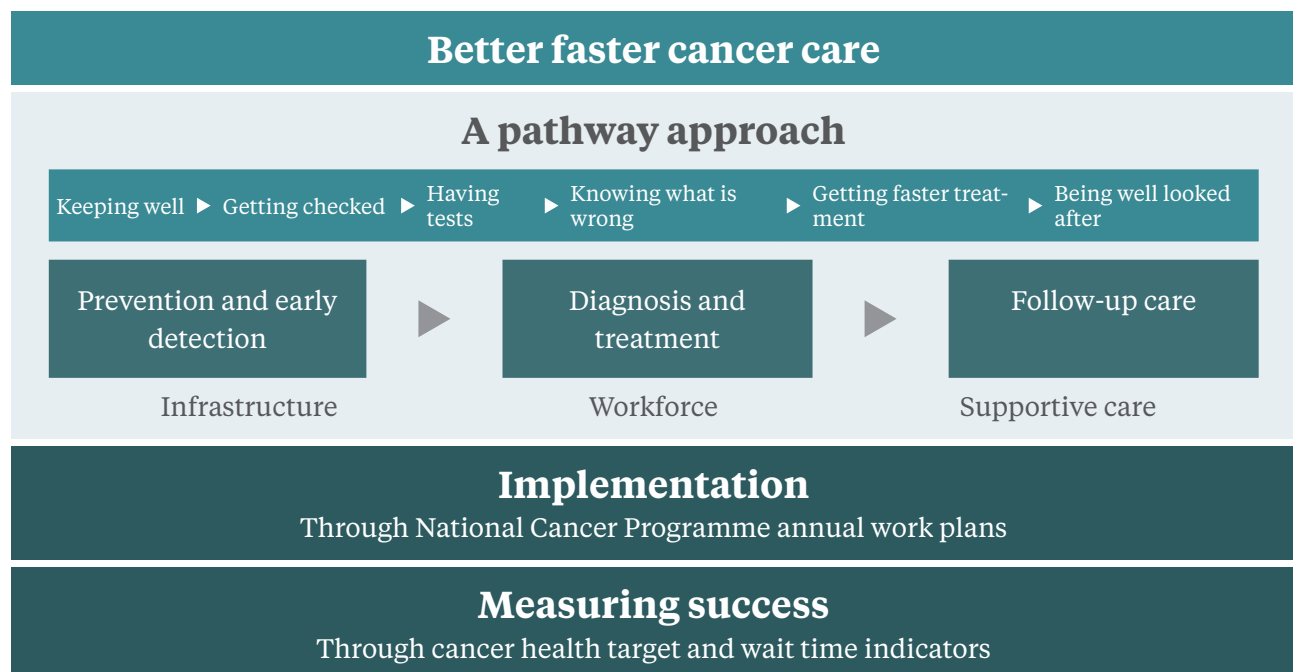
The NZ Cancer Plan will **achieve** this by taking a patient pathway approach and focusing on:

- prevention and early detection
- diagnosis and treatment
- follow-up care.

The NZ Cancer Plan is **supported** by the following system enablers:

- infrastructure
- workforce
- supportive care.

The diagram below sums up this framework.



4.2 Expectations

By 2018 we expect to see even more specific and tangible improvements for all New Zealanders, irrespective of their ethnicity or gender or where they live. These expectations are summarised in the table below.

The pathway	By 2018 the Government expects:
Prevention and early detection	<ul style="list-style-type: none"> • More people will be making healthy food and activity choices and sustaining healthy weights • More people will be aware of cancer risks and will be doing something about them • Fewer people will be smoking • More people across all population groups will be screened for bowel, breast and cervical cancer • Referral processes will be streamlined • More people will have access to easily understood and nationally consistent information resources
Diagnosis and treatment	<ul style="list-style-type: none"> • Patients will receive first cancer treatment within 62 days of urgent referral with a high suspicion of cancer • Diagnostic and treatment processes will be streamlined, faster and more standardised • Patients will be prioritised and their care discussed at MDMs • Tumour standards will be reviewed and service changes implemented • A cancer nurse coordinator workforce will have been established • People will be better informed and more confident about their treatment • More people will be accessing the psychological and social support they need • People will have access to easily understood and nationally consistent information resources • Integrated palliative care services will be available • Available facilities and equipment will meet population need • There will be timely access to comprehensive and accurate patient-level data • Cancer information will be consolidated • Cancer workforce will have grown and be working at the top of their scope
Follow-up care	<ul style="list-style-type: none"> • More people will be accessing the psychological and social support they need • People will have access to easily understood and nationally consistent information resources • Patients will receive consistent follow-up and surveillance from all clinicians (eg, general physicians, primary care providers, senior nurses) • Integrated palliative care services will be available



The Ministry will monitor progress towards achieving the vision of the NZ Cancer Plan. Success will be measured by achieving performance across the patient pathway using the **62-day faster cancer treatment** health target.

