



Bay of Plenty District Health Board
Cancer Control Action Plan

2006 – 2010

Version 1

draft as at 13/01/2009

Executive Summary

Cancer Control is an organised and systematic approach to the reduction of cancer incidence, morbidity and mortality. The New Zealand Cancer Control Strategy (Ministry of Health 2003) provides a framework for reducing the incidence, impact and inequalities of cancer along the whole cancer control continuum¹.

The aim of the BOPDHB Cancer Services plan is to provide strategic direction for an integrated and co-ordinated Bay of Plenty Cancer Control service with appropriate and well-managed links to regional and national services. The plan will guide service development and delivery in the Bay from 2006 to 2010.

This plan builds on recommendations drawn from the formal review of 'Cancer Services' completed by our Planning and Service Development Team in 2003 and the Midland Region Cancer Control and Treatment Plan. It also links strategically with the New Zealand Cancer Control Strategy (NZCCS) and our own District Strategic Plan. The action plan aligns with the Midland Cancer Network and associated plan and recognises the Regional Tertiary Service Provider (Waikato DHB) and its role factored into the service scheme applicable to the Bay of Plenty Region.

Bay of Plenty District Health Board has already funded a number of initiatives in line with the recommendations of the cancer control strategy.

- The employment of a Cancer Care Coordinator in secondary services.
- The provision of Psycho-Social Support services through the provider arm.
- The introduction of Telemedicine into rural areas to improve access to diagnostic services (Te Kaha, Opotiki).
- Funding support for a Regional Clinical Director position and Midland Patient Mapping Project based at Waikato.
- Redesign of palliative services and the development of a Palliative Care Network.
- The creation of Home Based Support Services in relation to Palliative Care.
- Patient mapping for palliative patients.
- Support for the Project Hope Cancer Centres in Tauranga and Whakatane.
- The employment of a HEHA Development Manager

Further work is required within the key focus areas identified as part of the BOPDHB Cancer Services review 2003 that have been aligned with the goals of the NZCCS, as shown below.

NZCCS Goal	Focus Area
1. Primary Prevention	<ul style="list-style-type: none"> • Focus on the preventable 'distal risk factors' contributing to overall cancer risk such as 'Smoking Cessation' and

¹ Cancer continuum - prevention, early detection, effective diagnosis and treatment, rehabilitation, support and palliative care

NZCCS Goal	Focus Area
	<p>'HEHA'.</p> <ul style="list-style-type: none"> The primary prevention component of a patient self-management programme.
2. Screening and Early Intervention	<ul style="list-style-type: none"> Improve the uptake of screening programmes, particularly in rural areas. Consult on proposed redesign of screening programs (National Cervical Screening Program). In the absence of reliable screening programmes, build capacity for 1-1 screening/interventions. The screening and intervention component of a patient self management program.
3. Diagnosis & Treatment	<ul style="list-style-type: none"> Strengthen primary and community care early diagnosis and treatment. Improve access to cancer care through better monitoring tracking and management systems to enable reduced waiting times. Agree new models of care for Tauranga and Whakatane Hospital sites Strengthen Multidisciplinary teams and services. The diagnosis and treatment component of a patient self management program.
4. Support, Rehabilitation and Palliative Care	<ul style="list-style-type: none"> Evaluate the implementation of the Palliative Care Strategy.
5. Planning and Co-ordination	<ul style="list-style-type: none"> Participate in the Midland District Non Surgical Cancer network to develop and apply innovative models of care that integrate interventions across the cancer control continuum. Apply the BOPDHB chronic progressive conditions model to provide an 'organising framework' for whole systems approaches to cancer control.

NZCCS Goal	Focus Area
	<ul style="list-style-type: none"> • Establish a Clinical Training School in support of workforce training, development, accreditation and credentialing. • Establish a District HEHA Strategic Group with an Education sub-group to plan and coordinate the Mission on project.
6. Research & Surveillance	<ul style="list-style-type: none"> • Knowledge and learning transfer at every opportunity through review, analysis and reflection. • Improve population health cancer surveillance to inform strategic development.

As with the plan prepared by our Lead Midland DHB Waikato, the emphasis with this action plan has been on improvements to cancer control which are achievable within the context of current resource levels and known sources of funding. We have also considered those services which are most appropriately delivered by the DHB of domicile, rather than at a regional level.

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Section One – Introduction

Background

In 2004 the Bay of Plenty District Health Board (BOPDHB), in acknowledging the New Zealand Cancer Control Strategy, and local community and provider concerns conducted a review of population need for cancer services and the development of a Programme of Care. The board's primary concern was that BOPDHB cancer patients:

- frequently faced long delays before assessment and treatment
- often received poor information about their condition
- described poor care planning across secondary and tertiary service providers
- did not always receive the best or most appropriate treatment or care
- reported poor experiences of care.

The resulting review and its recommendations have informed the development of this action plan which has been requested by the Ministry of Health for completion in February 2007.

Purpose of this plan

The purpose of this plan is to provide a directional statement on cancer and cancer services within the Bay of Plenty district and wider Midland region that informs potential changes to care provision and creates a better system of cancer care for our population. The plan addresses the following:

- **Needs analysis** in the form of identification of cancer related health status, illness and distress in our communities with estimates and descriptions of population need and requirements for cancer services.
- **Gap analysis** between current and appropriate service provision.
- **Issue identification**, particularly those issues requiring further analysis or where there is a significant information gap and potential for information systems improvement.
- **Strategies for service improvement**, NZ Health Strategy (NZHS, 2000),
 - NZ Cancer Control Strategy (2003) and associated Action Plan 2005-2010 (2005)
 - Midland Region Non Surgical Cancer Treatment Plan (2004) and associated Progress Report 2005 and Implementation Plan 2005-2010 (2005),
 - Midland Region Proposal for Establishing the Midland Cancer Network (2006)
 - Midland Patient Mapping Project Report (2006)
 - Waikato DHB Cancer Control Action Plan 2006-2010 (2007)
- **Actions plans** for implementation over the period 2006 to 2010 including those actions prioritised for implementation over the next 12 to 18 months.

New Zealand Cancer Control Strategy

The New Zealand Cancer Control Strategy (NZCCS) builds on work developed by the World Health Organisation around Cancer Control Programmes. The NZCCS is *“the first phase in the*

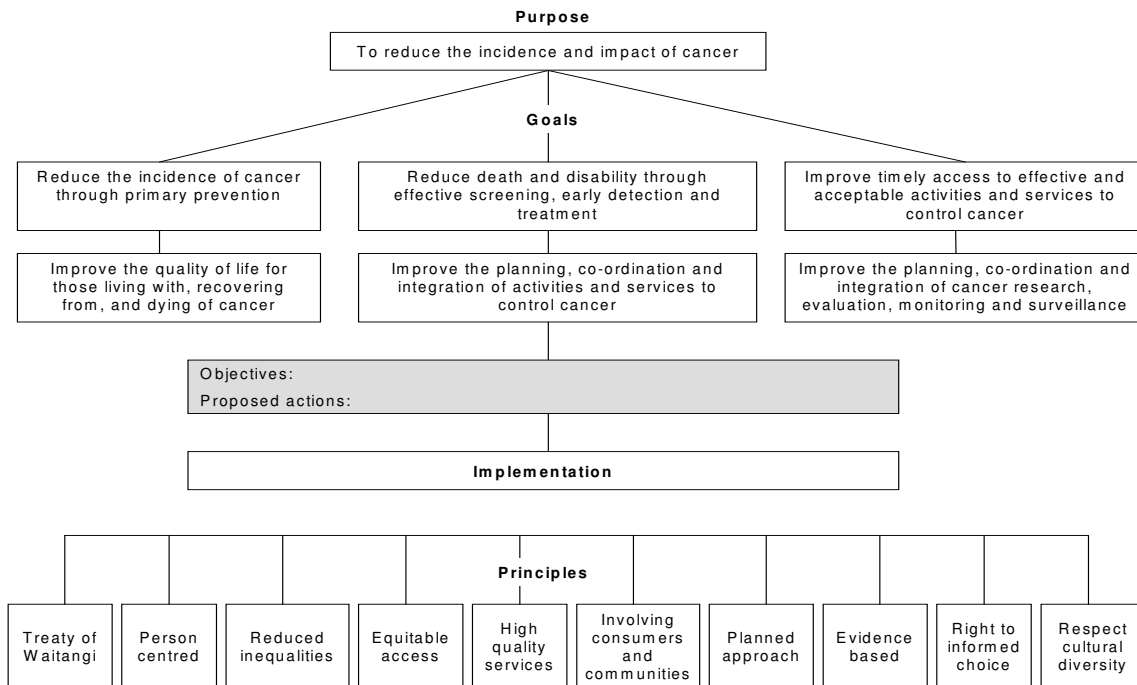
development and implementation of a comprehensive and coordinated programme to control cancer in New Zealand”.

The NZCCS approach is mandated by the NZHS. The NZHS directs District Health Boards to plan for and develop services to protect and improve the health of their populations and the NZHS 2000.

