

*Working together to achieve better, faster cancer care*

# Midland Cancer Strategy Plan 2015-2020

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## Mihi

Tēnā rā koutou, e te iwi nui tonu, me te whaikorōria tonu i te Atua Kaha Rawa. Kia tau, tonu, ōna manaakitanga maha ki runga i te Arikinui, a, Kiingi Tūheitia, me te Whare Ariki nui tonu!

Kua tangihia, kēngia, ngā mate o te wā! No reira, rātou ki a rātou! Tātou, kē, o te ao morehu, ki a tātou!

Ka kitea, i raro nei, he mahere rautaki ka pa ki tēnei mea, te mate pukupuku me āna āhuatanga, pērā i te karo tonu i a ia me te whakaheke iho i te taha ritekore.

Kua whakarāpopotongia ngā kōrero hei tirohanga ma koutou, hei awhina koutou, ngā hoamahi o te hauora, e mahi ana i roto i ngā ratonga mate pukupuku, mai i Te Tairāwhiti, whiti atu ki Te Moana a Toi, tau atu ki Te Arawa, peke atu ki aTaranaki, tae noa ki te rohe o te waka o Tainui.

Tēnā koutou katoa, rau rangatira mā!

### An explanation of the mihi

Paragraph 1 – Greets the reader and extends salutations to our creator, then to King Tūheitia and the royal family.

Paragraph 2 – Pays respects to those who have passed away and then returns the attention of the reader to the world of the living.

Paragraph 3 – Confirms that the document focuses on cancer and has a strategic focus.

Paragraph 4 – Confirms that this strategic plan has a Midland focus.

Paragraph 5 – Acknowledges those reading the document.



Dr. Nigel Murray

## Foreword from the lead DHB chief executive

Welcome to the second Midland Cancer Strategy Plan for Bay of Plenty, Lakes, Hauora Tairāwhiti and Waikato District Health Board districts. Cancer inevitably touches most people and their family/whānau at some time in their lives. Cancer creates a burden for patients/families, our community and strains our health care system. In whatever way cancer affects us as a region, we need to feel confident that Midland's health care system is working to take good care of us. Cancer control is complex and challenging. The Midland cancer sector has achieved much over the last five years, and we can still do more.

Growing rates of cancer incidence and mortality, particularly for the Midland Māori population demand that we have coordinated and effective action. Māori are a priority group for improved health outcomes because of unequal health outcomes with respect to cancer and health determinants. This plan reflects a strong commitment to ensure that equity issues with respect to cancer are addressed.

Midland is committed to improving the performance of the health care system with respect to cancer by driving clinical leadership, improving quality, accountability, innovation and value.

The Midland Cancer Strategy Plan 2015-2020 provides a clear vision and comprehensive roadmap for the way Midland health professionals and organisations will work together to develop and deliver cancer services over the next five years. Working together as one region to achieve better, faster cancer care focuses on:

- improving the care services for people with cancer wherever they may live
- addressing Midland's equity issues with respect to cancer
- empowering the health workforce to drive this strategy
- providing services through a network of integrated, coordinated, efficient service partners
- improving the efficiency and sustainability of our services
- supporting improvement through development of our information systems, research and education and measures of quality
- services that will be supported by a sustainable, credentialed, well trained and integrated workforce across all disciplines
- integration with primary care – exploring options to keep people out of hospital and new ways of delivering services
- continuing to plan for the future.

Midland has dedicated health professionals and a strong foundation on which to further develop our services as centres of excellence. This is more than a vision; it's a commitment to regionally work together to do whatever it takes to improve outcomes. A partnership model adds value by taking a regional population based approach. We must engage and involve stakeholders; influence and support decision making to enable health gain attainments beyond what stakeholders could achieve alone; and develop the best services possible for our population. Engagement with consumers and their involvement in co-design of innovative service delivery options is critical. Implementation of the plan will be phased to reflect national, regional and local priorities, which will require the collaborative action of all stakeholders.

A successful collaborative strategic approach will ultimately result in fewer people getting cancer, and more people living longer and better lives following a cancer diagnosis.

**Dr. Nigel Murray, Midland Chief Executive, DHB lead for cancer services**

# Contents

Mihi .....	2
Foreword from the lead DHB chief executive .....	3
Contents .....	4
Introduction .....	5
National context .....	5
Midland context .....	7
Midland Regional Service Plan .....	7
Equity focus .....	8
Our record so far .....	9
What our patients have told us that is important in their care .....	10
Challenges for Midland .....	10
Midland Cancer Strategy Plan 2015-2020 .....	12
Vision .....	12
Strategic framework .....	13
Framework for action .....	14
1. To reduce the cancer incidence through effective prevention, screening and early detection initiatives .....	14
2. To reduce the impact of cancer through equitable access to best practice care .....	15
3. To reduce inequalities with respect to cancer .....	19
4. To improve the experience and outcomes for people with cancer .....	20
The enablers .....	20
5. Infrastructure .....	20
6. Information systems .....	21
7. Workforce .....	22
8. Supportive care .....	22
9. Knowledge and research .....	23
Appendix A – Midland Cancer Network governance structure .....	25
Appendix B – Midland cancer equity framework .....	26
Appendix C – Midland demographics and cancer burden .....	29
Appendix D – Measuring success .....	35

## Introduction

Cancer control is an organised and systematic approach to the reduction of cancer incidence, morbidity and mortality.

The Midland Cancer Network comprises Midland district health boards (DHBs) and constituent organisations/stakeholders involved in the cancer pathway in the Bay of Plenty, Lakes, Hauora Tairāwhiti and Waikato districts, with an open invitation to Taranaki. The Midland Cancer Strategy Plan 2015-2020 covers children, adolescents and adults.

Midland was the first of four New Zealand regional cancer networks established in 2006, recognising the unique role that cancer networks play in working with all cancer continuum stakeholders across organisational boundaries, to improve outcomes for regional populations. Networks provide a formal structure to facilitate regional service planning, support service improvement and improve the coordination of care for patients between cancer services.

Most New Zealanders will have experience of cancer, either personally or through a relative or friend. Cancer is the country's leading cause of death - 30% (Ministry of Health. 2010). While the overall 'risk' of developing cancer in New Zealand is decreasing, the number of people developing cancer is increasing mainly because of population growth and ageing. Once people are diagnosed with cancer they are now less likely to die from it. This means that people are surviving longer, being treated for longer periods of time with different treatments.

Cancer continues to have inequalities with higher Māori cancer incidence (20% greater), higher Māori cancer mortality (80% higher) and Māori are more likely than non-Māori to have their cancer detected at a later stage of disease spread (Robson B, Purdie G, Cormack, D. 2010). There are wide variations in survival rates between DHBs in New Zealand.

## National context

The Government continues to prioritise cancer as a key area of focus. The National Cancer Programme is a coordinated and systematic approach that brings together the work of the Ministry, 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 family/whānau.

### New Zealand Cancer Plan 2015-2018

The New Zealand Cancer Plan Better, Faster Cancer Care 2015-2018 (New Zealand Cancer Plan) provides a strategic framework for an ongoing programme of cancer related activities for the sector so that all people have even more timely access to excellent services that will enable them to live better and longer.

The integrated New Zealand Cancer Plan will achieve this by taking a patient pathway approach (prevention and early detection, screening, diagnosis and treatment, follow-up care, palliative and end of life care) supported by system enablers (infrastructure, workforce, supportive care).

The New Zealand Cancer Plan covers all ages. The Plan recognises the needs of children (*National Plan for Child Cancer Services in New Zealand* (Ministry of Health 2010); *Guidance for Integrated Paediatric Palliative Care Services in New Zealand* (Ministry of Health 2012) and adolescents and young adults (AYA Cancer Network Aotearoa).

The New Zealand Cancer Plan has a strong equity focus and supports the use of the overarching framework that sits alongside *He Korowai Oranga* (Ministry of Health 2014) and the *Equity Healthcare for Maori: A Framework* (Ministry of Health 2014). The principles guiding the cancer programme of work are to equitably, effectively and sustainably meet future demand for cancer services; maintain high quality care and improve the quality of life for people with cancer; and ensure fiscal responsibility.

The New Zealand Cancer Plan has multiple programmes of work; two key programmes are the Faster Cancer Treatment Programme and the New Zealand Cancer Health Information Strategy.

## Faster cancer treatment programme

The Faster Cancer Treatment (FCT) programme is a key focus of the National Cancer Programme. The FCT programme has a number of initiatives which support achievement of the FCT Health Target. The FCT cancer health target is that:

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

Analysis by ethnicity is mandatory as this provides an opportunity to identify whether equity issues are being addressed.

Key components of the FCT programme are:

- national development of new tumour standards
- regional service reviews against the eleven national tumour standards of service provision
- national tumour standards work programme which includes: development and implementation of tumour specific high suspicion of cancer definitions, tumour specific data sets, MDM prioritisation criteria and follow-up guidance
- improving the coverage and functionality of multidisciplinary meetings
- implementation of the cancer nurse coordinator initiative
- service improvement fund initiatives to support implementing the national tumour standards and/or achievement of the cancer Health Target.