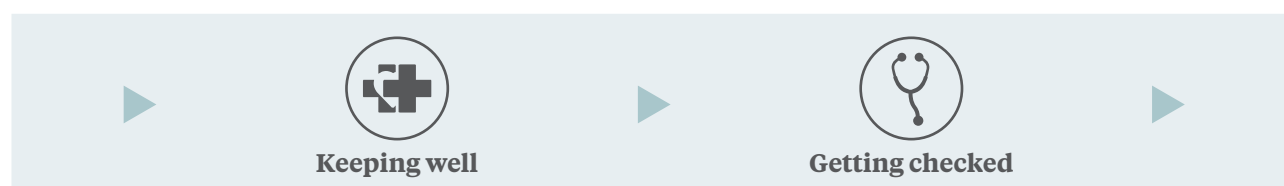
Other specific measures may include:

- one-year and five-year cancer survival rates
- smoking prevalence
- screening rates
- prevalence of healthy weight
- data on stage at diagnosis
- percentage of early stage diagnoses
- wait time indicators
- quality of life for those living with cancer
- patient-reported outcomes
- place of death.

5. The pathway

The NZ Cancer Plan will take the following patient pathway approach to achieve its vision of better and faster cancer care.

5.1 Prevention and early detection



Reducing risk factors through cancer prevention activities, and improving early diagnosis through population-based screening programmes and increasing health literacy can reduce the incidence of cancer and improve survival rates.

Prevention and early detection activities are sector wide. The Government has made a substantial investment in a number of nationally led activities, as outlined in this section.

5.1.1 Actions

The table below identifies the actions planned to enhance prevention and early detection, and how each action maps on to Ministry expectations. See the appendix for more detail on the related activities and stakeholders involved.

What	By 2018 the Government expects:
We will promote eating well and keeping active	<p>More people will have access to easily understood and nationally consistent information resources</p> <p>More people will be making healthy food and activity choices and sustaining healthy weights</p> <p>More people will be aware of cancer risks and will be doing something about them</p>
We will support the work of the Health Promotion Agency to deliver public health programmes that focus on reducing cancer risk factors	More people will be aware of cancer risks and doing something about them
We will implement smoking cessation initiatives in hospitals and in primary care	Fewer people will be smoking
We will implement a prostate cancer awareness and quality improvement programme	More people will have access to easily understood and nationally consistent information resources



What	By 2018 the Government expects:
We will improve coverage and service delivery of bowel, breast and cervical screening programmes and reduce barriers to access	More people across all population groups will be screened for bowel, breast and cervical cancer
We will improve the early detection of lung cancer	More people will be aware of cancer risks and will be doing something about them

5.1.2 Achievements over the last five years

Good progress is being made to stop people getting cancer in the first place, as well as in improving a person's chances of survival if cancer is detected early. Among the achievements to date are that:

- New Zealand smoking rates are at a record low, with daily smoking prevalence reduced from 18.3 percent in 2006/07 to 15.5 percent in 2012/13
- national achievement of the hospital component of the Better help for smokers to quit health target is 94.7 percent for 2014/15 quarter one (target is 95 percent)
- DHB performance against the primary care component of the Better help for smokers to quit health target is 88.4 percent for 2014/15 quarter one (target is 90 percent)
- 55 percent of people invited to take part in the Bowel Screening Pilot (delivered by Waitemata DHB) between January 2012 and June 2013 have returned a completed bowel screening test kit. This participation rate is higher than the internationally acceptable minimum participation rate
- 72.5 percent of eligible women aged 45–69 years were screened as part of BreastScreen Aotearoa in the 24 months to April 2014; 65.8 percent of eligible Māori women and 73.4 percent of eligible Pacific women were screened
- all BreastScreen Aotearoa lead providers have access to digital mammography
- 77 percent of eligible women aged 25–69 years were screened as part of the National Cervical Screening Programme in the 36 months to 31 March 2014; 63.4 percent of eligible Māori women and 69.8 percent of eligible Pacific women were screened

- *Prostate Cancer Awareness and Quality Improvement Programme: Improving outcomes for men with prostate cancer* (Ministry of Health 2013a) has been published and new resources have been developed to help men and their families understand the benefits and risks of prostate cancer tests and treatment, so they can make informed decisions
- the New Zealand Familial Gastrointestinal Cancer Registry has been established and offers assessment, diagnosis and surveillance of inherited gastrointestinal cancer syndromes.