The Bay of Plenty District Health Board Cancer Control Strategy is guided by the principles outlined in the New Zealand Cancer Control Strategy 2003, which are:

- work within the framework of the Treaty of Waitangi to address issues for Maori
- reduce health inequalities among different population groups
- ensure timely and equitable access for all New Zealanders to a comprehensive range of health and disability services, regardless of ability to pay
- be of high quality
- be sustainable
- use an evidence-based approach
- reflect a person-centred approach
- actively involve consumers and communities
- recognise and respect cultural diversity
- be undertaken within the context of a planned, co-ordinated and integrated approach.

The strategy includes a purpose, goals, objectives underpinned by a set of principles that provides a framework to guide existing and future actions as detailed below²



² Towards a Cancer Control Strategy for New Zealand Marihi Tauporo Discussion Document December 2002. Ministry of health, New Zealand Cancer Control Trust.

Phase One Priorities

The NZCCS Action Plan outlines the immediate priorities for phase one³ implementation. These are:

- Establish regional cancer networks.*
- Expand smoking cessation services and programmes for Māori women.
- Implement Healthy Eating – Healthy Action.
- Implement strategies to improve coverage of BreastScreen Aotearoa in areas where the need for increased coverage has been identified.
- Ensure timely and acceptable access to cancer services by establishing standards.
- Establish multidisciplinary care for patients.
- Pilot studies to map and analyse cancer patients' journey and clinical pathway.*
- Establish groups to develop guidance for children, adolescents and adults.*
- Implement and evaluate pilot survivorship programmes for children and adolescents.*
- Implement the New Zealand Palliative Care Strategy.
- Develop a workforce plan for cancer control, ensuring consideration of cancer workforce shortages for Māori and Pacific people.
- Plan for capital expenditure on cancer control, including equipment, drugs and new initiatives*
- Apply the Health Equity Assessment Tool (HEAT) to policy and funding decisions regarding cancer control.
- Support Māori-led cancer services where possible and ensure all mainstream cancer services have a cultural framework for Māori that aligns with He Korowai Oranga
- Develop a five year rolling plan for research to cancer control.*
- Develop a nationalised, standardised clinical cancer data set.*

Of the priorities listed above, those marked with an * represent priorities appropriately scaled at a regional level whereby BOPDHB will be involved in the implementation as a member of the network rather than as lead DHB.

Links to District Strategic Plan

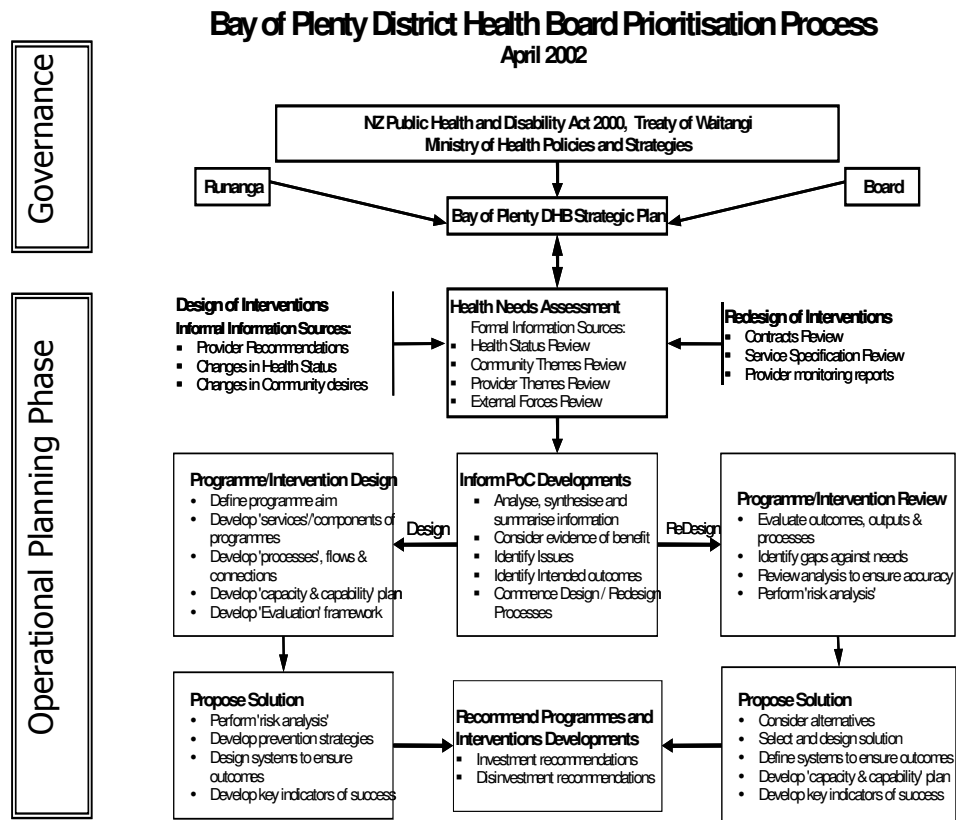
The implementation of the New Zealand Cancer Control Strategy is noted in the BOPDHB District Strategic Plan (DSP) as one of the key government imperatives. As such it has been acknowledged as a strategic priority of the Bay of Plenty District Health Board.

The BOPDHB 'Statement of Intent', states that the District Health Board has chosen to use the "programmes of care" as its principal vehicle for service planning, development and delivery. It is

³ The NZCCS Action Plan phase one priorities generally means actions to occur within one to two years; phase 2 within three to five years

this 'programme of care' philosophy which underpins the Bay of Plenty District Health Board Cancer Control Action Plan.

A diagram illustrating the DHB prioritisation process and its links to the DSP planning process is shown below:



Principles for the BOPDHB Cancer Control Strategy and Action Plan

In addition to the principles outlined in the NZCCS, the BOPDHB has chosen the following local principles in order to encourage an integrated, patient-centred and responsive system of care.

- Prevent cancer wherever possible
- Connect with the patient's journey
- Develop a multidisciplinary team around the patient's journey
- Make the patient/family/whanau experience of care a priority at every stage of the journey
- Work towards ensuring that there is appropriate capability and capacity to match patient needs at every stage of the journey

Planning a 'Whole System's' working approach

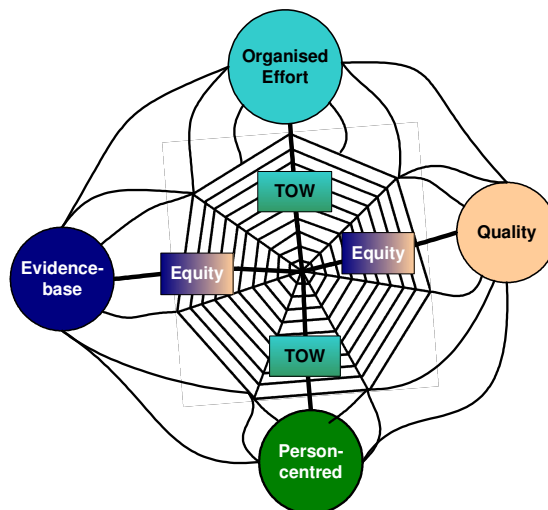
In developing our Action Plan, the principles of the NZCCS are seen as a system of 'values' that are interconnected and cannot exist other than through this interconnection. W.V. Quine⁴, a philosopher of science outlined the 'Quinean metaphor' which describes a 'whole system' in the form of a web with definable pillars or anchors. Using this model, the cancer care system is represented below with four anchoring and two stabilising principles identified.

The four anchoring principles include:

- organised effort
- quality
- evidence
- person-centeredness.

The four anchors noted above are connected to each other by seamless and resilient stabilising principles. Organised effort and people-centeredness are more directly connected to each other through the 'Treaty of Waitangi (TOW) Principles'. Similarly, quality and evidence are directly connected through the 'Equity Principle'.

When planning a 'whole system' approach for cancer control, use of this model will assist in developing a balance between and within the various goals of the NZCCS: Use of this model will ensure that recommendations for improvement of cancer control provided to the BOPDHB incorporate a combination of enhancements to organised efforts, processes and patterns of care that will ensure alignment with the Treaty of Waitangi Principles and Equity Principles. The following diagram provides a visual representation of the interrelationships noted above.



⁴ Quine VW. From a logical point of view. 2nd edition Cambridge MA, Harvard University Press 1953

Linkages to Maori Health Strategic Plan

In order to achieve health for Māori⁵ and act consistently with the direction set in He Korowai Oranga, the NZ Māori Health Strategy, the Board has identified the following priorities:

1. Consistent with rangatiratanga, Māori will maximise their health
2. To increase the capacity of Māori providers and communities to meet their own health and independence needs
3. To ensure responsiveness of mainstream services to Māori.

These priorities have been framed within the context of the following three themes;

- Rangatiratanga – Māori determination (for health)
- He ranga hua hauora – building on existing gains
- Tuituinga pou hauora – integrated service delivery.

Maori Health Planning is carried out by the Maori Health Planning and Funding Group working in unison with mainstream Planning and Funding Services. This action plan will be reviewed by the Maori Health team to ensure that it aligns with the region's strategic plan for Maori Health.