## New Zealand Cancer Health Information Strategy

The purpose of the New Zealand Cancer Health Information Strategy (CHIS) (Ministry of Health. 2015) is to:

- define a cohesive vision for cancer health information
- align with the National Health IT Plan and enable the NZ Cancer Plan
- detail the strategies and key activities for achieving the vision.

The CHIS strategic objectives are to:

- improve the quality of clinical information relevant to cancer pathways
- improve quality of service delivery information relevant to cancer pathways
- improve quality of information to cancer patients.

The Ministry, DHBs and regional cancer networks will need to work collaboratively together in a pragmatic and coordinated approach to implement the CHIS.



## Midland context

The Midland Cancer Network is one of four regional cancer networks, covering a population of 765,528 people in the Bay of Plenty, Lakes, Haurua Tairāwhiti and Waikato districts. The Midland Māori population is 202,680 or 26.5% which is higher than the national average of 15.6%.

### Midland Regional Service Plan

Midland's vision is that all residents of Midland DHBs lead longer, healthier and more independent lives. The two strategic outcomes are to:

1. improve the health of the Midland populations
2. eliminate health inequities.

Midland recognises that a whole of system approach is required and is central to the success of developing clinically and financially sustainable health services, supported with focused initiatives consistent with the Triple Aim (Midland RSP 2015).

The Midland Regional Service Plan (RSP) 2015-2018 describes the joint planning priorities, direction and collective investment of the Midland DHBs. Regional governance is via the Midland Regional Governance Group (MRGG, DHB Chairs and CEs) and DHB Chief Executives (CEs). Cancer is a Midland priority for the total continuum of care.

Midland Cancer Network is made up of cancer control stakeholders with the purpose of implementing this strategic plan and the regional service plan for cancer. There is a Midland Cancer Network governance structure supported by a management team that is accountable to the Midland DHBs (Appendix A).

The Midland DHB Boards endorsed the Midland RSP cancer plan 2015-2018 and are looking for the network to build on successes and opportunities for improvement, by setting out a vision for what they want to achieve over the next three years. Midland wants the network to feel they have the freedom to recommend how our health services can be changed and transformed.

At the heart of the RSP is clinical leadership through regional networks to:

- reduce inequalities
- improve access to services
- improve the quality of patient experience and outcomes
- standardise and streamline treatment and care within our region.

For cancer there is a need to lift performance of our health system by taking:

- a pathway approach for cancer (prevention, screening, early detection, diagnosis and treatment (i.e. surgery, radiation treatment, chemotherapy, non-intervention), follow-up, palliative care and last days of life
- a population health approach to reduce the risk factors associated with cancer. This includes linking to groups involved in addressing the determinants of health including smoking cessation, obesity etc.
- an approach to work across organisational and service boundaries (community, public health, primary, secondary-tertiary).





## Equity focus

We are committed to improving cancer outcomes for our population. In the Midland region, this means that people, irrespective of their ethnicity, age, gender, locality or socio-economic status, must have every opportunity to access services that will reduce their risk of developing cancer, enable their cancer to be detected earlier, as well as receiving high-quality cancer treatment quickly. Harnessing new ways of working with patients and whānau will be important.

The impact of cancer is much higher for Māori than the general population. Midland has a higher Māori population, more people living in more socio-economically deprived areas as well as rural and remote areas compared to national averages. Sometimes disparities in outcomes are experienced between people who live in rural and remote areas and those who live in larger cities (Sabesan S. 2015). Māori have a higher cancer incidence (20% greater), higher Māori cancer mortality (80% greater) and Māori are more likely than non-Māori to have their cancer detected at a later stage of disease spread. Frequently their first presentation is via an emergency department. The UK reported 25% of cancer patients route to diagnosis was via an emergency department and this group of patients had a poorer 1 year survival rate. To improve cancer outcomes for Māori, our Strategic Plan is guided by the overarching framework and aspirations in the *Māori Health Strategy He Korowai Oranga* (Ministry of Health 2014) and assessment against the *Equity of Health Care for Māori: A framework* that guides health practitioners, health organisations and the health system to achieve equitable health care for Māori. A Midland cancer equity framework has been developed that can be applied to all existing and new approaches that aim to improve cancer outcomes for Māori, with the intent to reduce the disparity of cancer for Māori and vulnerable population groups (Appendix B). In essence this means we are committed to:

- Leadership – championing the provision of high-quality healthcare that delivers equity of cancer health outcomes for Māori.
- Knowledge – developing knowledge about the ways to effectively deliver and monitor high-quality cancer health care for Māori.
- Commitment – being committed to providing high-quality cancer health care that meets the health care needs and aspirations for Māori.

We are also committed to continue to actively engage with the Hei Pa Harakeke for ongoing Māori leadership guidance and advice and engage with our consumers via the Midland Cancer Consumer and Carer Work Group.

Midland DHBs are not always achieving the cancer outcomes compared to other New Zealand DHBs and/or internationally.

Total registration rates by DHB highlighted that Lakes and Bay of Plenty DHBs had a significantly higher rate than nationally (Ministry of Health 2011). Total cancer mortality rates by DHB highlighted that all of Midland DHBs had significantly higher rate than nationally (Ministry of Health 2011). There are wide variations in cancer survival rates between DHBs in New Zealand. Lakes has higher lung cancer incidence; Waikato Lakes and Tairāwhiti DHBs has significantly higher rates of mortality for lung cancer compared to other DHBs; Waikato has a higher mortality rate for colorectal cancer compared to the New Zealand average.

New Zealand cancer mortality rates remain substantially higher than Australia, especially for women (NZMJ 2014). New Zealand survival rates are lower than Australia. A study of comparisons of cancer survival in New Zealand and Australia, 2006-2010 concludes “the lower survival in New Zealand, and the higher mortality rates shown earlier, suggest further improvements in recognition, diagnosis, and treatment of cancer in New Zealand should be possible. As the survival differences are seen soon after diagnosis, issues of early management in primary care and time intervals to diagnosis and treatment may be particularly important” (Aye, Elwood & Stevanovic 2014).

While the outcome for children (0-14 years) with cancer has steadily improved over the last 30 years, with 80% now cured of their disease, such survival improvements have not been seen within the adolescent and young adult (AYA) cancer population. This age-based disparity in cancer outcome appears to be due to a complex mix of factors including differences in cancer diagnosis, disparity in access to coordinated cancer treatment, lower enrolment in clinical trials, and poorer treatment compliance. Young people in the 12-24 age group have unique cancer treatment needs that are not covered by either child or adult cancer services. Young people do much better when they receive care that is planned by both services and is delivered in a way that is age appropriate.

Addressing equity will be prioritised. This is discussed further in the Framework for Action.

## Our record so far

Together we will build on the accomplishments of our first cancer plan. Midland has made significant investment in cancer services including:

- Midland Smokefree vision 2025 resulting in more people who have never smoked and also focused efforts to reduce harm from smoking.
- Implementation of HPV immunisation programme to prevent cervical cancer.
- Achievement of the previous cancer health target resulting in 100% achievement for shorter waits for patients to radiotherapy and chemotherapy.
- Establishment of medical oncology and haematology services in Bay of Plenty (2008/09), with full medical oncology service effective 2015 enabling those residents to have treatment closer to home.
- Establishment of a regional oncology PET-CT service (2010) reducing travel, and improving diagnosis and treatment for some cancers.
- Establishment of a regional endobronchial ultrasound service (2011) improving staging and diagnosis of lung cancer; thereby reducing futile thoracotomy and patient to travel to Auckland.
- Transition of Hauora Tairāwhiti DHB medical oncology, radiation oncology and haematology services from MidCentral to Waikato DHB (1 July 2013) providing a more seamless patient journey and more cancer treatments for those living in Hauora Tairāwhiti.
- Establishment of a Bay of Plenty radiation oncology service, with two additional linear accelerators and a third bunker (1 October 2015) ensuring that most Bay of Plenty patients have their radiation treatment much closer to home.
- Waikato Regional Cancer Centre completed a \$1.3m linac technology upgrade to continue providing excellent radiation oncology treatment.
- Dissemination of regional chemotherapy protocols to attain consistency of practice.
- A regional FCT database for reporting to the Ministry and sharing data.
- Implementation of 12 months of Herceptin treatment per patient.
- Commencement of DHB reviews against national tumour standards of service provision and developed improvement plans for lung, colorectal and gynaecological cancers so as to standardise treatment and care for patients.
- Recruitment of additional cancer nurse specialists/coordinators (2013) providing much needed support for patients during tests and treatment for cancer.
- Development of Midland oncology psycho-social distress assessment tool and guidance (2010) supported by an on-line education tool for nurses (2015).
- Implementation of the Global Rating Scale (GRS) tool that provides a set of standards that enables endoscopy units to report how well they provide patient centred care.
- Completion of a regional business case (2013) recommending DHBs implement endoscopy reporting system ProVation – Waikato implemented 2015.
- Significant number of service improvement initiatives e.g. an increase in the number of colonoscopies delivered.
- Improvement in the coverage and functionality of local, regional and supra-regional multidisciplinary meetings and investment in MDM coordinators. Video-conferencing capability developed to enable clinician participation in regional care planning.
- Trained Midland Māori health workers to provide Kia Ora e te Iwi (KOETI) health literacy programmes. Midland has run more KOETI programmes than any other region.
- Investment in the three year Midland Prostate Cancer Research study, Metastatic Prostate Cancer Study and the Northern Cancer Network and Lakes DHB Lung Cancer Research Project - identification of barriers to the early diagnosis and management of people with lung cancer in primary care and description of best practice solutions.
- Developments in palliative care and last days of life - agreed a *Midland Specialist Adult Palliative Care Service Development Plan 2015-2018*; developed *Midland Medical Advanced Palliative Care Trainee Model of Service Plan* (2015); *Referral Criteria for Adult Palliative Care Services in Midland region* (2014), implemented Midland last days of life care plans; all Midland hospices except Hauora Tairāwhiti have implemented the PalCare information system; Waikato specialist palliative care service change (2013); appointment of the first palliative care nurse practitioner; specialist medical outreach service to Rotorua and Taupo.
- Provision of support to the first National Lung Cancer Working Group and developed first *Lung Cancer Standards of Service Provision in New Zealand* (2011;2015); *National Lung Cancer MDM Toolkit* (2014); National Lung Cancer Dataset (provisional 2015); *Early Detection of Lung Cancer Concept Paper*.
- Provision of support to the National Breast Cancer Work Group to develop the *Breast Cancer Standards for Service Provision in New Zealand* (provisional 2013).
- Establishment of a regional adolescent and young adult cancer (AYA) service with a key worker (2008/09).
- Development of the regional lung cancer and head and neck databases and MDM proforma to support clinical decision making and regional reviews.