5.1.3 Future direction

Future prevention and early detection activities should continue to focus on reducing the number of people getting cancer and increasing the proportion of people diagnosed with early stage disease. This focus will be achieved by:

- continuing to implement tobacco control activities to reduce smoking prevalence and tobacco consumption
- ensuring that screening programmes benefit all population groups and have sufficient capacity to cope with increased uptake
- strengthening the role of primary health care providers in the early detection and diagnosis of cancer by streamlining processes for referral to improve access to cancer treatment services for patients whose symptoms may be suspected to indicate cancer
- ensuring that diagnostic services and treatment centres have sufficient capacity to cope with the increase in the number of patients with early disease requiring treatment (as a result of early detection activities).

5.2 Diagnosis and treatment



Ensuring timely access to high-quality cancer services, including palliative care, can improve cancer survival. Implementing new models of care and standardised treatment pathways will improve treatment and overall health outcomes.

The **faster cancer treatment** programme is driving activities that will improve the timeliness and quality of services across the cancer patient pathway. These activities are outlined in this section.

5.2.1 Actions

The table below identifies the actions planned to enhance diagnosis and treatment, and how each action maps on to Ministry expectations. See the appendix for more detail on the related activities and stakeholders involved.

What	By 2018 the Government expects:
We will improve the quality and consistency of care by implementing tumour standards that will assist in the standardisation of treatment pathways	Services will have been reviewed and improved using the tumour standards Diagnostic and treatment processes will be streamlined, faster and standardised
We will improve the collection of and access to clinical information to support service improvement	Patients will receive first cancer treatment within 62 days of urgent referral with a high suspicion of cancer
We will support high-quality clinical decision-making through good multidisciplinary care	Diagnostic and treatment processes will be streamlined and standardised
We will improve patient outcomes by coordinating care for patients with cancer and facilitating timely diagnosis and initiation of treatment	Diagnostic and treatment processes will be streamlined, faster and more standardised A cancer nurse coordinator workforce will have been established People will be better informed and more confident about their treatment
We will improve services so that they are patient focused , efficient and sustainable	Diagnostic and treatment processes will be streamlined, faster and more standardised Cancer workforce will have grown and be working at the top of their scope
We will work effectively with non-governmental organisations and private sector providers of cancer care	Diagnostic and treatment processes will be streamlined, faster and more standardised People will be better informed and more confident about their treatment

5.2.2 Achievements over the last five years

Among the achievements to date are that:

- DHBs have appointed up to 60 nurses to the new cancer nurse coordinator roles
- the medical oncology service configuration survey has been completed
- the Ministry has developed the MDM guidance document (Ministry of Health 2012)
- DHBs and regional cancer networks have continued improving the functionality and coverage of MDMs
- DHBs, facilitated by the regional cancer networks, reported baseline data on the faster cancer treatment indicators
- the referral criteria for direct access to colonoscopy have been finalised and implemented
- DHBs have reported data on colonoscopy wait time indicators
- the knowledge and skills framework for cancer nurses has been developed

- the provisional tumour standards have been published
- the Child Cancer Network has been established and the *National Plan for Child Cancer Services in New Zealand* (Ministry of Health 2010b) has been implemented
- the endoscopy quality improvement tool (Global Rating Scale) has been rolled out to DHBs
- the Shorter waits for cancer treatment health target has transitioned to the 62-day Faster cancer treatment health target.

5.2.3 Future direction

Future diagnosis and treatment activities should continue to focus on improving models of care and standardising treatment pathways so that patients have timely access to high-quality cancer services. This focus will be achieved by:

- developing tools to support data capture to support and inform clinical practice and standardisation of care
- developing regional data repositories (using the tumour-specific core data set) that can be linked nationally to inform quality improvement and support implementation/monitoring of tumour standards
- continuing to review current DHB services against the tumour standards, using the tumour standards as a quality improvement tool to guide service improvement
- supporting DHBs to make better use of health resources and deliver improved outcomes for patients with cancer
- cancer nurse coordinators working with the broader nursing workforce to deliver structured, coordinated cancer care
- supporting DHBs to implement a service model for psychological and social support services to those who need them
- continuing to implement the National Patient Flow project to capture what is working well and where systems redesign is required to support improved and more timely patient access to care
- monitoring the entire patient pathway to ensure patients receive timely care for all service areas and treatment types.