Collaboration and Links to Primary and NGOs

Strengthening, developing and facilitating working relationships between primary, secondary and NGO providers is recognised as a key factor in achieving outcomes and improvements for the BOP population. Collaboration on cancer care will build on existing relationships between providers

The Bay of Plenty has a number of non-Government organisations (NGOs) that contribute to the quality of life of people with cancer. The prominent providers within the Bay of Plenty are the Cancer Society, Waipuna and Eastern Bay of Plenty community Hospices, Canteen, Child Cancer Foundation, residential care facilities and continuing care organisations.

The concept of 'Stewardship' is the means by which BOPDHB aims to manage the various contributions and collaborative relationships that must exist when developing such a plan in order to maximise collective capacity and capability. In practice, 'Stewardship' means identifying a steward to provide leadership to the participating organisations, by:

- applying the 'rules of the game' as required by the BOPDHB,
- supporting participating PHOs and providers to behave in ways that reflect the public interest,
- monitoring how the participants behave
- ensuring corrective action is taken when required.

Good stewardship is based on clear standards, applied well within the local context, in ways that are as effective and efficient as possible. In the case of the cancer control action plan, the Steward identified to lead plan development and implementation will vary according to the sector involved.

⁵ Refer health outcome 3 in this section – Healthy Māori.

For example, PHO's and in particular the PHO coordinating body (Te Mataki) will draw together Primary and NGO providers as required. Similarly, the Planning and Funding group of the DHB will provide stewardship in coordinating interaction between Primary and Secondary services.

At a more detailed, operational level, Technical Advisory Groups are in place to work towards implementation. A range of provider types are represented on these groups, ensuring full and comprehensive collaboration from the sector.

Health Equity

Health equity means addressing differences in health status that are unnecessary, avoidable, and unfair between groups with different levels of underlying social advantage/disadvantage. Health equity is also the extent to which people can receive a service on the basis of their need, and their ability to benefit from that service.

In order to improve health equity within its district, the Board is also increasing investment in comprehensive needs based health programmes and disinvesting in programmes that are of poor quality. Essentially this means focusing on programmes that target populations with poorer health status that are value for money and positively influence health status for the whole community.

All providers of cancer services will have their contracts and service level agreements reviewed regularly. They will be assessed against the BOPDHB prioritisation processes, ranging from the potential for achieving population health gain in line with the New Zealand health strategies and BOPDHB key outcomes, through to reducing disparities in health outcomes.

The assessment will include an analysis of current and projected health and function disparities through regular health needs assessment, using three frameworks – the Reducing Inequalities Intervention Framework, the Health Equity Assessment Tool and the Health Inequalities Index.

Section Two: Situational Analysis

The Bay of Plenty Cancer Control Review and Recommendations Report has provided the opportunity to build on progress to date and address the local and NZCCS phase one priorities.

This section summarises:

- The burden of cancer and provides an overview of the demographic characteristics and the cancer burden for the Bay of Plenty DHB.
- Overviews the services and organisations that support the provision of cancer care along the continuum.
- Identifies key local developments that are progressing well.
- Summarises the key focus areas in relation to gaps/issues along the cancer continuum.

What is Cancer?

Cancer is a 'generic' term used to describe more than one hundred different diseases including malignant tumours of different sites that can behave in completely different ways. It is a disease that starts in cells due to 'mixed up' instructions that allow abnormal cell growth. Depending on the type of cancer and the 'mixed up message', after a variable length of time, groups of abnormal cells form lumps or tumours.

Cancer arises from a combination of 'genetic risk' (inherited risk) and environmental exposure to cancer-causing agents, many of which are related to personal behavioural practices (e.g. tobacco smoking) the natural or built environments (e.g. dioxins) occupational risk factors (e.g. asbestos) and biological (e.g. hepatitis B & C) exposure to causative agents. Around the world, cancer is highest in groups with the least education and people who are socio-economically deprived. In real terms, about half of all cancer deaths are related to diet and lifestyle practices—potentially preventable causes of cancer.

Cancer lumps or tumours can be categorised as local to widespread and as mild to severe with generally the more widespread and severe associated with invasion of nearby tissues and spread to other areas of the body. The speed at which some forms of cancer grow is dependent on the cell type or pathology, or, how 'mixed-up' the cells are, and varies within site-specific cancers (all breast cancers are not equal) as well as amongst site-specific cancers (primary bone cancer and colorectal cancers are not equal).

This extreme variability in types, presentation, speed of progression and span of affected population groups requires a flexible, organised system response that addresses the need for interventions when and where appropriate.

Bay of Plenty Population Characteristics

The BOPDHB population was 195,000 at the time of the 2006 Census which is just under 5% of the total New Zealand population. The district has maintained an intercensal growth rate of over 9% for the last 20 years and population projections indicate that this growth is expected to continue in the near future (but at a slightly reduced rate). The 2006 census also showed that:

- Three quarters of the BOPDHB population live in the Western Bay of Plenty where population growth is rapid.

- Between 2001 and 2006 population growth was fastest in Tauranga City (14%) followed by Western Bay of Plenty District (10%) and Whakatane District (1.3%). In the same period, the Kawerau District population decreased by 0.8% and the Opotiki District population decreased by 1.9%.
- Between 2001 and 2006 the population growth rate was fastest among people aged 85 years or more (32.2%) followed by people aged 45-64 years (19.5%) and 15-24 years (13.6%). The population growth rate was slowest for children aged 0-14 years (2.2%) and adults aged 25-44 years (1.9%).
- One in six people in the Western BOP are Maori (16.7%) compared with nearly one in two in the East (48%).

The rapid growth in the population of older people in the district is likely to result in an increase in the number of people requiring cancer services each year.

Cancer Trends in New Zealand 1996/97-2011/12

Cancer data for the whole of New Zealand indicates trends in terms of the types of cancers in which we can expect to see increases or decreases in incidence in the near future. The trend patterns are likely to be similar for the BOPDHB.

Cancer Risk

The risk of cancer in New Zealand increased steadily from the mid 1950s to the early 1980s followed by a period of much slower increase extending to the mid 1990s. This trend toward increased cancer risk will continue over the next 15 years but at an even slower rate. Cancer projections for New Zealand⁶ show that the following site-specific cancer incidence rates are expected to fall:

- Colorectal cancer
- Melanoma in females
- Stomach cancer
- Tobacco related cancers among males

In contrast, the following site-specific cancer incidence rates are expected to increase:

- Melanoma in males
- Tobacco related cancers among females
- Non-Hodgkin's lymphoma
- Kidney cancer
- Bladder cancer
- Prostate cancer

Substantial increases in mortality rates are projected for

- Non-Hodgkin's lymphoma
- Lung cancer among females
- Liver cancer among males

⁶ This summary of findings on cancer risk in New Zealand is based on Ministry of Health (2002) *Cancer in New Zealand, Trends and Projections: A Summary*. Wellington.

Cancer Burden

Analysis of the cancer burden by the Ministry of Health⁷ has shown that growth in population size has historically dominated in terms of increasing the cancer burden, but over the next 15 years structural ageing in the population will have an increasing impact.

- Breast cancer is projected to increase in incidence and will continue to be the leading site for registrations in females.
- Lung cancer will overtake breast cancer to become the leading cancer causing mortality among women by 2012.
- Lung cancer is projected to drop from being the leading cancer causing mortality among men to being second by 2012.
- Cervical cancer is projected to continue to decrease in both incidence and mortality.
- Prostate cancer will become the first ranked cancer for both incidence and mortality in males (even with the PSA effect excluded⁸).

Bay of Plenty Cancer Data

A summary of cancer data for the BOPDHB area is presented below to show the number of cancer registrations and deaths and the leading types of cancers affecting Bay of Plenty people. A summary of cervical cancer screening data is also provided.

Cancer Registrations

The overall number of cancer registrations for BOPDHB residents increased significantly between 1998 and 2002. A large proportion of this increase was due to increased registrations for *carcinoma in situ* particularly of the cervix and of the skin. These cases represent an early stage of carcinoma or a precursor to established cancer rather than invasive or malignant cancer *per se*. Another component of the increase was a large increase for prostate cancer (“the PSA effect”). There were also increases, but to a lesser extent, for colorectal cancer, breast cancer, melanoma and lung cancer.

Number of Cancer Registrations for BOPDHB Residents, 1998 - 2002

Year	Registrations
1998	986
1999	995
2000	1021
2001	1345
2002	1325

⁷ This summary of findings on cancer burden in New Zealand is based on Ministry of Health (2002) *Cancer in New Zealand, Trends and Projections: A Summary*. Wellington

⁸ Recent widespread use of prostate specific antigen (PSA) testing has transiently inflated the incidence rate of prostate cancer – this is known as the “PSA effect”.

For Maori, 31% of cancer registrations in 2002 were for people aged 65 years or more compared with 55% for non-Maori. This reflects the different age-structures of the two populations. Overall, 52% of cancer registrations in 2002 were for people aged 65 years or more compared with 60% in 1998.