## What our patients have told us that is important in their care

Patients and their family/whānau are at the centre of this plan and patients' experiences have helped inform it.

I would have liked to [have] been [given] offers for counselling, not just given booklets

I often found it emotionally difficult sitting in waiting rooms for up to an hour at a time. [It is] sort of a harsh reminder of [the cancer] situation that you spend 99% of time trying to put it behind you

Who can help me through this bewildering and terribly difficult time?

From start to finish the care, love, honesty, and cooperation was wonderful. What a wonderful nursing and caring team

Explanation excellent, comfort excellent, emotional support excellent  
Tena koutou katoa

Now I've finished treatment, what happens?

It's very difficult being told bad news when there is no privacy and other patients can hear everything

Bringing an oncology consultant to the whānau is a good opportunity to find out more about treatment and to process some of their experiences

Oh the way she spoke, the way she interacted with us... she was really lovely, really informative

The first (junior) Doctor confirmed the blood test results and said "yes it's cancer – a bit of a shock isn't it" then he gave me a couple of leaflets and that was it

Aftercare and how to access it, especially when the patients GP's aren't really listening / don't have correct info

I know I'm going to die soon but I hope whoever goes through something similar to this has support through a Māori worldview and helps them to return back to our tipuna and whānau



**Good care  
and compassion**

**Information  
and support**

**Communication  
and coordination**

**Culturally  
appropriate**

## **Challenges for Midland**

Midland DHBs have about 4,115 new cancer registrations and nearly 1700 deaths from cancer per annum. The number of newly diagnosed cancer cases is increasing steadily, as is the number of people living with a diagnosis of cancer beyond treatment (Appendix C).

The data findings are quite clear: there are a lot of people with cancer in the Midland region and a lot of Midland cancer sufferers die from their disease.

Cancer control is complex with many challenges to overcome. Key challenges that need to be addressed over the next five years are:

- Manage the increasing demand with a growing and ageing population within a fiscally constrained environment.
- Address equity issues and improve outcomes for Māori and other vulnerable communities.
- Implement more effective population health initiatives to promote healthy behaviour/lifestyle and reduce cancer risk factors.
- Empower communities to recognise when individuals are unwell earlier, and to access primary care services.
- Improve our information systems to support clinical decision making and to inform future service planning
  - build a regional cancer data repository to inform service planning, service improvement, research and audit, monitoring and evaluation
  - implement solutions where data collection occurs at point of contact and reduces the clinician burden for manual data collection
  - improve the ability to plan and manage patient care especially when the multidisciplinary team works across organisational boundaries, and/or is regional or supra-regional.
- Be in a state of readiness for when there is a roll-out of a national bowel screening programme.
- Address specialist workforce shortages, particularly across specialties that impact on cancer care.
- Improve the population's health literacy to empower consumers.
- Improve palliative care and last days of life services no matter where people live (includes non-malignant conditions).
- Access and fund proven new and emerging technologies.
- Address the late effects, psychological and supportive care needs of our growing population of cancer survivors.
- Provide equitable access to services for urban, rural and remote populations.
- Achieve the cancer Health Target and indicators (Appendix D)
  - managing the misalignment of the improved access to elective surgery health target (specialist appointment within 4 months, surgical treatment within 4 months) and the national radiology wait time indicators (MRI, CT, CTC within 42 days) with the faster cancer treatment Health Target (GP high suspicion of cancer referral and need to be seen within 2 weeks to first treatment) of 62 days.



# Midland Cancer Strategy Plan 2015-2020

## Vision

*Working together to achieve better faster cancer care*

Regionally working together as one we will lift the performance of our health systems by driving quality, improve experience of care, accountability, innovation and value.

The Midland Cancer Strategy Plan 2015-2020 is guided by the following core principles:

### Care must be:

- patient and family whānau centred
- culturally appropriate
- evidence based best practice
- multidisciplinary
- coordinated
- delivered safely as close to home as possible
- inclusive of strong multidisciplinary team engagement

### Strategies must be:

- equitable
- clinically led
- integrated
- sustainable
- collaborative with a partnership approach
- innovative and responsive to change
- research and knowledge driven

The Midland cancer strategic objectives are to:

1. Reduce the cancer incidence through effective prevention, screening and early detection initiatives.
2. Reduce the impact of cancer through equitable access to best practice care.
3. Reduce inequalities with respect to cancer.
4. Improve the experience and outcomes for people with cancer.

The strategic objectives are supported by five enablers:

1. Infrastructure
2. Information systems
3. Workforce
4. Supportive care
5. Knowledge and research.

## Strategic framework

### *Working together to achieve better, faster cancer care*

1. To reduce the cancer incidence through effective prevention, screening and early detection initiatives
2. To reduce the impact of cancer through equitable access to best practice care
3. To reduce inequalities with respect to cancer
4. To improve the experience and outcomes for people with cancer

#### **Patient and family/whānau centric focus across the cancer pathway**



#### **Enablers**

Infrastructure • Information systems • Workforce • Supportive care • Knowledge and research

#### **Implementation**

Through the Midland Regional Services Plan, DHB annual plans and Midland Cancer Network work programme

#### **Measuring success**

Through the faster cancer treatment health target and other key indicators

## Framework for action

This high level framework for action outlines what we intend to do to achieve the strategic objectives as well as the expected outcomes we are striving for. The actions will be detailed in the Midland Regional Service Plan and the DHBs' Annual Plans.

Measuring success is through the FCT Health Target and other key health indicators (Appendix D).

### 1. To reduce the cancer incidence through effective prevention, screening and early detection initiatives

Cancer prevention requires an integrated, whole of sector approach to develop and deliver appropriate preventative strategies and strengthen community action that encourages healthy lifestyle behaviours to reduce the risk of cancer. Linking with Midland public health units, primary care, non-Government organisations and DHBs will support enabling this strategic objective.

Population screening has demonstrated improved outcomes. We need to ensure equitable access to screening and outcomes for our eligible population.

We need to detect and treat pre-cancerous conditions (that is, conditions that may become cancer) or asymptomatic cancer earlier.