5.3 Follow-up care



**Being well
looked after**

As treatment options improve, people are living longer with cancer. Follow-up care, involving monitoring and surveillance as well as physical, psychological and social support to help people manage the short -and long-term effects of their cancer, can improve a person's quality of life. Palliative care provides people whose cancer is life-limiting with symptom management, psychological, social and spiritual support.

Activities that will improve a patient's follow-up and palliative care are outlined in this section.

5.3.1 Actions

The table below identifies the actions planned to enhance follow-up and palliative care, and how each action maps on to Ministry expectations. See the appendix for more detail on the related activities and stakeholders involved.

What	By 2018 the Government expects:
We will ensure that patients and their families have good physical, psychological and social support to help with the short- and longer-term effects of cancer	More people will be accessing the psychological and social support they need People will have access to easily understood and nationally consistent information resources
We will improve surveillance and follow-up practice in all health settings	Patients will receive consistent follow-up and surveillance from all clinicians (eg, general physicians, primary care providers, senior nurses)
We will ensure timely, effective and appropriate palliative care	Integrated palliative care services will be available

5.3.2 Achievements over the last five years

Among the achievements to date are that:

- *Prostate Cancer Awareness and Quality Improvement Programme: Improving outcomes for men with prostate cancer* (Ministry of Health 2013a) and information resources have been published
- the *Resource and Capability Framework for Integrated Adult Palliative Care Services in New Zealand* (Ministry of Health 2013b) has been finalised
- the Cancer Information Network New Zealand has been established
- new funding has been made available to establish psychological and social support services throughout New Zealand.

5.3.3 Future direction

Future follow-up care activities should continue to focus on providing timely physical, psychological and social support to people affected by cancer and their families. This focus will be achieved by:

- enabling people affected by cancer to play a more active role in managing their own care
- assessing a person's support needs following discharge, including physical, psychological and social support needs
- supporting integration between different service providers to ensure timely, effective and appropriate palliative care.

6. The enablers

The following system enablers support the NZ Cancer Plan to achieve its vision of better and faster cancer care.

6.1 Infrastructure

Excellent facilities, access to high-quality equipment and technologies, and having the right integrated information technology are essential to the delivery of cancer services.

6.1.1 Actions

The table below identifies the actions planned to enhance infrastructure in the health sector, and how each action maps on to Ministry expectations. See the appendix for more detail on the related activities and stakeholders involved.

What	By 2018 the Government expects:
We will improve facilities and equipment to support the delivery of excellent cancer services	Available facilities and equipment will meet population need
We will improve information technology systems that support consistency and quality of cancer data	There will be timely access to comprehensive and accurate patient-level data Cancer information will be consolidated

6.1.2 Achievements over the last five years

Among the achievements to date are that:

- 10 new linear accelerators have been purchased
- all DHBs have consistently achieved the previous cancer health target that: all patients ready for treatment wait less than four weeks for radiotherapy and chemotherapy
- the *Radiation Oncology National Linear Accelerator and Workforce Plan* (Health Partners Consulting Group 2014), which identifies future capital needs using a growth model scenario, has been developed
- all DHBs are collecting and reporting on the faster cancer treatment indicator data.

6.1.3 Future direction

Future infrastructure activities should continue to focus on supporting the delivery of excellent cancer services. This focus will be achieved by:

- all DHBs using the core cancer data definitions
- developing a cancer information repository that pulls together information from a number of data sources and using this to produce a variety of reports.

continued on the following page

- developing tools to support data capture to support and inform clinical practice and standardisation of care
- developing regional data repositories (using the tumour-specific core dataset) that can be linked nationally to inform quality improvement and support the implementation/monitoring of tumour standards
- working closely with non-governmental organisations and private sector cancer care providers to maximise benefits for patients.

6.2 Workforce

An appropriately trained, motivated, supported and flexible workforce is essential to providing high-quality and sustainable cancer services.

6.2.1 Actions

The table below identifies the action planned to enhance the cancer workforce, and how it maps on to Ministry expectations. See the appendix for more detail on the related activities and stakeholders involved.