For younger age groups (less than 44 years) one quarter to one third of cancer registrations are Maori but for older age groups the ratio is around one in ten. This reflects differences in the age-structure of the Maori and non-Maori populations.

Number of Cancer Registrations by Ethnicity and Age

BOPDHB Residents, 2002

Years	Maori	Non-Maori	Total	%Maori
0-14	1	4	5	20.0
15-24	10	31	41	24.4
25-44	40	153	193	20.7
45-64	55	344	399	13.8
65+	47	640	687	6.8
Total	153	1172	1325	11.5

Analysis of the number of cancer registrations by site shows that the most common cancers for Bay of Plenty residents are colorectal, prostate, breast, melanoma and lung cancer.

Average Number of Cancer Registrations per Year

BOPDHB Residents, 1998 – 2002

Cancer Site	Registrations
Colorectal	137
Prostate	118
Breast	107
Melanoma	102
Lung, trachea & bronchus	89
Leukemia & lymphoma	79
Kidney & Bladder	52

Cancer Site	Registrations
Head & Neck	25
Stomach	24
Uterus & Cervix	9
Total registrations*	1134

Note: Total registrations includes carcinoma in situ

Cancer Stage at Time of Registration

Analysis of the distribution of cancer stage data shows that there is evidence that cancer is tending to be detected at a later stage among Maori. Nearly one quarter of all cancer registrations among Maori have reached the stage of regional lymph nodes (7.8%) or distant metastases (16.3%). For non-Maori, less than one in five cancer registrations have reached this stage (7.1% for regional lymph nodes and 11.2% for distant metastases).

A much higher proportion of cancer for non-Maori is localised to the organ of origin (26.7%) compared with Maori (9.8%). A higher proportion of cancer registrations for Maori are at the earliest precursor stage of *in situ* (28.1%) compared with non-Maori (23.4%).

Stage of Cancer by Ethnicity BOPDHB Residents, 2002

Stage of Cancer	Maori	non-Maori	Total
In situ	28.1	23.4	23.9
Localised to organ of origin	9.8	26.7	24.8
Invasion of adjacent tissue or organ	3.3	4.9	4.7
Regional lymph nodes	7.8	7.1	7.2
Distant metastases	16.3	11.2	11.8
Not known	31.4	20.4	21.7
Not applicable	3.3	6.4	6.0
Total	100.0	100.0	100.0

Cancer Mortality

Analysis of cancer mortality data shows that lung cancer is the leading type of cancer causing death followed by colorectal cancer, breast cancer and prostate cancer.

Leading Types of Cancer Mortality by Site

Average number of deaths per year, BOPDHB, 1998 -2002

Cancer Site	Deaths per Year
Lung, trachea & bronchus	79
Colorectal	64
Breast	35
Prostate	33
Stomach	18
Melanoma	17
Pancreas	16
Non-Hodgkin's Lymphoma	16
Brain	12
Leukemia	12
Bladder	10
Liver & intrahepatic bile ducts	9
All cancer sites	423

Cervical Cancer Screening Data

The National Cervical Screening Programme collates data for the whole of New Zealand and enables comparison of screening coverage rates between age-groups, ethnic groups and geographical areas. *Coverage rate* is defined as:

“The number of women aged 20-69 years who have had a cervical smear or histology result in the three years prior to the end of the reporting month recorded to the NSCP expressed as a percentage women eligible for programmatic cervical screening in the New Zealand population”⁹.

The coverage rate calculations are adjusted for hysterectomy by reducing the denominator population according to the estimated prevalence of hysterectomy in the population. This data shows that:

- The Bay of Plenty has a better cervical screening coverage rate than New Zealand overall and for each ethnic group.
- Maori and Pacific Island people have the lowest cervical screening coverage rates in the Bay of Plenty.

Hysterectomy Adjusted Cervical Screening Coverage Rates by Ethnicity

Bay of Plenty and New Zealand, December 2006

	Maori	Other	PI	Asian	Total
Bay of Plenty	48.3	83.6	46.3	55.5	74.0
New Zealand	46.9	80.5	44.3	42.4	69.7

The Bay of Plenty has higher cervical screening coverage rates than New Zealand for all age groups and is doing particularly well among younger women compared with New Zealand as a whole. Cervical screening coverage rates are best for women aged 45-54 years.

Hysterectomy Adjusted Cervical Screening Coverage Rates by Age

Bay of Plenty and New Zealand, December 2006

Age	Bay of Plenty	New Zealand
20-24	60.3	54.5
25-29	74.5	68.7
30-34	73.4	70.3
35-39	75.4	72.7
40-44	73.5	72.9

⁹ Lewis, H., Beaulac, J., Wright, C., Jones, B., Brewer, N., Thomas, D., & Watson, B. (2006) *Rates of Participation, Coverage, Withdrawal and New Enrolment for the National Cervical Screening Programme*. National Cervical Screening Programme. Ministry of Health. Wellington.

Age	Bay Plenty	of New Zealand
45-49	76.6	75.7
50-54	78.1	75.5
55-59	72.3	72.1
60-64	71.1	69.5
65-69	63.5	61.4

Breast Cancer Screening Data

Breast Screen Midland collates breast cancer screening data for the central North Island area. This data shows that:

- The screening rate for eligible women in the BOPDHB area is 48% overall which is less than the national target of 70%
- The screening rate is generally lowest for Maori and Pacific Island women.
- Western Bay of Plenty District and Whakatane District have the lowest screening rates overall.

Percentage of eligible women aged 45-69 screened by Breast Screen Midland

BOPDHB, 2004 - 2006

	Maori	Other	Pacific	Total
Tauranga	28	55	38	52
Western BOP	24	45	25	43
Kawerau	33	69	220	52
Opotiki	38	54	80	47
Whakatane	29	51	50	44
BOPDHB	30	52	43	48

It should be noted that for some of these rate calculations the number of events is very small and low absolute variations in numbers can result in anomalous rates. For example, in Kawerau the census data for the eligible population of Pacific women only indicated a population of 5 while 11 Pacific women were screened resulting in a screening rate of 220%.

Service Overview

The following section provides a brief overview of the Bay of Plenty services based on the NZCCS cancer continuum.

Cancer services in the BOPDHB area are comprised of:

- Primary prevention delivered by public health services and primary healthcare providers including five Primary Health Organisations.
- Screening, either through primary health care providers or within the national breast and cervical cancer screening programmes.
- Diagnosis of a suspected cancer by a range of primary, secondary and tertiary clinicians.
- Assessment of the extent and seriousness of the cancer, this service is provided at a secondary hospital level.
- Initial treatment of the cancer by surgical removal if appropriate.
- Provision of specialist in-patient nurse advice and technical care.
- Referral to a specialist tertiary oncology/radiotherapy service in either Waikato Hospital or Starship Hospital in Auckland.
- Provision of outpatient chemotherapy services provided by the secondary level hospital and oncology outreach from the tertiary cancer services.
- Community based specialist oncology/palliative care district nursing services.
- Provision of supportive care, information and advice from community cancer support networks provided by a variety of groups such as The BOP Cancer Society, The Child Cancer Foundation and The Breast Cancer Support Group.
- Provision of palliative care expertise and support.

Primary Prevention and Screening

Primary prevention of cancer focuses on organised public health programmes designed to eliminate, modify or limit harm from those factors that are recognised to contribute to the development of cancer. Organised programmes around the following issues have been available in the BOPDHB for a number of years and include:

- Tobacco control, and smoking cessation
- Promotion of increased consumption of fruits and vegetables
- Prevention of melanoma skin cancer
- Prevention of liver cancer through vaccination from Hepatitis B, and prevention programmes for hepatitis C eg needle exchange programmes
- Promotion of increased physical activity for older people
- Surveillance and control of environmental risk factors
- Primary care programmes focusing on the identification of patients with known cancer risk factors and the development of opportunistic screening and prevention programmes, such as the use of “green prescriptions”¹⁰
- Provision of national population based cancer screening programmes such as breast and cervical cancer screening.

More recent public health primary prevention activities have been undertaken to reduce inequities in health and function status for populations, by working with communities around poverty, civic participation and organised community action. In future, vaccination against cancer-causing

¹⁰ Green Prescriptions are prescribed personal behavioural and lifestyle practices provided by primary care practitioners to people identified as having risks

organisms may be introduced, such as vaccination against Human Papilloma Virus to prevent cervical cancer.

Secondary Services

1. Diagnostic Imaging and Laboratory services

Local diagnostic imaging and laboratory (including histological pathology) services provide a responsive, timely and technically competent service to clinicians. This service has developed through a range of public and private partnerships. Diagnostic imaging plays a role in two aspects of the cancer continuum

- Provision of population screening services such as Breastscreen Aotearoa
- Imaging to confirm diagnosis and extent of cancer

2. Paediatric Cancer

Specifically for paediatric cancer patients, respondents noted that paediatric cancer services are currently responsive and organised around meeting patient and family/whanau needs in a timely and appropriate manner.