What we intend to do	When	Who	2020 expected outcomes
1.1. Support health promotion initiatives that focus on reducing cancer risk factors 1.1.1. Promote healthy eating well and keeping active 1.1.2. Promote breastfeeding 1.1.3. Reduce harmful levels of alcohol 1.1.4. Reduce overexposure to sun	ongoing	Primary care Public health units Cancer Society and other NGOs Midland DHBs	More people will know how and will be leading a healthy lifestyle More women breast feed More people will have a healthy weight resulting in fewer weight-related cancers Fewer people will be affected by alcohol-related cancers More people are SunSmart
1.2. Achieve the Midland Smokefree vision by 2025 1.2.1. Implement smokefree and smoking cessation initiatives in primary care and hospitals 1.2.2. Health professionals will offer pregnant women advice and support to quit smoking	2015-2025	Primary care Public health units Cancer Society and other NGOs Midland DHBs	Fewer people smoke resulting in fewer smoking-related cancers More smokefree environments Fewer pregnant women smoke
1.3. Reduce the harm from infectious diseases 1.3.1. Revitalise the human papilloma virus (HPV) immunisation programme 1.3.2. Reduce the incidence and harm from hepatitis	Ongoing	Midland DHBs Primary care Public health units	More eligible girls will be immunised against HPV to prevent cervical cancer – immunisation target is achieved across all ethnicities Reduced impact of cancers caused by hepatitis
1.4. Increase participation in the breast and cervical screening programmes and reduce barriers to access	Ongoing	BreastScreen Midland Breast Screen Coast to Coast primary care	More eligible people are screened Screening targets are achieved and sustained across all ethnicities

What we intend to do	When	Who	2020 expected outcomes
		DHBs	
1.5. Prepare for a possible roll-out of a national bowel screening programme	To be determined	Ministry of Health Midland DHBs, primary care, private providers, laboratories, Māori health providers	Midland is ready for a national bowel screening programme
1.6. Improve earlier detection of bowel cancer 1.6.1. Increase the public's awareness of bowel cancer and the signs and symptoms 1.6.2. Improve access and the management of people at high risk of familial gastrointestinal cancer	2015-2020	Midland DHBs Familial Gastrointestinal Cancer Registry	More people are aware of signs and symptoms and seek primary care earlier Prevent and/or reduce the impact of bowel cancer
1.7. Improve the earlier detection of lung cancer 1.7.1. To develop national guidance for the early detection of lung cancer 1.7.2. Implement national guidance recommendations and evaluate	2015 – 2017	Ministry of Health via contract with the Midland Cancer Network	More people present to primary care earlier enabling curative treatment, leading to improved outcomes
1.8. Implement the prostate cancer awareness tools developed to help men and their families understand the benefits and risks of prostate cancer tests and treatment, so they can make informed decisions	Ongoing	Primary care	More people will have access to easily understood information

## 2. To reduce the impact of cancer through equitable access to best practice care

Midland has identified that we need to improve timely access to services for our patients. Promotion of patient pathways and integrated models of care will be a focal point. Where it is not possible for all modalities of care to be geographically co-located, affiliations of providers within and outside the region will be essential to support timely and appropriate referrals, MDMs and coordinated care. This is particularly important given the rural and remote communities in our region.

We need to deliver high-quality specialist cancer care aligned with the best available evidence. We want timely referral and access to diagnostics and treatment. We need to reduce the variation within the system. Essential to this plan is that organisations and services are integrated, share information and patients' care is coordinated.

What we intend to do	When	Who	2020 expected outcomes
2.1. Implement national tumour standards of service provision 2.1.1. Undertake regional reviews against current service, develop and implement improvement plans based on findings	2015-2020	Midland DHBs Midland Cancer Network	Improve the quality and consistency of care by meeting the standards Timely, standardised and streamlined care pathways



What we intend to do	When	Who	2020 expected outcomes
<p>2.2. Improve the Faster Cancer Treatment collection of and access to clinical information to support service improvement</p> <p>2.2.1. DHBs will report against the FCT health target and wait time indicators</p> <p>2.2.2. 15-25% of new cancer registrations are reported in the 62 day health target</p> <p>2.2.3. Continue to improve the quality of data and data collection systems</p> <p>2.2.4. Implement initiatives that support primary care and/or private provider interface with improved FCT reporting</p> <p>2.2.5. Continue to work towards integration of FCT data collection as business as usual across all clinical teams</p>	2015-2018	Midland DHBs Primary care Midland Cancer Network	Timely referral and access to diagnostics, diagnosis and treatment.
<p>2.3. Identify and implement service improvement initiatives along the cancer pathway</p> <p>2.3.1. Sustain implementation of round one regional FCT service improvement fund initiatives</p> <p>2.3.2. Implement round two regional FCT service improvement fund initiatives</p>	2015-2018	Midland DHBs Midland Cancer Network	Achievement of the FCT Health Target Demonstrated implementation of national tumour standards of service provision Reduced inequalities
<p>2.3.3. Facilitate the Waikato gynae-oncology service change with Auckland</p> <p>2.3.4. Consider the long-term feasibility of Waikato becoming the Midland gynae-oncology cancer centre hub</p>	<p>2015-16</p> <p>after 2020</p>	<p>Waikato DHB</p> <p>Auckland DHB</p> <p>Midland DHBs</p> <p>Midland Cancer Network</p>	Best practice model of service and compliance with national standards of service provision
<p>2.3.5. Implement priorities identified in the national <i>Prostate Cancer Quality Improvement Plan</i></p> <p>2.3.6. Implement national guidance <i>on the use of active surveillance treatment for men with low grade prostate cancer</i> by June 2016</p> <p>2.3.7. Implement <i>Prostate Cancer Management and Referral Guidance</i> (Ministry of Health 2015)</p>	2015-2020	Primary care Urologists Midland DHBs	Improved timely access to services
<p>2.4. Implement the national tumour standards phase 2 work programme for:</p> <p>2.4.1. HSCAN definitions</p>	2015-2018	Midland DHBs Primary care	Patients will receive consistent follow-up and surveillance from all clinicians

MIDLAND CANCER STRATEGY PLAN 2015-2020 17

What we intend to do	When	Who	2020 expected outcomes
			sustainable child cancer services
2.10. Implement the national Adolescent and Young Adult Cancer Standards of Care (yet to be published by AYA Cancer Network Aotearoa)	estimated 2016/17	Midland DHB paediatric and adult services, Canteen, Primary care	Improved standards of care Improved survival rates
2.11. Continue to develop and implement Midland Map of Medicine and Bay Navigator pathways and smart e-referrals	2015-2020	Midlands Health Network Bay Navigator Midland DHBs	Integrated, consistent and standardised patient pathways/tools
2.12. Improve endoscopy and colonoscopy services 2.12.1. DHBs will report against the colonoscopy waiting time indicators 2.12.2. Continue to improve the timely access to colonoscopy and CT colonography services 2.12.3. Continue to implement Global Rating Scale (GRS) service improvement initiatives 2.12.4. Continue to develop and refine the Midland colonoscopy demand and capacity modelling tool 2.12.5. Support national roll-out of bowel screening programme (as required) 2.12.6. Develop and implement Midland colonoscopy e-referral proforma	2015-2020	Midland DHBs Primary care	All people who require services can access quality endoscopy and colonoscopy services
2.13. Improve palliative care and last days of life services 2.13.1. Support DHBs and hospices to implement the <i>Midland Adult Specialist Palliative Care Service Development Plan 2015-2018</i> 2.13.2. Implement national Last Days of Life project recommendations 2.13.3. DHBs implement the National Specialist Palliative Care Service Specifications (2015) by 1 July 2016 2.13.4. Continue to support Lakes paediatric palliative care model of service quality improvement initiatives (2014) 2.13.5. Develop and implement the <i>Waikato Palliative Care Strategic Vision and Plan</i>	2015-2020	DHBs Midland hospices Midland Palliative Care Work Group	Quality, integrated palliative care and last days of life services no matter where you live
2.13.6. Implement the <i>Guidance for Integrated Paediatric Palliative Care Services in New Zealand</i> (Ministry	2015-2020	Midland DHBs, paediatric teams	All DHBs have a nurse coordinator

What we intend to do	When	Who	2020 expected outcomes
of Health 2012) recommendations		Starship & National Paediatric Palliative Care Network Community hospices and other NGOs	and lead paediatrician, workforce is trained
2.13.7. Implement national Hospice NZ: standardised version of the education programme; national quality improvement plan; develop an improving hospice capability project	To be determined	Ministry of Health Hospice NZ Midland hospices	Midland hospices to implement national policy and tools
2.14. Facilitate the National Lung Cancer Working Group to implement the work programme: 2.14.1. Develop HSCAN lung cancer definitions 2.14.2. Develop national guidance on early detection for lung cancer 2.14.3. Update the national lung cancer minimum data set 2.14.4. Develop national lung cancer follow-up and surveillance guidance	2015-2017	National Lung Cancer Working Group Ministry of Health Midland Cancer Network	National standardised evidence-based best practice guidance and tools to support quality care

### 3. To reduce inequalities with respect to cancer

Addressing inequality is part of everything we do.

What we intend to do	When	Who	2020 expected outcomes
3.1. Facilitate the Midland Hei Pa Harakeke Work Group to lead and guide addressing Māori equity issues	Ongoing	Hei Pa Harakeke Māori health services	Leadership, participation and partnership
3.2. Deliver the Kia ora e te Iwi community based health literacy programme	2015-2020	Māori health providers Cancer Society Midland DHBs	Improve population health literacy
3.3. Implement the Bay of Plenty FCT Round 2 project – determine, test and implement viable ways of improving the FCT pathway for Māori in the Bay of Plenty	2015-2018	Bay of Plenty DHB Māori health providers Iwi	Viable improvements implemented Māori health excellence seminar Research findings report
3.4. Apply the <i>Equity of Health Care for Māori: framework</i> resource and <i>Health Literacy Framework</i> to all initiatives	Ongoing	All	Equity lens on all we do to reduce disparities Improved health literacy
3.5. Collect ethnicity data for all indicators and analyse opportunities to reduce inequalities	Ongoing	All	Quality data to support planning and service improvements



#### 4. To improve the experience and outcomes for people with cancer

Our patients have told us that addressing their psycho-social and supportive care needs is important to them. Supportive care components are an integral part of a cancer care system and a critical part of the patient experience. Psycho-social care also brings benefits to the cancer system by reducing the strain on resources.