What	By 2018 the Government expects:
We will build on and improve cancer workforce capacity and capability	Cancer workforce will have grown and will be working at the top of their scope

6.2.2 Achievements over the last five years

Among the achievements to date are that:

- the Ministry has appointed a National Nurse Lead for the cancer nurse coordinator initiative to support the establishment of up to 60 new cancer nurse coordinators
- the knowledge and skills framework for cancer nurses has been developed
- the *Radiation Oncology National Linear Accelerator and Workforce Plan* (Health Partners Consulting Group 2014), which identifies future workforce needs using a growth model scenario, has been developed.

6.2.3 Future direction

Future workforce activities should continue to focus on improving the cancer workforce capacity and capability. This focus will be achieved by:

- introducing options for expanding the health workforce to provide cancer care for patients in hospitals and communities, including by making better use of primary care practitioners, clinical nurse specialists, allied health professionals, clinical psychologists and pharmacists
- aligning professional education, training and development programmes with cancer service delivery needs
- reviewing the extent of pressures on the medical physicist, radiology, endoscopy, gynae-oncology, pathology and laboratory technician workforce and identifying future need
- supporting the development of an integrated palliative care workforce.

6.3 Supportive care

Good social and psychological support at each stage of the patient pathway improves health outcomes and quality of life.

6.3.1 Actions

The table below identifies the actions planned to enhance supportive care, and how each action maps on to Ministry expectations. See the appendix for more detail on the related activities and stakeholders involved.

What	By 2018 the Government expects:
We will improve psychological and social support services across the patient pathway	More people will be accessing the psychological and social support they need
We will ensure high-quality information resources are available to patients and their families	People will have access to easily understood and nationally consistent information resources

6.3.2 Achievements over the last five years

Among the achievements to date are that:

- the Cancer Information Network New Zealand has been established
- the new cancer nurse coordinator workforce has been established
- tumour standard documents have been developed
- new funding has been made available to establish psychological and social support services throughout New Zealand.

6.3.3 Future direction

Future supportive care activities should continue to focus on providing good social and psychological support at each stage of the patient pathway. This focus will be achieved by:

- supporting assessment, information provision and personalised care planning
- supporting DHBs to implement a service model for psychological and social support services for those who need them
- addressing language, culture, literacy, communication and other barriers
- helping to deliver better-quality and more efficient care that will improve equitable cancer outcomes.



7. Looking to the future

As cancer-related health costs grow, activities and interventions will need to increasingly focus on preventing people from getting cancer in the first place and treating cancer at an early stage. Evidence suggests that one third of all cancer cases could be cured if detected early and treated adequately. A further third are estimated to be entirely preventable if public health measures are undertaken (OECD 2013).

Suggested future activities include:

- prevention activities
- raising awareness of early detection
- enabling more timely primary care referrals
- increasing screening uptake
- using evaluation data to guide implementation of a national bowel screening programme.

As more people develop cancer, enabling patients to access services closer to home will become increasingly necessary, especially for those living in rural areas and where accessing services in person is difficult. Using tools such as telehealth will assist health professionals to diagnose illnesses and provide treatment without having to be in the physical proximity of the patient.

Patients and providers must be able to access new pharmaceuticals, technologies and medical devices as appropriate. Funding decisions will need to continue to be cost-effective and focused on outcomes to ensure that cancer services are efficient, effective and sustainable.

Lastly, all cancer-related activities and interventions must continue putting the patient and their family first. This means that cancer services should keep moving toward more patient- and family-centred care, where patients are informed and empowered to be active partners in their own health care.

References

- Health Partners Consulting Group. 2014. *Radiation Oncology National Linear Accelerator and Workforce Plan*. Wellington: Ministry of Health.
- Ministry of Health. 2010a. *Cancer Projections: Incidence 2004–08 to 2014–18*. Wellington: Ministry of Health.
- Ministry of Health. 2010b. *National Plan for Child Cancer Services in New Zealand*. Wellington: Ministry of Health.
- Ministry of Health. 2012. *Guidance for Implementing High-quality Multidisciplinary Meetings: Achieving best practice cancer care*. Wellington: Ministry of Health.
- Ministry of Health. 2013a. *Prostate Cancer Awareness and Quality Improvement Programme: Improving outcomes for men with prostate cancer*. Wellington: Ministry of Health.
- Ministry of Health. 2013b. *Resource and Capability Framework for Integrated Adult Palliative Care Services in New Zealand*. Wellington: Ministry of Health.
- Ministry of Health. 2014. *He Korowai Oronga: Māori Health Strategy*. Wellington: Ministry of Health.
- OECD. 2011. *Health at a Glance 2011: OECD indicators*. OECD Publishing.
DOI: http://dx.doi.org/10.1787/health_glance-2011-en (accessed 24 March 2014).
- OECD. 2013. *Cancer Care: Assuring quality to improve survival*. OECD Publishing.
- Tan JHJ, Thompson LH, Howlett RI. 2011. *Report of the Parliamentary Review Committee regarding the New Zealand Cervical Screening Programme*. Wellington: Ministry of Health.