The paediatric cancer model is made up of a local organised team with an identified 'leader/champion' responsible for ensuring continuity of care, information and knowledge transfer, and liaison with the tertiary oncology service. Paediatric cancer is delivered within an organised structure, with identified roles, responsibilities, competencies and accountabilities.

3. Local Chemotherapy Services

This service is staffed by expert chemotherapy nurses providing a well-respected and technically competent service and taking a patient-centred approach around integrated service provision.

This service provides the hub of local adult oncology services and is an essential component in the successful delivery of treatment. The Chemotherapy team maintains close links with the Regional Tertiary Cancer centre in Hamilton to compensate for a lack of direct medical supervision.

4. Oncology/Palliative Care District Nursing Service

Specialist community nursing services provide an essential interface service between the patient family/whanau and community and hospital service. The Oncology/Palliative Care District Nursing service provides expert advice and support to patient, families and whanau across a large geographic area and provide support and information to in-patient staff. There are only 5 Oncology/Palliative Care District Nurses currently available in the Bay of Plenty.

5. Specialist In-patient Cancer Nurse Services

A small number of expert inpatient cancer nurses currently provide a variety of cancer services to patients undergoing diagnosis and initial treatment, such as breast and colorectal surgery. Their role includes technical advice and care to patients, as well as support and information about treatment procedure and options.

This specialist nursing knowledge and care does not sit within an organised cancer structure, but is provided by experienced dedicated nurses who undertake these roles in addition to their daily work as ward nurses. They are called on to provide the specialist skills across the whole spectrum of hospital areas. Fellow ward nurses and management provide as much support as possible for the specialist cancer nurse role and activity.

Specialist Tertiary

Adult tertiary cancer services to meet the needs of the Bay of Plenty population are provided by the Waikato District Health Board through facilities located at Waikato Hospital, one of 6 specialist cancer centres in the country. This cancer service provides care for the Midland region DHBs namely Lakes and Waikato as well as the Bay of Plenty. Cancer referrals from the Bay of Plenty provide 30% of the workload for this service, Lakes between 17-20% and Waikato the remaining 50%.

The tertiary cancer service includes:

- Specialist surgical services such as cardiothoracic and orthopaedic care
- Medical oncology (chemotherapy)
- Radiation oncology (radiotherapy)
- Nuclear medicine
- Provision of outreach clinics with follow up provided in the larger district localities

The Regional Cancer Centre, on receiving referrals from the Bay of Plenty, initiates the following:

- Assessment of the stage and responsiveness of the cancer to treatment
- Preparation for the start of treatment such as,
 - Measurement for precise targeting for radiotherapy.
 - The manufacture of specialist individualised equipment needed as part of the intended treatment. This may include shields and masks to protect patients while undergoing radiotherapy.
- Provision of a defined treatment regimen such as the appropriate mix of chemo- and radio-therapy.
- Provision of ongoing follow up care and continued assessment of any changes or progression of the disease and any additional treatment options
- Provision of palliative radiotherapy for symptom relief and quality of life.

The Regional Cancer Centre is recognised by patients and their families/whanau and Bay of Plenty clinicians as providing an excellent service. The ability of patients and clinicians to access and receive advice including ongoing support, even at a distance, was identified as very valuable.

Bay of Plenty's Cancer Control Progress

BOPDHB has already made significant progress in terms of its Cancer Control Strategy. Many services and/or programmes purchased as part of our standard purchasing framework are working well and being constantly aligned to patterns of demand/capacity/capability as part of our annual purchasing strategy. More recent initiatives, some funded with the support of new Cancer Control Initiative money, have been started in 2006/07 and are noted below.

- Active membership of the Midland Cancer Network with Waikato DHB as the lead. This is the first regional cancer network to be endorsed within New Zealand.
- 'Project Hope' Cancer centres with building design work well underway and construction due for completion in Tauranga by 2008. The aim with these facilities is to provide more localised support for cancer sufferers as well as enabling the Community to find out more about cancer.
- Successful implementation of the age extension of BreastScreen Midland service.

- Participation in the comprehensive patient mapping of the major tumour groups being undertaken by the Midland Cancer Network. This project represents a significant achievement and lays the foundation for service improvement to patients and family/whānau.
- Funding support for the establishment of a regional clinical director's position based in Waikato.
- Membership of the Midland Region Non-Surgical Cancer Treatment Services Operations Network.
- Funding support for Telemedicine linkages between Te Kaha and Whakatane in order to better manage access issues and make the best use of limited diagnostic resources.
- District wide review and redesign of Palliative Care service and establishment of a Palliative Care Network.
- A Patient Mapping Project for Palliative Services with the aim of identifying service gaps and aligning service provision to the palliative care strategy.
- The development of new home based support services for palliative patients in the Western Bay of Plenty.
- Development of the Modifiable Chronic Conditions Programme of Care.
- Appointment of a HEHA Development Manager, tasked with planning and coordination of the Mission on project targeted at 0-24 year olds, preparation of the District HEHA Plan, establishment of a District HEHA Strategic Group and Education sub-group, and support for the introduction of the new Food and Beverage Guidelines in schools and pre-schools.

Service Gaps

While the breadth and depth of cancer control service coverage is extensive in the Bay of Plenty, there continue to be service gaps. An absence of multidisciplinary teams, limited psycho-social support for patients, a lack of systemic care coordination, and access issues in the more rural areas of the region are all gaps that have been identified and to some extent addressed with the application of new funding received in 2006 as part of the cancer-control strategy. Where the most ground can be made however, in terms of improving cancer control services, is to focus on the quality of the interaction between existing services rather than adding new ones.

Patient pathway mapping projects have identified the patient's experience along the continuum of care as fragmented, disjointed and lacking consistency across the various cancer types. The problem exists at both a local and regional level, between primary, secondary and tertiary providers. A model of care which provides for effective coordination between the various and disparate services patients is required. This model needs to be supported by financial and organisational drivers that encourage entities to stop working as separate agents along the continuum of care and start working as part of a cohesive whole.

Key Focus Areas

A number of the population and service characteristics noted above will significantly influence how cancer services develop and are delivered over the next four years. In absolute terms, the overall burden of cancer is unlikely to change. What will change is the mix of cancers making up that burden and the increasing prevalence of others.

Structural ageing, particularly amongst the oldest old people in the district, will continue to influence service delivery decisions including the volume of services required. The type and timing of interventions will be influenced by such population data as that which shows detection amongst Maori tends to occur predominantly after the cancer is well-advanced.

The key focus areas arising from this stage of the situational analysis and the implications these findings have for cancer service development are listed below in the form of Goals.

Goal 1 Reduce the number of people experiencing cancer

Issues have been identified concerning the advanced state of some cancers prior to diagnosis or treatment. A correlation exists between the lower uptake of screening programmes amongst various population groups and the advanced state of some cancers upon diagnosis. There is also a need to investigate why uptake is so variable as well as aligning our efforts with national and regional initiatives in this area.

IA strategy of focusing on the preventable 'distal risk factors' that contribute to overall cancer risk is required.

Goal 2 Create a system of care that improves the patients journey through coordinated interventions across the continuum of care activities which maximises quality of life

Wide variations in the quality and effectiveness of patient pathways within BOPDHB secondary services have been noted. These variations will be further compounded with the likely rise and fall of incidence of certain cancers that will in turn require a system of care that is flexible and responsive. An increasingly ageing population will lead to an increased need for comprehensive integrated community and support service for older persons. There will also be increased presentation of the very oldest old with cancer and complex chronic conditions co-morbidities requiring integrated medical management

An 'organising framework' for a whole of systems approach which optimises current infrastructure and facilitates leadership is required at a local level. In order for variability of care to be reduced and future developments to be incorporated into service design, the system will need:

- A focus on service development and outcome evaluation
- Links to evidence based and person centred processes
- Learning at all levels, particularly through the application of processes or 'how we do things' on a daily basis.

On a broader scale, support for national and regional work to improve patient pathways must be ongoing. The advantages available to the DHB from its membership of a coordinated Cancer Control Network must also continue to be maximised.

Goal 3 Continuously improve cancer care resources, infrastructure and support

The second goal, identified above, which is essential to the patient centred journey, can be best achieved through Goal 3. What is required is coordinated planning around priorities of need, contracting services to meet that need, and transferring learning within the system in the pursuit of constantly improve the process. The essential 'interlinked and sustainable' elements needed for the success of such a system includes:

- Leadership at all levels

- Supportive environments that are receptive to improvement and change
- Structures which focus on and promote whole of system improvements

In order to progress all of the above goals, a system is required that has as its mainstay a commitment to:

- Workforce development, accreditation and credentialing
- Efficient use of workforce, equipment and infrastructure
- Coordination of support for patients/family/whanau
- Knowledge and learning at every opportunity.