A Midland 2015 stocktake of DHB patient specific information resources identified gaps and inconsistencies in the DHB specific information resources available for patients and family/whānau.

More people are living beyond cancer treatment and have particular health needs i.e. rehabilitation, late side effects of treatment and psycho-social needs. NGOs provide advice and support to people who have survived cancer treatment. This population group is going to grow and we need to plan how we can further develop services to support these patients into the future.

What we intend to do	When	Who	2020 expected outcomes
4.1. Develop and implement the <i>Midland Psycho-Social and Social Support Service Plan 2015-2018</i> 4.1.1. recruit new psychologists and social workers 4.1.2. develop service referral criteria 4.1.3. implement service, monitor and evaluate	2015-2018	Midland DHBs Allied Health Midland Supportive Care Work Group	More people with cancer have access to psycho-social and social support
4.2. Improve Midland information resources for patients 4.2.1. deliver the Midland FCT Patient Information Project (round 2)	2016/17-2017/18	Midland Cancer Network, Midland DHBs, Midland Cancer Consumer and Carer Work Group, Hei Pa Harakeke Work Group	Standardised and consistent regional DHB specific patient resources
4.3. Facilitate the Midland Cancer Consumer and Carer Work Group to support the Midland cancer work programme and involvement in co-design of service delivery models	ongoing	Midland Cancer Consumer and Carer Work Group	Consumer and carer participation in service planning and improvements

## The enablers

#### 5. Infrastructure

Having the necessary infrastructure such as governance, facilities, equipment and technologies is essential to the support delivery of excellent cancer services.

What we intend to do	When	Who	2020 expected outcomes
5.1. Continue Waikato Regional Cancer Centre facility upgrade project	2015 onwards	Waikato DHB	Facilities to support delivery of clinical services
5.2. Implement Hauora Tairāwhiti Cancer Centre facility project	2015 onwards	Hauora Tairāwhiti	Facilities to support delivery of clinical services

What we intend to do	When	Who	2020 expected outcomes
5.3. Update <i>Midland Radiation Oncology Demand and Capacity Plan 2010-2020</i>	2018-2019	Midland DHBs, Midland Cancer Network	Plan future regional linac requirements
5.4. Continue to refine the colonoscopy demand and capacity tool and maximise regional facilities to meet demand	2015-2018	Midland Colonoscopy Work Group Midland Cancer Network	Meet clinical demand, prepare for a national bowel screening programme

## 6. Information systems

Midland needs to improve information technology systems to support excellent cancer service delivery as well as having the necessary data to inform service planning, modelling and service improvement.

What we intend to do	When	Who	2020 expected outcomes
6.1. DHBs purchase and implement ProVation 6.1.1. Taranaki regional server upgrade completed 6.1.2. Midland agree process for regular and timely software grade for region	2015-2020	Bay of Plenty, Lakes, Haurua Tairāwhiti Taranaki DHB, Regional IS	DHBs have a quality endoscopy information system
6.2. Continue to develop and enhance the regional FCT database for regional reporting 6.2.1. DHBs continue to improve FCT data collection 6.2.2. Incorporate all new cancer registrations 6.2.3. Collect NGO palliative care contacts when first treatment	2015-2020	Midland DHBs Midland Cancer Network Midland Hospices	Necessary cancer information captured at point of contact Information for clinical decision making, planning and service improvement
6.3. DHBs explore ways to develop an integrated MDM solution 6.3.1. Find solutions to collect staging data 6.3.2. Implement solutions to collect national tumour stream data set requirements	2015-2018	Midland DHBs Midland Cancer Network	Quality MDM management system and necessary data to support clinical decision making
6.4. Build telehealth capacity and capability 6.4.1. Expand video conferencing for patient care and/or workforce development	2015-2020	Midland DHBs	More patients have access to clinical services through innovative use of technology
6.5. DHBs implement National Patient Flow (NPF) project	2015-2020	Midland DHBs	NPF project implemented
6.6. Support implementation of the CHIS within available resources	2015-2020	Midland DHBs Midland Cancer Network	Nationally consistent cancer information

## 7. Workforce

We need to ensure that we have the necessary trained and credentialed workforce to deliver the growing demand for cancer services. We need to build on and develop the cancer workforce capacity and capability so that they are working at the top of their scope. Key focus areas include:

What we intend to do	When	Who	2020 expected outcomes
7.1. DHBs develop and implement the <i>Knowledge and Skills Framework for Cancer Nurses</i>	2015-2020	Midland DHBs Midland Cancer Clinical Nurse Specialist/Coordinators Work Group	Cancer workforce developed and working at the top of their scope
7.2. DHBs support the cancer nurse coordinator initiative	2015-2018	Midland DHBs	Patient care is coordinated
7.3. DHBs increase capacity of the colonoscopy/endoscopy workforce	2015-2018	Midland DHBs Midland Cancer Network	Colonoscopy/endoscopy workforce capacity and capability is increased
7.4. DHBs recruit new psychologists and social workers to new regional service	2015-2018	Midland DHBs	New regional service is developed and workforce increased
7.5. Implement the <i>Midland Palliative Care Advanced Training Model of Service Development Plan 2015-2018</i> . Specialist palliative care provides leadership, education and support to primary palliative care providers	2015-2018	Hospices Midland DHBs Midland Palliative Care Work Group	Increased advanced medical trainees Enhanced and increased senior medical workforce to cope with service requirements
7.6. DHBs continue to scope cancer workforce requirements to support further development of MDMs	2015-2020	Midland DHBs	Build cancer workforce capacity and capability
7.7. Support the delivery of Kia Ora E te Iwi (KOETI) community based health literacy programmes	2015-2018	Maori health providers, Cancer Society, Midland Cancer Network, DHBs, Hei Pa Harakeke Work Group	Improve the health literacy of community and non-regulated workforce
7.8. Support Midland health professionals with “breaking bad news” education programme	2015-2020	Midland DHBs, Regional Oncology CNS group	Trained and skilled workforce

## 8. Supportive care

Cancer is increasingly being seen as a long-term condition, as more people are surviving and living with the long term consequences of their diagnosis and treatment. We need to continue to provide support services throughout this extended journey.

Advanced care planning (ACP) requires a whole of sector approach. Midland cancer services need to encourage ACP.

What we intend to do	When	Who	2020 expected outcomes
8.1. Improve information resources for patients	2016-2018	Midland Cancer Network	Standardised and consistent regional and DHB specific patient resources
8.1.1. Develop Midland tumour specific patient information resources (FCT round two initiative)		Midland DHBs Midland Cancer and Consumer Work	

What we intend to do	When	Who	2020 expected outcomes
2016-2018)		Group Hei Pa Harakeke Work Group	
8.2. Implement the <i>Midland Psycho-social and Social Support Service Plan 2015-2018</i>	2015-2018	Midland Supportive Care Work Group Midland DHBs Primary care Cancer Society Midland Cancer Network	More people have access to psychological and social work services within secondary care
8.3. Scope requirements to further support patients beyond cancer treatment	2018-2020	Midland NGOs Primary care Cancer Society Midland DHBs	Patients obtain necessary care and support beyond surviving cancer treatment
8.4. Support advanced care planning 8.4.1. Assist individuals to identify their personal beliefs and values and incorporate them into plans for their future health care	2015-2020	Primary care Midland DHBs	ACP assists in the provision of quality health care and treatment

## 9. Knowledge and research

Midland Cancer Network covers a largely rural population, which includes a high proportion of Māori. For a number of years the network has been involved in research and has held regular research events. Our research has been carried out in conjunction with researchers from the Waikato Clinical Campus, University of Auckland and from Waikato Hospital where there is an active cancer clinical trials group. The Waikato Clinical Campus cancer research group are particularly focused on health services research and research aimed at reducing the inequities for Māori. This has included studies into palliative care, including a study of health literacy for Māori with palliative care needs funded by the HRC, an HRC funded Māori men's health project, a study of the costs and complications of prostate cancer, a study of the management of metastatic prostate cancer and a large HRC project grant on outcomes for women with breast cancer. This research helps inform us of the health needs of patients in the Midland region, helps identify the causes of inequalities and guides the development of new initiatives. By being research active we build capacity and improve our ability to attract and retain staff.