Appendix: Table of activities

The pathway

Prevention and early detection



Keeping well



Getting checked

What	How	Who	By 2018 the Government expects:
We will promote eating well and keeping active	The Ministry of Health will implement the <i>Healthy Families New Zealand</i> initiative. The initiative will support communities to strengthen existing health promotion efforts to encourage families to live healthy and active lives	Ministry of Health, DHBs, NGOs	<p>More people will have access to easily understood and nationally consistent information resources</p> <p>More people will be making healthy food and activity choices and sustaining healthy weights</p> <p>More people will be aware of cancer risks and will be doing something about them</p>
We will implement smoking cessation initiatives in hospitals and in primary care	<p>Health professionals working in hospitals and primary care will offer advice and support to quit smoking to their patients who smoke</p> <p>Health professionals will also offer pregnant women who smoke advice and support to quit smoking</p>	DHBs, primary health organisations, lead maternity carers	Fewer people will be smoking



What	How	Who	By 2018 the Government expects:
<p>We will implement a prostate cancer awareness and quality improvement programme</p>	<p>The Ministry of Health, with DHBs and primary care organisations, will develop and distribute high-quality prostate cancer information resources</p> <p>The Ministry of Health will develop prostate cancer standards and draft guidelines</p>	<p>Ministry of Health, DHBs, primary health organisations</p>	<p>More people will have access to easily understood and nationally consistent information resources</p>
<p>We will improve coverage and service delivery of bowel, breast and cervical screening programmes and reduce barriers to access</p>	<p>Bowel screening</p> <p>The Ministry of Health will monitor the Bowel Screening Pilot on a quarterly basis against agreed performance indicators</p> <p>An independent evaluation will assess the success of the Bowel Screening Pilot and provide information on the viability of a national bowel screening programme</p> <p>Breast screening</p> <p>The Ministry of Health will monitor BreastScreen Aotearoa three yearly against national standards, and annually against indicators and targets</p>	<p>Ministry of Health, service providers, Waitemata DHB, BreastScreen Aotearoa lead providers</p>	<p>More people across all population groups will be screened for bowel, breast and cervical cancer</p>

What	How	Who	By 2018 the Government expects:
	<p>All BreastScreen Aotearoa lead providers will have access to up-to-date mammography technology</p> <p>The Ministry of Health will review the BreastScreen Aotearoa service delivery and funding model to make improvements to the programme in the context of changing technology</p> <p>Cervical screening</p> <p>The Ministry of Health will monitor the National Cervical Screening Programme three yearly against national standards, and six monthly against indicators and targets</p> <p>The Ministry of Health will implement the 2013/14 priority recommendations of the <i>Report of the Parliamentary Review Committee regarding the New Zealand Cervical Screening Programme</i> (Tan et al 2011)</p>		
<p>We will improve the early detection of lung cancer</p>	<p>The Ministry of Health will develop guidance for the early detection of lung cancer</p>	<p>Ministry of Health, DHBs, primary health organisations, NGOs</p>	<p>More people will be aware of cancer risks and will be doing something about them</p>

Diagnosis and treatment



Having tests



Knowing what is wrong



Getting faster treatment

What	How	Who	By 2018 the Government expects:
We will improve the quality and consistency of care	DHBs will use the tumour standards to improve quality by reviewing their current service delivery against the provisional tumour standards and identifying areas for service improvement	DHBs	Services will have been reviewed and improved using the tumour standards Diagnostic and treatment processes will be streamlined, faster and more standardised
We will improve the collection of and access to clinical information to support service improvement	DHBs will report against the faster cancer treatment pathway indicators: <ul style="list-style-type: none"> • 62-day target – all patients referred urgently with a high suspicion of cancer receive their first cancer treatment (or other management) within 62 days • 31-day indicator – all patients with a confirmed diagnosis of cancer receive their first cancer treatment (or other management) within 31 days of the decision to treat DHBs will report against the colonoscopy waiting time indicator: <ul style="list-style-type: none"> • Diagnostic colonoscopy: <ul style="list-style-type: none"> – an increasing percentage of people accepted for an urgent diagnostic colonoscopy will receive their procedure within two weeks (14 days) – an increasing percentage of people accepted for a diagnostic colonoscopy will receive their procedure within six weeks (42 days) 	DHBs	Patients will receive first cancer treatment within 62 days of urgent referral with a high suspicion of cancer