The Role of Information Management

For each of the detailed goals above to be realised, BOPDHB will need to action a connected system for information collection, collation, analysis, and transfer that meets a number of needs. The core elements of this system are encapsulated within the following statements of strategic information management direction:

1. Better strategies for cancer surveillance through improved population information including:
 - chronic conditions registers
 - formalised PHO population needs assessment
 - Intersectoral collaborative databases including environmental and social determinants
2. Improved access to cancer care through better monitoring, tracking and management systems to enable reduced waiting times for:
 - primary health care diagnosis and review
 - referred services - diagnostic procedures (laboratory, imaging)
 - first specialist assessments at a secondary level
 - invasive interventions and procedures (biopsies, surgery etc)
 - first specialist assessments – regional cancer service (including paediatric)
 - radiation therapy
 - systemic (including chemo-) therapy
3. Enhanced cancer system performance to ensure that resources available to the cancer system are leading to the best possible outcomes and continue to do so requires:
 - Systems to enable data tracking, referral and analysis of capacity for the District Cancer Control Plan particularly to highlight bottlenecks or constraints in the system including

human resource constraints and the identification of mitigation strategies to reduce or remove these constraints

- Systems that provide monitoring and performance analysis of the District Cancer Control Plan to enable mitigation strategies, identify best practice and increase efficiency
4. Support for optimal clinical decisions by providing IT care programmes designed to help caregivers make the most appropriate clinical decisions and prevent clinical errors through:
 - Computerised physician order entry systems
 - Clinical decision support tools – e.g. the Collaborative Guidelines Initiatives
 - Providing guidance at the point-of-care that is evidence-based, rapidly accessible and assists with making effective clinical decisions
 - Ensuring alignment of all national, regional and local electronic health records
 5. Facilitation of 'new knowledge' through the implementation of systems that support cancer networks that incorporate:
 - Communication and dialogue capability
 - The ability to enable cooperative exchange of ideas, innovative solutions and challenges
 - Information banks – tumour banks, research programmes, etc.
 6. Support for the integrated delivery of cancer care at point of care, management, information and technology levels to achieve a coordinated approach across providers and be a key enabler to achieving improved quality and access through establishing a national cancer coalition encompassing both the District Cancer Control Technical Advisory Forum and links with the Midland Cancer Network.

To support the six strategic directions in information management, there is a need for:

- Access to merged and linked primary health care (PHO) data that informs the Board regarding health risks, risk factors, diagnosis, treatment and overall cancer burden to provide the board the ability to target cancer control interventions as well as to evaluate the interventions within the Programmes of Care
- Measurement of variation in care on agreed protocols
- Identification of information patients/family/whanau require for each stage of the journey
- Identification of bottlenecks in the patient journey to enable action to be taken that will remove these constraints.
- Understanding of current service utilisation, future innovations in care and future population demographic makeup and use these to predict future need
- Systems that support transferable learning through organising knowledge at the point-of-care, allow for resource deployment, mapping and continuity management.
- Data capture identifying targets/indicators that will reflect performance against key outputs and outcomes

- Integrated informatics infrastructure, use of Electronic Clinical Records that are sufficiently standardised and capable of aggregation of data that enables a chronic disease reporting system

Section Three: Bay of Plenty DHB Cancer Control Action Plan

Section one and two provided the strategic context and overview of the burden of cancer within the Bay of Plenty DHB, as well as outlining what the BOPDHB is doing to address cancer control at both a DHB and Midland region level.

The priorities and implementation strategies are evolving at a national and regional level. The BOPDHB Cancer Control Action Plan focuses on the NZCCS Action Plan goals/phase one priorities and aligns with the Bay of Plenty District Health Board District Strategic and Annual Plan 2006-07 and 2007/2008.

This section identifies the key priorities for the BOPDHB in relation to the phase one priorities and plans objectives, where possible, for the next four years.

Funding for the Action Plan

The BOPDHB Cancer Control Action Plan identifies resources required to achieve each objective as follows:

- the actions can be achieved within existing resources
- an increase in the level of resourcing is required
- new resources will be required to support the achievement of the objective.

Any known additional targeted funding from the Ministry (i.e. HEHA leadership and co-ordination, nutrition fund) has been considered in the plan. Ministerial priorities highlighted in our District Annual Plan for the current year are also acknowledged (Cancer Control, Tobacco Control, Early Diagnosis). A business case via the prioritisation process will be required for new and/or increased funding.

On the whole, this plan has focused on what improvements to cancer control can be achieved within existing resources and/or known new targeted funding.

Cancer Control Action Plans 2006-2010

TO REDUCE THE INCIDENCE & IMPACT OF CANCER & TO REDUCE INEQUITIES WITH RESPECT TO CANCER				
Medium Objective	Actions	Measures/Milestones	Timeframe & Resources¹¹	Key Stakeholders
Reduce the rate and effects of cancer for the Bay of Plenty DHB resident population through implementation of the NZ Cancer Control Action Plan	Incorporate prior review material, NZCCS, DAP input to develop a DHB Cancer Control Action Plan which appropriately reflects population priorities and seeks to reduce inequalities to meet the 6 goals identified in the NZ Cancer Control Action Plan 2005-2010.	Plan developed and submitted to the Ministry of Health.	February 2007 Existing (done)	Midland Regional Cancer Control Network PHOs NGOs Provider Arm DHB Planning & Funding Consumers Ministry of Health
Participate in the Midland Region Cancer Network	Assist with the implementation of approved recommendations from the Midland Region Cancer Control Network Report within available resources Contribute resource where possible in support of Regional Projects and Structure and (Mapping Project, Clinical Director position)\	Attendance at Midland Region Cancer Network. Number of network recommendations implemented. Resource contributions to Regional Network	2006-07 Existing Existing (done)	Midland DHBs Ministry of Health

¹¹ Resources = existing, increased, new

TO REDUCE THE INCIDENCE & IMPACT OF CANCER & TO REDUCE INEQUITIES WITH RESPECT TO CANCER				
Medium Objective	Actions	Measures/Milestones	Timeframe & Resources	Key Stakeholders
	Contribute to the development of a Midland Region Cancer Control Action Plan 2007-2010 which appropriately reflects Midland DHBs population priorities and reducing inequalities to meet the 6 goals identified in the NZ Cancer Control Action Plan 2005-2010	Midland Cancer Control Action Plan developed & endorsed by Midland DHB CEOs Annual report on progress completed	June 2008 (raised at midland meeting. Resource issues Jan Hewitt looking to appoint a PA) Ongoing Existing	Midland Cancer Network Midland DHBs Ministry of Health
	Contribute to the development of a Cancer Network communications plan to market, inform and raise awareness of Midland Cancer Network.	Communications Plan developed and implemented.	Ongoing (raised at midland meeting. Resource issues Jan Hewitt looking to appoint a PA) Existing	Midland Cancer Network WebHealth Cancer Control Council
	To participate in national activities related to cancer control		Ongoing	Midland Cancer Network
Ensure there is an integrated surgical cancer service for the Midland region	Help develop a Midland Surgical Cancer Treatment Plan, linking with NSCT Plans and patient mapping	Midland Surgical Cancer Treatment Plan developed with actions plan	2008 – 2010 (raise at midland meeting)	Midland Cancer Network Surgical Services

TO REDUCE THE INCIDENCE & IMPACT OF CANCER & TO REDUCE INEQUITIES WITH RESPECT TO CANCER				
Medium Objective	Actions	Measures/Milestones	Timeframe & Resources	Key Stakeholders
Participate in the development of a Midland Gynaecology Model of Care	<p>Map the current ovarian cancer pathway</p> <p>Identify Midland MOC for gynaecology</p> <p>Work collaboratively with Northern DHB Gynaecology project</p>	<p>Pathway mapped</p> <p>Model of Care and action plan developed with implications</p>	<p>2007-08</p> <p>Midland Cancer Network</p> <p>Existing (unless gap identified) (raise at midland meeting)</p>	<p>Midland & Northern Cancer Networks</p> <p>Site Specific Teams</p>
Reduce the inequalities of cancer for the BOPDHB resident population at every stage of the cancer continuum	<p>Assess all initiatives for their contribution toward addressing inequalities</p> <p>As part of the patient mapping project examine each cancer for area of inequalities</p>	<p>Reduced inequalities through identification of inequalities and development of actions to address</p> <p>Number of patient pathways charted (See Objective 3 template)</p>	<p>2006-2010</p> <p>Existing (unless gap identified) (update at midland meeting)</p>	<p>All</p> <p>Midland Cancer Network</p>

GOAL 1: REDUCE THE INCIDENCE OF CANCER THROUGH PRIMARY PREVENTION				
Medium Objective	Actions	Measures/Milestones	Timeframe & Resources	Key Stakeholders
Minimise harm caused by tobacco smoking (OBJECTIVE 1)	Maintain activities to maximise compliance with Smokefree Environments Act 2003 within BOPDHB district	Report on non-compliance of Smokefree Environments Act 2003	2006-2010 Existing (is this going in the plan?)	Public Health
Achieve Māori Health Gain in relation to harm caused by tobacco smoking (OBJECTIVE 1)	Data collection and sharing between PHOs and BOPDHB	To record the number and smoking status of PHO enrolled persons >14	2006-2010 Existing (underway. BOP is v successful in collecting this info)	PHOs Planning & Funding
Reduce inequalities for Māori, Pacific people and people who live in areas of low socio-economic status relating to harm caused by tobacco smoking (OBJECTIVE 1)	Continue implementation of BOPDHB Smokefree Policy Training programmes are provided for all frontline staff relating to 'Systems First – supporting smokefree leadership in NZ hospitals' Maintain system of documenting hospital admission smoking status. Offer intervention for patients Use data to target effective smoking cessation	Report on compliance of BOPDHB Smokefree policy	2006-2010 Existing	BOPDHB Public Health
	Improve collaboration between providers of population based cessation programmes supporting youth/rangatahi cessation/cancer prevention	Report on and share local and national research	2006-2010 Existing (unless gap identified)	Public Health BOPDHB