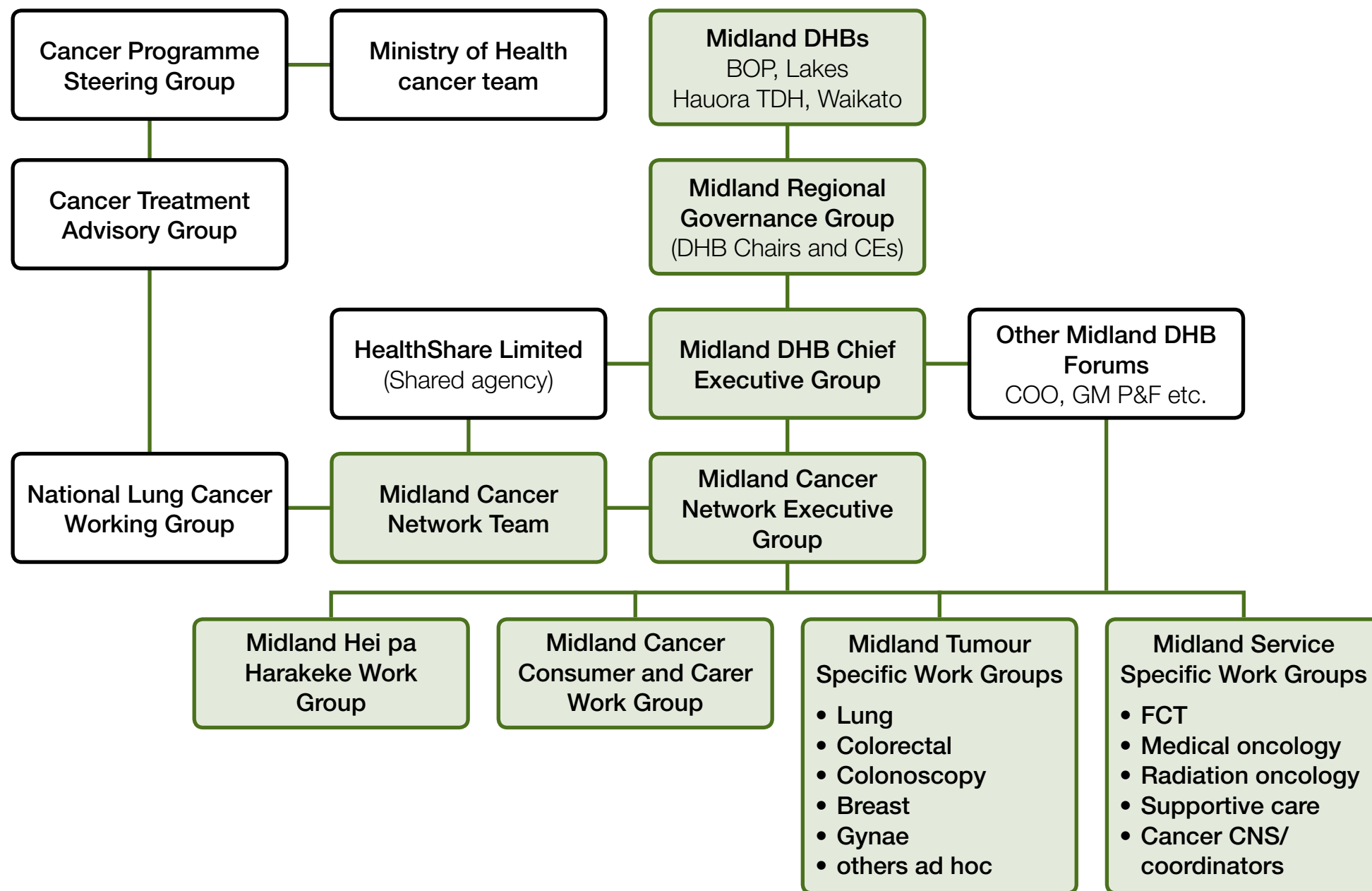
Our involvement in clinical trials ensures our patients receive the most up to date treatments and is one part of our strategy to ensure patients achieve the optimum outcomes. Our ongoing strategy is to build a nationally recognised cancer health services research group, to become a leader in palliative care research and to build the proportion of our cancer patients who are able to participate in clinical trials. Bay of Plenty also has an active clinical trials programme.

What we intend to do	When	Who	2020 expected outcomes
9.1. Continue to research outcomes in women with breast cancer	2014 -2017	Research group	Will become a regional breast cancer health outcomes group with strong links into clinical trials
9.2. Actively pursuing research funding to look at ways	2016-2021	Waikato Clinical Campus Cancer	Become an internationally



What we intend to do	When	Who	2020 expected outcomes
of reducing diagnostic delay in cancer patients through primary care (lung, colorectal, breast, prostate and melanoma)		Research group Bay of Plenty Clinical School Key clinicians	recognised centre for primary care cancer research
9.3. Develop a supportive care model programme for men with prostate cancer	2016	Waikato Clinical Campus Cancer Research group Movember Foundation	Become a national centre for the TrueNth (Movember Foundation) providing a supportive care service for men with prostate cancer
9.4. Identify opportunities to build a Midland Palliative Care research group that will be recognised nationally for its research	2016 onwards	Hospice Waikato Waikato Palliative Care service Waikato Clinical Campus Cancer Research Group	Build a palliative care research group and appoint a Chair of Palliative Care
9.5. Build the range and capacity of the clinical trials unit so it can participate in a larger number of national and international cancer trials	Ongoing	Lead clinical trial clinicians	Double the number of cancer patients entering clinical trials
9.6. Share learnings and innovation regionally	2015-2020	Midland DHBs Midland Cancer Network	Leverage off learning and reduce duplication of effort

## Appendix A – Midland Cancer Network governance structure



## Appendix B – Midland cancer equity framework

	Leadership	Knowledge	Commitment
	<i>Leadership is setting the expectation that good cancer care provision will contribute to better health equity outcomes for all New Zealanders</i>	<i>Quality service delivery requires knowledge to adapt delivery to the specific needs of all cancer patients and communities</i>	<i>Cancer services are committed to reconfiguring services to deliver high-quality services that meet the need of all New Zealanders</i>
Health System	<p><b>Health system leadership by Midland DHBs is expressed through ensuring:</b></p> <ul style="list-style-type: none"> <li>• There is sufficient representation of Māori, Pacific and other high risk groups within the Midland governance structure and framework.</li> <li>• Midland Cancer Network Executive Group is linked to the Midland GM Māori Governance group (Ngā Toka Hauora).</li> <li>• Cancer services provide an effective leadership forum in collaboration with patients in order to deliver a coordinated service that addresses equity.</li> <li>• Equity is a central focus for all cancer care planning; reviews are undertaken using an equity lens incorporating age/rurality/disability/ethnicity/gender/location.</li> <li>• There is a raised awareness and set direction for cancer care health literacy at governance and senior executive leadership levels.</li> <li>• Excellent cancer care provision is embedded in all levels of the health system, including strategies, the planning of work programmes and reporting.</li> <li>• Midland Allied Health Network establishes linkages with regional and national supportive care work groups and leads.</li> <li>• The cancer care continuum acknowledges the importance of leading an equity-focused health care service, which prioritises services to those most in need and promotes accessible, acceptable, affordable and timely services.</li> <li>• Services are coordinated in such a way that all those requiring cancer care have equal access to appropriate levels of care where and when they need it.</li> <li>• There is a raised awareness and strategic direction for cancer care provision.</li> </ul>	<p><b>The health system will:</b></p> <ul style="list-style-type: none"> <li>• Working together as one region to share knowledge and learnings.</li> <li>• Develop ways to effectively deliver and monitor high-quality cancer care for Māori and other high risk population groups.</li> <li>• Collaborate and share information between services, programmes and initiatives.</li> <li>• Develop methods to ensure that services, programmes and initiatives share knowledge and contribute to developing excellent and equitable cancer services.</li> <li>• Ensure that high quality ethnicity data are available for planning and monitoring services.</li> <li>• Ensure that evidence based methods are used to achieve equity of access, and quality of care.</li> <li>• Deliver information about cancer in an integrated fashion with “seamless” transition across care settings so that patients and their families can easily gain access to the care and information they need through any entry point.</li> <li>• Allow individuals and families to make informed decisions about their care choices with support from a system which focuses on the needs of the individual and works in partnership with individuals, families/whānau and carers.</li> <li>• Develop and train a competent health cancer workforce to meet the needs of the population.</li> <li>• Build the cancer workforce cultural competencies.</li> <li>• Ensuring quality data and information systems become an integral component in delivering effective high quality clinical service</li> </ul>	<p><b>The system will commit to:</b></p> <ul style="list-style-type: none"> <li>• The availability of high quality data/information to measure and ensure high quality equitable access to cancer services.</li> <li>• Having a health system that is organised and improved in a way that makes it easier for individuals and whānau to navigate, understand, and make decisions regarding psychological and social support options.</li> <li>• Ensuring that equity quality targets are developed.</li> <li>• Ensuring high quality psychological and social support systems are equitable for Māori, Pacific and other disadvantaged groups.</li> <li>• Building and maintaining a health workforce responsive to the cancer care needs and aspirations of Māori, Pacific and other high risk groups.</li> <li>• Building a workforce that is skilled in cultural competency and appropriateness supported by specialist tertiary level services, community supports and volunteers.</li> <li>• Ensuring the workforce reflects that of the patient population including in terms of ethnicity and age.</li> <li>• Acknowledging the need to balance the tensions of receiving and providing support during the last days of life journey for patients.</li> <li>• Monitoring the number of referrals by age, rurality, disability, ethnicity, gender and location to identify whether further service change is required.</li> <li>• Identifying and removing barriers experienced by patients and whānau navigating the cancer pathway especially ensuring that they understand their cancer diagnosis and available treatment options.</li> <li>• Ensuring treatment and support options availability reflect the differences for ethnicity, geography, disability, age and gender.</li> </ul>