What	How	Who	By 2018 the Government expects:
	<ul style="list-style-type: none"> • Surveillance colonoscopy: <ul style="list-style-type: none"> – an increasing percentage of people waiting for a surveillance or follow-up colonoscopy will wait no longer than 12 weeks (84 days) beyond the planned date <p>DHBs will implement Phase One of the National Patient Flow project, which will start to capture relevant patient information at each point of the patient pathway</p>		
<p>We will support high quality clinical decision-making through good multi-disciplinary care</p>	<p>DHBs will implement regionally agreed activities that will improve the functionality of cancer multidisciplinary meetings (MDMs), including:</p> <ul style="list-style-type: none"> • using the Ministry of Health’s (2012) MDM guidance document <i>Guidance for Implementing High-quality Multidisciplinary Meetings: Achieving best practice cancer care</i> • establishing processes for linking secondary services into tertiary service MDMs • implementing electronic MDM pro formas • purchasing videoconferencing technology • appointing MDM coordinators <p>The Ministry of Health will monitor DHBs’ activity to improve the coverage and functionality of MDMs</p>	<p>DHBs, Ministry of Health</p>	<p>Diagnostic and treatment processes will be streamlined, faster and more standardised</p>



What	How	Who	By 2018 the Government expects:
<p>We will improve patient outcomes by coordinating care for patients with cancer and facilitating timely diagnosis and initiation of treatment</p>	<p>DHBs will implement the cancer nurse coordinator initiative</p> <p>The Ministry of Health will monitor implementation progress through service reporting, evaluation and faster cancer treatment indicator data</p> <p>DHBs will continue to provide adolescent and young adult (AYA) coordination services. The AYA clinical network will support this service area</p>	<p>DHBs, Ministry of Health</p>	<p>Diagnostic and treatment processes will be streamlined, faster and more standardised</p> <p>A cancer nurse coordinator workforce will have been established</p> <p>People will be better informed and more confident about their treatment</p>



What	How	Who	By 2018 the Government expects:
<p>We will improve services so that they are patient focused, efficient and sustainable</p>	<p>The Ministry of Health will develop an implementation plan for a <i>Radiation Oncology National Linear Accelerator and Workforce Plan</i> (Health Partners Consulting Group 2014) that outlines the linear accelerator and workforce requirements for radiotherapy until 2022</p> <p>The Ministry of Health will work with DHBs to support medical oncology services to be flexible and sustainable</p> <p>DHBs will implement the endoscopy quality improvement tool (Global Rating Scale)</p> <p>The Ministry of Health will establish an AYA clinical network to support:</p> <ul style="list-style-type: none"> • ongoing service development across AYA cancer services • development of national standards for AYA cancer services • research on survivorship disparities <p>The Ministry of Health will establish a service improvement fund to support DHBs to deliver faster cancer treatment to patients by improving patient pathways</p>	<p>DHBs, Ministry of Health, NGOs</p>	<p>Diagnostic and treatment processes will be streamlined, faster and more standardised</p> <p>Cancer workforce will have grown and be working at the top of their scope</p>



Follow-up care



Being well
looked after

What	How	Who	By 2018 the Government expects:
<p>We will ensure that patients and their families have good physical, psychological and social support to help with the short- and longer-term effects of cancer</p>	<p>The Ministry of Health will develop and distribute prostate cancer information resources</p> <p>DHBs will continue to implement the New Zealand Late Effects Assessment Programme (LEAP) for children who have completed treatment for cancer</p>	<p>DHBs, Ministry of Health, NGOs</p>	<p>More people will be accessing the psychological and social support they need</p> <p>People will have access to easily understood and nationally consistent information resources</p>
<p>We will improve surveillance and follow-up practice in all health settings</p>	<p>The Ministry of Health will scope the development of follow-up and surveillance guidance</p>	<p>Ministry of Health</p>	<p>Patients will receive consistent follow-up and surveillance from all clinicians (eg, general physicians, primary care providers, senior nurses)</p>