GOAL 1: REDUCE THE INCIDENCE OF CANCER THROUGH PRIMARY PREVENTION				
Medium Objective	Actions	Measures/Milestones	Timeframe & Resources	Key Stakeholders
Reducing inequalities for Māori, Pacific people and people who live in areas of low socio-economic status relating to harm caused by tobacco smoking (OBJECTIVE 1)	Continue to support programmes that focus on smoking cessation for Māori	Report on collaborative population based and cessation programmes that work with high need Māori and Pacific populations Report on interventions for youth/ rangatahi and pregnant women Report on smokefree activities within Health Promoting Schools	2006-2010 Existing (unless gap identified)	BOPDHB Māori and Pacific providers PHOs Health Promotion Te Manu Toroa
District wide implementation of the HEHA Strategy (OBJECTIVE 2 & 3)	Maintain HEHA implementation interagency group that includes members from local providers, local government agencies and NGOs. Interagency group carries out a stocktake on progress to date against HEHA implementation plan.	Gaps within HEHA implementation plan are identified	2006-2010 Existing	BOPDHB HEHA Steering Group Population Health
Implementation of the 'Mission on' package of initiatives	Implement the leadership and co-ordination service programme Implement the 'Nutrition Fund'	Programme implemented over the next 4 years	2006-2010 New Ministry of Health CFA pathway identified	DHB HEHA Steering Group Population Health

GOAL 1: REDUCE THE INCIDENCE OF CANCER THROUGH PRIMARY PREVENTION				
BOPDHB Cancer Action Plan Goal to reduce the number of people¹² experiencing cancer				
Medium Objective	Actions	Measures/Milestones	Timeframe & Resources	Key Stakeholders
Strengthen the prevention, early detection and cancer screening aspects of the cancer control continuum. Reduce inequalities in relation to improving nutrition and increasing level of physical activity (OBJECTIVE 2 & 3)	There is an increase in the percentage of Decile 1-4 Health Promoting Schools.	Report of the number of new and existing schools committed to becoming, Health Promoting Schools.	2006-2010 Existing	All PHOs Toi Te Ora Education
Reducing inequalities for Māori, Pacific people and people of low socio-economic status relating to improving nutrition and increasing the levels of physical activity	Development of the nutrition and physical activity workforce especially for Māori and Pacific people	Scholarship/internships and/or training is provided by DHB/PHOs to NGOs that support the development of nutrition and physical activity programmes by Māori and Pacific providers	2006-2010 Existing	Public Health BOP Primary Health Māori & Pacific providers
Reducing the incidence	Continue to fund 'Active Families'	Progress reports to	June 2007	BOPDHB

¹² People in this context refers to individuals, their families/whanau and communities

GOAL 1: REDUCE THE INCIDENCE OF CANCER THROUGH PRIMARY PREVENTION				
BOPDHB Cancer Action Plan Goal to reduce the number of people¹² experiencing cancer				
Medium Objective	Actions	Measures/Milestones	Timeframe & Resources	Key Stakeholders
of obesity and improving the levels of physical activity.	programme through Sports Bay of Plenty	CPHAC	Existing	Sport Bay of Plenty
Reduce the number of people developing infectious disease related cancers(OBJECTIVE 5)	Improve acceptability of vaccination in general, and specifically raise rates for Hepatitis B vaccination	Monitor vaccination rates for Hepatitis B	Ongoing	Public health All PHOs
	Reduce Hepatitis C infection rates in specific sub-populations	Monitor infection rates for Hepatitis C	Ongoing	Public health
	Introduce other vaccination programmes once approved nationally	Introduce HPV vaccination programme once approved.	2007-2010	Community Child and Youth Health Services
	Audit the HBV cases over the last four years, in particular looking at the process of information provided to cases & contact tracing	Audit completed. Findings will guide further actions.	2006-2010 Existing	Public health
Reduce the number of people developing infectious disease related cancers(OBJECTIVE 5)	Audit the HBV cases over the last four years, in particular looking at the process of information provided to cases & contact tracing	Audit completed. Findings will guide further actions.	2006-2010 Existing	Population Health

GOAL 2: TO ENSURE EFFECTIVE SCREENING & EARLY DETECTION TO REDUCE INCIDENCE & MORTALITY				
Medium Term Objective	Actions	Measures/Milestones	Timeframe & Resources	Key Stakeholders
Strengthen the prevention, early detection and cancer screening aspects of the cancer control continuum.	Identify the number and percentage of Māori & Pacific women eligible for the screening programme by TLA and ward. Use this data to inform planning of mobile screening units.	Baseline is determined and specific health promotion activities are targeted at the areas where there is a high proportion of eligible Māori & Pacific women in areas of low screening uptake	June 2007 Existing	BreastScreen Midland (Bay of Plenty Area) Poutiri
Reduction on breast cancer mortality for Māori and Pacific women aged 55-74 years	Monitor the number and percentage of Māori and Pacific women eligible for the screening programme by site and TLA	An increase in the coverage of BreastScreen Aotearoa for Māori and Pacific women	Ongoing Existing (Check with Steve Harris)	BreastScreen Midland (Bay of Plenty Area) Poutiri
	Encourage and facilitate Māori health workforce growth and development. Retention of Māori staff within screening services and encouragement of recruitment of Māori to new vacancies	Increased Māori workforce within BreastScreen services	June 2007 Anticipate increased resource required (Check this out with Steve Harris)	
	Identify opportunities for shared learning and development with Māori providers on screening services	Education and learning occurs in forums open to all providers	December 2007 Existing Maori Health – Any providers out there doing this work.	BreastScreen Midland (Bay of Plenty Area) Poutiri
Increase the	Identify any issues of access and to	An increase in the	Ongoing	BreastScreen

participation of Māori and Pacific women in the National Cervical Screening Programme	develop and implement plans accordingly	coverage rate, especially among Māori and Pacific women	Existing	Midland (Bay of Plenty Area) Poutiri
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GOAL 2: TO ENSURE EFFECTIVE SCREENING & EARLY DETECTION TO REDUCE INCIDENCE & MORTALITY				
Medium Term Objective	Actions	Measures/Milestones	Timeframe & Resources	Key Stakeholders
Identify and implement strategies to increase coverage of BreastScreen Aotearoa in the BOP region	Provide screening via a more mobile service by increasing the number of mobile units from two to three	Third mobile unit is providing screening service	February 2007 Increased (funding stream identified)	BreastScreen Midland (Bay of Plenty Area)
	Ensure mobile schedule maximises the opportunity to improve screening uptake rate	An increase in the % of eligible women who have a breast screen within 24 hrs	December 2008 Existing	BreastScreen Midland (Bay of Plenty Area)
	BreastScreen Midland work with PHOs to maximise opportunity for enrolling eligible women enrolled in a PHO into BSA programme	An increase in the number of GP referrals of eligible women into the BSA programme	Ongoing Existing	BreastScreen Midland (Bay of Plenty Area) PHOs
Reduction in cervical cancer mortality for Māori and Pacific women in BOPDHB	Develop and implement an appropriate health promotion plan that specifically targets the needs of Māori and Pacific women	A reduction in the rate of cervical cancer among Māori and Pacific women	December 2010 Existing	BreastScreen Midland (Bay of Plenty Area)

GOAL 2: TO ENSURE EFFECTIVE SCREENING & EARLY DETECTION TO REDUCE INCIDENCE & MORTALITY				
Medium Term Objective	Actions	Measures/Milestones	Timeframe & Resources	Key Stakeholders
Reduction in breast and cervical screening inequalities	<p>Appropriate planning and targeting of communities in the BOPDHB through the application of the HEAT tool</p> <p>Consult on proposed changes in Cervical Screening Programme Laboratory Strategy.</p>	<p>HEAT applied to policy and funding decisions</p> <p>Feedback to NSU</p>	<p>December 2010 Existing</p> <p>February 2007 (second round of consultation underway. Due date 5 October 2007)</p>	<p>BreastScreen Midland (Bay of Plenty Area)</p> <p>Planning & Funding</p>
Strategic approach for BOPDHB population with familial risk (OBJECTIVE 1 & GOAL 3)	<p>Participate in national work programme</p> <p>Build capacity for 1-1 screenings/interventions where reliable screening programmes do not exist</p> <p>Analyse uptake of screening programmes particularly in rural areas</p>	<p>Pathway mapped</p> <p>Barriers to access identified and removed</p>	<p>June 2007</p> <p>Existing (unless gap identified)</p>	<p>Midland Cancer Network</p> <p>Site Specific Teams</p>