Health organisations	Leadership	Knowledge	Commitment
	Leadership is setting the expectation that good cancer care provision will contribute to better health equity outcomes for all New Zealanders	Quality service delivery requires knowledge to adapt delivery to the specific needs of all cancer patients and communities	Cancer services are committed to reconfiguring services to deliver high-quality services that meet the need of all New Zealanders
	<p><b>Leaders will ensure that:</b></p> <ul style="list-style-type: none"> <li>• Linkages with primary and secondary health services are developed, fostered and established to enable family/whānau to have their needs for information, psychological / social support met.</li> <li>• Continuous quality care improvement is embedded across all levels of health organisations including policy, planning, procedures, patient safety and service quality improvement.</li> <li>• Service providers address the needs of their populations that have varying degrees of psychological and social care requirements.</li> <li>• There are linkages with local service providers including aged care, disability, Māori health providers, NGOs, and prison services.</li> <li>• Health organisations' services develop working relationships with the Midland Māori Cancer Advisory Work Group (Hei Pa Harakeke) which actively supports and provides leadership and advice for implementing new services.</li> <li>• Cancer centres leadership groups build linkages to ensure services meet the needs of patient/whānau and communities.</li> <li>• Better improved cancer services are developed through leadership facilitation in partnership with whānau and communities.</li> <li>• The infrastructure is planned to services particularly where there are geographical inequalities in the location of services e.g. rural vs urban and provision of services/providers in low socio-economic areas.</li> </ul>	<p><b>The organisation will:</b></p> <ul style="list-style-type: none"> <li>• Deliver cancer information in a way that is appropriate to the culture.</li> <li>• Review supportive care practices in their services and health care environment.</li> <li>• Collaborate across the health and social services to achieve positive working relationships to build knowledge on supportive care needs.</li> <li>• Acknowledge and support Mātauranga Māori (Māori knowledge) to improve cancer care referral pathways for Māori whānau and individuals.</li> <li>• Utilise patient focus groups and consumers in the design, development and testing of strategies to improve cancer services.</li> <li>• Improve the delivery of cancer services by innovative strategies and information relevant to the local context.</li> <li>• Ensure the five dimensions of health literacy (functional, technical, interactive, political and cultural) are key factors in cancer care health literacy documentation.</li> </ul>	<p><b>The organisation will commit to:</b></p> <ul style="list-style-type: none"> <li>• Reviewing the status of supportive care practices to improve standards, pathways and action plans.</li> <li>• Workforce development in the areas of psychosocial and supportive care needs assessment.</li> <li>• Providing adequate investment and resourcing to sustain supportive care services.</li> <li>• Including consumers in design of service models (where appropriate).</li> <li>• Growing champions to support sustained effort to improving psychological support.</li> <li>• Ensuring Midland Supportive Care Work Group actively supports and provides advice in the development of new initiatives and supportive care programmes.</li> <li>• Ensuring services are structured to ensure effective and efficient use of available resources that meet the needs of patients and family/whānau.</li> <li>• Targeting areas where there are known disparities in access and/or outcomes.</li> </ul>

Leadership		Knowledge	
Leadership is setting the expectation that good cancer care provision will contribute to better health equity outcomes for all New Zealanders		Quality service delivery requires knowledge to adapt delivery to the specific needs of all cancer patients and communities	
Commitment		Cancer services are committed to reconfiguring services to deliver high-quality services that meet the need of all New Zealanders	
Health Practitioners	Leaders will ensure:	Knowledge will be utilised by:	Service commitment will be demonstrated by:
	<ul style="list-style-type: none"> <li>Cancer specialists actively seek meaningful relationships with Māori and Pacific individuals, whānau, and communities through regional Māori work groups and consumer focus groups.</li> <li>Health practitioners recognise the link between cancer care support and cultural competencies with both being expressed as best practice standards.</li> </ul>	<ul style="list-style-type: none"> <li>Encouraging health practitioners to build their knowledge base on how they can effectively communicate, and provide supportive care information to support whānau and individuals, using all five dimensions of health literacy across their communication tools.</li> <li>Realising individuals and whānau may have reduced ability to process information about their diagnosis, treatment and supportive care options when they are sick and vulnerable.</li> <li>Ensuring high quality clinical decisions are made utilising robust clinical information to support service improvements.</li> </ul>	<ul style="list-style-type: none"> <li>Health care professionals and other staff can readily describe the pathway in relation to diagnosis and treatment options together with psychological and supportive care requirements.</li> <li>Ensuring training pathways are available for all workforce including support workforce (e.g. allied health)</li> <li>Ensuring patients and their families receive excellent physical and psychological support to help with short and long term effects of cancer.</li> <li>Enabling people and families affected by cancer to actively engage in decision making about their treatment options.</li> </ul>

## Appendix C – Midland demographics and cancer burden

This section summarises key points and provides updated information to the *An Assessment of Cancer Health Needs in the Midland Cancer Network Region: 2009* (Population Health. 2009).

### Demographics

The Midland region covers an area of 56,728 km<sup>2</sup>, or 21% of New Zealand land mass. The Midland Cancer Network population has 765,528 people, with 202,680 (26.5%) Māori and 35 iwi.

Bay of Plenty DHB	Lakes DHB	Hauroa Tairāwhiti	Waikato DHB
222,235 people	103,920 people	47,603 people	391,770 people
55,175 Māori	35,975 Māori	23,235 Māori	88,295 Māori
19 iwi – Waitaha, Tapuika, Tuwharetoa-ki Kawerau, Tuhoe, Ngaiterangi, Ta Whanau-ā-Apanui, Te Whanau-a-Te Ehotu, Ngaitai, Whakatohea, Ngāti Pukenga, Ngāti Makino, Ngāti Manawa, Ngāti Whakaue ki Maketu, Ngāti Rangitihī, Ngāti Whare, Ngāti Aea, Ngāti Tai, Ngāti Ranginui, Ngāti Whakahemo	3 iwi – Te Arawa, Ngāti Tuwharetoa, Ngāti Manawa	5 iwi – Ngāti Porou, Ngāi Tamanuhiri, Rongowhakaata, Te Aitanga-a-Mahaki, Ngāti Kahungunu	8 iwi – Waikato, Hauraki Ngāti Maniapoto, Ngāti Raukawa Ngāti Haua, Tuwharetoa, Whanganui, Maata Waka

The biggest projected growth rate by age group will occur in the 65 years and over age group.

Māori population shows a high birth rate and death at a younger age in comparison to the non-Māori population.

Both Māori and Pacific Peoples population rates will continue to increase.

Within the region generally, a higher proportion of people live in a quintile five area (most deprived).

The New Zealand Health Survey indicates the following key health status indicators (age standardised prevalence 2011-13 for adults aged 15 and over) (Midland RSP. 2015) for the DHB populations.

	Bay of Plenty DHB	Lakes DHB	Hauroa Tairāwhiti	Waikato DHB
Daily smoking rate	20.6%	23.7%	35.2%	18.9%
Current smoking rate	22.2%	25.1%	36.1%	21%
Obesity	30.5%	33.2%	37%	35.4%
Hazardous drinking	17.6%	19.7%	23.7%	15.7%