What	How	Who	By 2018 the Government expects:
<p>We will ensure timely, effective and appropriate palliative care</p>	<p>DHBs will implement an integrated model of palliative care delivery based on the <i>Resource and Capability Framework for Integrated Adult Palliative Care Services in New Zealand</i> (Ministry of Health 2013b), which:</p> <ul style="list-style-type: none"> • describes the levels of palliative care required in New Zealand including what is needed to support service delivery • provides guidance to funders, planners and policy makers to inform strategic planning and purchasing of accessible and equitable palliative care services for New Zealanders <p>The Ministry of Health will support Hospice New Zealand to:</p> <ul style="list-style-type: none"> • develop a standardised version of the education programme • facilitate the development of a national quality improvement plan • develop an improving hospice capability project <p>DHBs will provide a sustainable, dedicated end-of-life care approach, which includes:</p> <ul style="list-style-type: none"> • implementing specific end-of-life care guidance within inpatient settings • providing leadership, education and support to primary palliative care providers to implement end-of-life care in non-specialist settings 	<p>DHBs, Ministry of Health, NGOs</p>	<p>Integrated palliative care services will be available</p>

The enablers

Infrastructure

What	How	Who	By 2018 the Government expects:
<p>We will improve facilities and equipment to support the delivery of excellent cancer services</p>	<p>DHBs will continue to maintain and update their hospital facilities and develop capital investment proposals as required</p>	<p>DHBs, Ministry of Health</p>	<p>Available facilities and equipment will meet population need</p>
	<p>The Ministry of Health will develop an implementation plan for a <i>Radiation Oncology National Linear Accelerator and Workforce Plan</i> that identifies the linear accelerator requirements for radiotherapy until 2022 using a growth model scenario</p> <p>The Ministry of Health will support medical oncology services to be flexible and sustainable</p>		
<p>We will improve information technology systems that support consistency and quality of cancer data</p>	<p>The Ministry of Health will upgrade the New Zealand Cancer Registry through the implementation of structured pathology reporting</p>	<p>Ministry of Health, DHBs</p>	<p>There will be timely access to comprehensive and accurate patient-level data</p> <p>Cancer information will be consolidated</p>
	<p>DHBs will collect and report faster cancer treatment indicator data</p>		
	<p>DHBs will continue to collect and report on radiation and chemotherapy wait times</p>		
	<p>The Ministry of Health and DHBs will implement the National Patient Flow project, which will enable the collection of clinical data to track a patient across the pathway from referral to treatment. The National Patient Flow process will eventually supersede the independent collection of faster cancer treatment indicator data</p>		
	<p>The Ministry of Health will develop a Cancer Information Strategy and implement its priorities</p>		
<p>DHBs will explore ways to collate MDM information</p>			



Workforce

What	How	Who	By 2018 the Government expects:
<p>We will build on and improve the cancer workforce capacity and capability</p>	<p>The Ministry of Health and DHBs develop and implement a knowledge and skills framework for cancer nurses</p> <p>The Ministry of Health and DHBs will increase radiation oncology workforce capacity through:</p> <ul style="list-style-type: none"> • more medical physicists graduating • higher retention of existing graduates and the established workforce <p>The Ministry of Health and DHBs will increase capacity of the colonoscopy workforce by:</p> <ul style="list-style-type: none"> • training more colonoscopy-capable health professionals • implement the Referral to Colonoscopy Criteria for Direct Access Outpatient Colonoscopy <p>DHBs will continue to support and implement the cancer nurse coordinator initiative</p>	<p>DHBs, Ministry of Health, Health Workforce New Zealand</p>	<p>Cancer workforce will have grown and be working at the top of their scope</p>

Supportive care

What	How	Who	By 2018 the Government expects:
<p>We will improve psychological and social support services across the patient pathway</p> <p>We will ensure high-quality information resources are available to patients and their families</p>	<p>DHBs will work with their regional cancer network to use the tumour standards (each tumour standard document includes a standard on supportive care) as a quality improvement tool particularly in relation to improving the patient experience</p> <p>The Ministry of Health will develop assessment tools for cancer nurse coordinators that will enable them to identify a patient's supportive care needs</p> <p>The Ministry of Health will appoint a national lead role to provide overall guidance and professional support for the regional programme of supportive care services</p> <p>The Ministry of Health will support the NGO sector to implement the Cancer Information Network New Zealand work plan.</p>	<p>Ministry of Health, DHBs, regional cancer networks, NGOs</p>	<p>More people will be accessing the psychological and social support they need</p> <p>People will have access to easily understood and nationally consistent information resources</p>