GOAL 3: ENSURE EFFECTIVE DIAGNOSIS AND TREATMENT OF CANCER TO REDUCE MORBIDITY & MORTALITY				
Medium Term Objective	Actions	Measures/Milestones	Timeframe & Resources	Key Stakeholders
<p>Establish a district cancer technical advisory group (CTAG) to develop and apply innovative models of care</p> <p>Assist with Mapping and improvement of the patient's journey for the major tumour groups¹³ (OBJECTIVE 3)</p> <p>Reduce inequalities</p>	Develop and implement recommendations from the Midland Region Patient Mapping Project within available resources.	Site specific Action Plans developed and recommendations implemented within allocated resources	Ongoing Patient Mapping Manager Existing (unless gap identified)	Midland Cancer Network Funding and Planning Provider Arm PHO GP NGO
<p>Ensure timely and acceptable access to cancer services by establishing standards (OBJECTIVE 1,2, 3)</p>	Opportunities for improvement in the major cancer pathways identified.	Action Plans developed	2006-07 Midland Cancer Network Existing (unless gap identified)	Midland Cancer Network CTAG
	Identify opportunities for improvement in patient pathways for colorectal and prostate conditions	Action Plans developed	2007-08 Midland Cancer Network	Midland Cancer Network CTAG

¹³ Links with Midland Region Non-Surgical Cancer Treatment Implementation Plan 2005-2010

GOAL 3: ENSURE EFFECTIVE DIAGNOSIS AND TREATMENT OF CANCER TO REDUCE MORBIDITY & MORTALITY				
Medium Term Objective	Actions	Measures/Milestones	Timeframe & Resources	Key Stakeholders
			Existing (unless gap identified)	
	Map haematological conditions pathways and opportunities identified via workshops	Pathways mapping and Action Plans developed	2008-09 Midland Cancer Network Existing	Midland Cancer Network CTAG
To ensure an integrated surgical cancer service for the Midland region	Develop a Midland Surgical Cancer Treatment Plan, linking with NSCT Plans and patient mapping	Midland Surgical Cancer Treatment Plan developed with actions plan	2008 - 2010	Midland Cancer Network Surgical Services
Implement the Midland Region Non-Surgical Cancer Treatment Service Plan (refer to Plan for more detail)	The Midland Region Operations Network continues to implement the Non Surgical Cancer Treatment Service Implementation Plan 2005 – 2010 recommendations	Annual report on progress	June each year Existing	Midland Cancer Network CTAG
Plan for capital expenditure	Continue to implement the anticipated capital expenditure plan within resources Complete telemedicine network	Cancer Centres in place Satisfaction surveys Equipment in place	Ongoing Increased - planned	Midland Cancer Network Project Hope Committee Provider arm CTAG
Strengthen multidisciplinary care for cancer patients	Identify and resource strategies that enhance 'multi-disciplinary cancer teams'	CTAG agree strategy	2006-2010 Existing (unless gap identified)	Midland Cancer Network CTAG
	Review care co-ordination & options identified for improving links with	Care co-ordinator roles developed (within	2006-2010	Midland Cancer

GOAL 3: ENSURE EFFECTIVE DIAGNOSIS AND TREATMENT OF CANCER TO REDUCE MORBIDITY & MORTALITY				
Medium Term Objective	Actions	Measures/Milestones	Timeframe & Resources	Key Stakeholders
	community services and provider arm services (linked with patient mapping) Development of care co-ordinators to facilitate the delivery of appropriate services	allocated resources) for major tumour groups) Patient care co-ordinated	Increased Ongoing -Anticipate increased	Network CTAG Māori health providers

GOAL 4: IMPROVE THE QUALITY OF LIFE FOR THOSE WITH CANCER, THEIR FAMILY AND WHANAU THROUGH SUPPORT, REHABILITATION AND PALLIATIVE CARE				
Medium Term Objective	Actions	Measures/Milestones	Timeframe & Resources	Key Stakeholders
Implement the New Zealand Palliative Care Strategy (OBJECTIVES 6 & 7) (refer to Palliative Care Strategy Plan and Action Plan for more detail)	Evaluate the implementation of the BOPDHB Palliative Care Strategy	Annual action plan developed report on progress completed Implementation vs Strategy Intent.	2006-2010 June each year Existing December 2007	Planning and Funding CTAG Bay of Plenty Palliative Care Network.
	Undertake patient mapping exercise.	<ul style="list-style-type: none"> Patient mapping completed 	June 2008	Bay of Plenty Palliative Care Network
	Implement the BOPDHB palliative care model into secondary care services	<ul style="list-style-type: none"> Recommendations implemented in prioritised order. 	2007 – 2009	Bay of Plenty Palliative Care Network
	Continue to participate in the development of national palliative care definitions and service specifications	Integrated palliative care service specifications to meet the population needs	2006-2010 Undetermined specifications developed not as yet	Midland Cancer Network Planning and Funding CTAG National Working Party
	Ensure there are adequate Hospice community services for respite and symptom control	Reduction in Acute Hospital admissions	2008-2010 Existing	Midland Cancer Network Planning and Funding CTAG

GOAL 4: IMPROVE THE QUALITY OF LIFE FOR THOSE WITH CANCER, THEIR FAMILY AND WHANAU THROUGH SUPPORT, REHABILITATION AND PALLIATIVE CARE				
Medium Term Objective	Actions	Measures/Milestones	Timeframe & Resources	Key Stakeholders
Essential psychological services are available to support the needs of those with cancer	<p>To scope and prepare business case for the establishment of an integrated and collaborative psycho-social services</p> <p>On approval of business case and identified revenue stream implement psycho-social service</p> <p>Support development of psycho-social programme 'cancer suffers' delivered by Maori provider.</p>	Psych-social model of care and framework developed and implemented for the BOPDHB	<p>2007-2008</p> <p>Existing</p> <p>New</p>	<p>Midland Cancer Network</p> <p>Planning and Funding</p> <p>CTAG</p> <p>Cancer Society</p> <p>Kimi Hauora Trust.</p>

GOAL 5: IMPROVE THE DELIVERY OF SERVICES ACROSS THE CONTINUUM OF CANCER CONTROL, THROUGH EFFECTIVE PLANNING, CO-ORDINATION AND INTEGRATION OF RESOURCES AND ACTIVITY, MONITORING AND EVALUATION				
Medium Term Objective	Actions	Measures/Milestones	Timeframe & Resources	Key Stakeholders
Reduce inequalities through use of the Health Equity Assessment Tool (HEAT)	Utilise the HEAT tool in prioritisation and decision making processes	HEAT applied to all policy and funding decisions	2007-2010 Existing	Planning and Funding CTAG
Develop a co-ordinated cancer workforce strategy (OBJECTIVE 1)	Participate in national workforce planning activities Work within the Midland Cancer Network to ensure consistency in recruitment, support and management of workforce for cancer services in BOP	Participate in workforce planning	2006-2010 Increased	Midland Cancer Network
	Continue to support training and development programmes for the specialist palliative care nurses and general practice within Bay of Plenty	Adequately trained and supported workforce	2006-2010 Existing	Bay of Plenty DHB
	Integrate cancer control workforce requirements into the BOPDHB workforce plan ensuring consideration of cancer workforce shortage for Māori and Pacific peoples Develop a business case for a clinical training school in the Bay of	Workforce plan for cancer control integrated in Waikato DHB Workforce Plan Case is accepted and the project scoped	2006-2010 Increased – refer to MRNSCT Plan & Waikato Palliative Care Strategy Plan June 2008	Midland Cancer Network CTAG Human Resources Service Clinical directorate

	Plenty. Develop a business case for a resident medical oncologist/haematologist linking to Midland services	Business case completed.	October 2007	
Implement a 'whole of systems' approach to cancer control	Apply the BOPDHB chronic progressive conditions model to provide and organising framework..	Model developed and applied.		Midland Cancer Network Funding

GOAL 6: TO IMPROVE THE EFFECTIVENESS OF CANCER CONTROL IN NZ THROUGH RESEARCH & SURVEILLANCE				
Medium Term Objective	Actions	Measures/Milestones	Timeframe & Resources	Key Stakeholders
Improve the use, efficiency and scope of data collection and reporting (OBJECTIVE 2)	Educate staff on the values of accurate ethnicity data collection	Improved and consistent collection of ethnicity data	2007-2010 Existing	Provider Arm PHOs NGOs
Standardised clinical cancer data set	Participate in national dataview project Implement recommendations within allocated resources	Improved availability of data for analysing, planning, monitoring and evaluation	2006-2010 Undetermined as implications for DHBs not yet developed	Midland Cancer Network National Working Party
Access to clinical trials for all cancer patients will be improved (links to MRNSCT Plan)	Investigate options to expand access to clinical trials to include patients from outreach centres (linked to research)	Options identified and considered	2007-2010 Undetermined	Midland Cancer Network

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