## Cancer incidence

Population projections for Midland domicile patients by age band and year

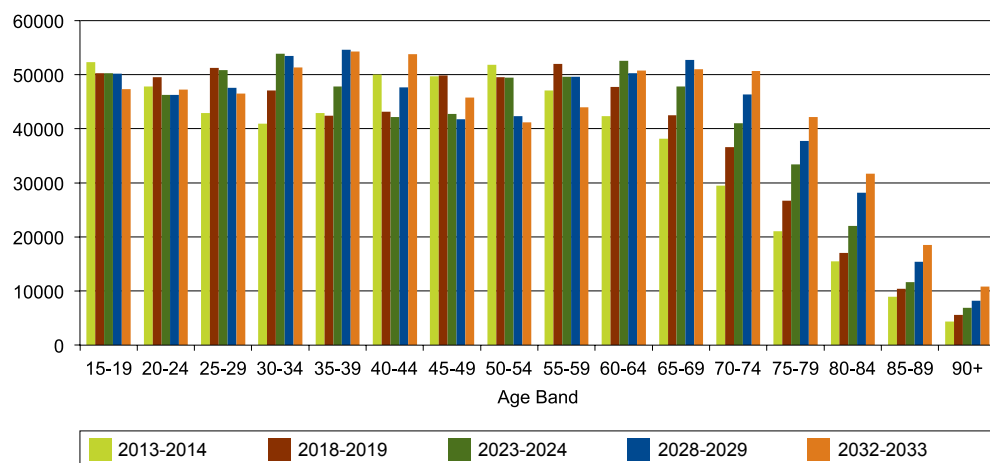


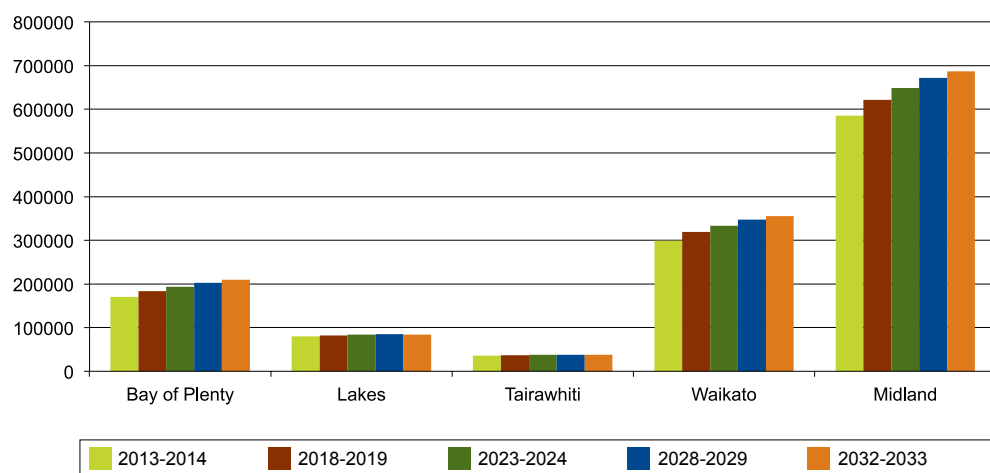
Table 1: Cancer registrations by DHB of domicile for calendar year 2001 to 2011

Diagnosis Year	Bay of Plenty	Lakes	Tairāwhiti	Waikato	Grand Total
2001	1016	440	202	1427	3085
2002	1001	437	192	1378	3008
2003	1024	475	228	1626	3353
2004	1052	434	242	1681	3409
2005	1155	462	239	1619	3475
2006	1203	476	216	1703	3598
2007	1168	502	204	1714	3588
2008	1245	512	211	1647	3615
2009	1263	476	261	1677	3677
2010	1200	507	223	1781	3711
2011	1311	569	200	1832	3912
<b>Grand Total</b>	<b>12638</b>	<b>5290</b>	<b>2418</b>	<b>18085</b>	<b>38431</b>

Table 2: Midland common cancer registrations as a % of all cancers, by ethnicity between 2001-2011

NZ European/Other	Māori	Pacific
Prostate (16%)	Lung (20%)	Breast (17%)
Colorectal (15%)	Breast (17%)	Lung (13%)
Melanoma (13%)	Prostate (9%)	Prostate (9%)
Breast (12%)	Colorectal (7%)	Colorectal (8%)
Lung (9%)	Stomach (4%)	Stomach (4%)
Total number 20,793	Total number 3,483	Total number 172

Population projections for Midland domicile patients by DHB of domicile and year



## Cancer mortality

Table 3: Mortality numbers by DHB of domicile for calendar year 2001 to 2011

Diagnosis year	Bay of Plenty	Lakes	Tairāwhiti	Waikato	Grand Total
2001	679	291	137	938	2045
2002	629	266	135	907	1937
2003	653	309	160	1022	2144
2004	653	265	153	1006	2077
2005	674	268	144	946	2032
2006	693	286	129	976	2084
2007	609	264	103	908	1884
2008	619	275	114	874	1882
2009	638	245	139	830	1852
2010	562	238	108	859	1767
2011	576	250	87	780	1693
<b>Grand Total</b>	<b>6985</b>	<b>2957</b>	<b>1409</b>	<b>10046</b>	<b>21397</b>

Table 4: Midland common cancer mortality as a % of all cancers, by ethnicity between 2001-2011

NZ European/Other	Māori	Pacific
Colorectal (17%)	Lung (29%)	Lung (21%)
Lung (15%)	Unspecified site (12%)	Prostate, Stomach (14%)
Prostate (11%)	Breast (10%)	Unspecified site (13%)
Unspecified site (10%)	Prostate (7%)	Colorectal (10%)
Breast (7%)	Stomach (6%)	Breast (8%)
total number 10,343	total number 2,495	total number 123

## Ethnic inequalities

Māori are disproportionately affected by the cancer burden compared to non-Māori, and have a higher rate of cancer registrations both in New Zealand and Midland. This is particularly true for Māori females.

In terms of cancer incidence and deaths, national rates are considerably increased in those aged 65 years and over. Still, Māori have the highest rates of cancer mortality compared to other ethnicities across all age groups, particularly for Māori aged 65 years and over.

Midland Māori also have had considerably higher levels of cancer mortality in all DHBs than non-Māori, as well as higher rates of avoidable cancer hospitalisations.

The national Māori rate for cancer registrations, cancer mortality and avoidable cancer related hospitalisations is lower than all Māori rates within Midland.

Proportionally, Midland Māori had the highest incidence of lung cancer, while European/Other had the highest incidence of colorectal cancer. Pacific people had the highest incidence of breast cancer.

The proportion of lung cancer mortality for Māori was highest in both New Zealand and Midland. One of the key risk factors for lung cancer is smoking, for which Māori have a much higher daily rate.

While the outcome for children (0-14 years) with cancer has steadily improved over the last 30 years, with 80% now cured of their disease, such survival improvements have not been seen within the adolescent young adult (AYA) cancer population. This age-based disparity in cancer outcome appears to be due to a complex mix of factors including differences in cancer diagnosis, disparity in access to coordinated cancer treatment, lower enrolment in clinical trials, and poorer treatment compliance (Ballentine K. Sullivan M. 2013; [www.ayacancernetwork.org.nz](http://www.ayacancernetwork.org.nz)).

Young people in the 12-24 age group have unique cancer treatment needs that are not covered by either child or adult cancer services. Young people do much better when they receive care that is planned by both services and is delivered in a way that is age appropriate.

## Midland faster cancer treatment

Midland DHBs have significant work to do to sustainably achieve the new 62 day FCT Health Target. 2014/15 quarter 2 and 3 summary indicates:

- Midland DHBs are required to attain 85% by July 2016. Midland DHBs were at 64.6% compared to nationally 67.4%; Waikato 59%, Bay of Plenty 78%, Lakes 14%, Hauora Tairāwhiti 79%.
- Midland DHBs are struggling to achieve 15-25% of new registrations captured in the 62 day cohort of patients. Midland DHBs achieved 13.45% compared to 15.7% nationally. Waikato 12.7%, Bay of Plenty 16.2%, Lakes 6.7%, Hauora Tairāwhiti 19.9%. This result could be for a variety of reasons, clinicians not triaging correctly, patients entered with confirmed cancer via screening service or incidental finding, patients don't come via the GP referral to FSA.
- Midland Māori have lower 62 day achievement rate 59.6% than the July-March national average 66.2%. In quarter 3 - Waikato 56%, Bay of Plenty 57%, Lakes 0%, Hauora Tairāwhiti 67%.
- Midland has lower 62 day achievement for some tumour groups than the national average i.e. head and neck 33.3% compared to NZ 56.9%; lower GI 42.5% compared to New Zealand 60.9%, sarcoma 60% compared to New Zealand 67.6%, urological 50% compared to New Zealand 58.4%. All other tumour groups other than breast are below the 85% target.
- Midland priority cancers are lung and colorectal. For quarter 1-3 2014/15 – lung cancer all Midland DHBs (Bay of Plenty 59%, Lakes 47%, Hauora Tairāwhiti 50%, Waikato 55%) have a lower 62 day achievement rate than the national average of 61.05%. For lower GI all Midland DHBs (Bay of Plenty 38%, Lakes 0%, Waikato 46%), other than Hauora Tairāwhiti 67%, have a lower 62 day achievement rate than the national average of 58.5%.

- Midland has a lower 62 day achievement rate for some first treatment types than the national average i.e. Midland radiation therapy achievement rate 39.1% New Zealand is 52.5%, Midland chemotherapy 65.2%, New Zealand is 70%; surgery 65.7%, New Zealand is 68.9%.
- Not all DHBs are triaging urgent referrals with high suspicion of cancer needing to be seen within two weeks.
- Not all expected cancer registrations are reported in the 31 day indicator.
- An added complexity is that Lakes and Hauora Tairāwhiti DHBs have a higher percentage of patients on the 62 day pathway having first treatment at another DHB.

Table 5: Q2 and Q3 2014-15 Patients with first cancer treatment in DHB of Domicile

DHB	% 62 day indicator patients with first treatment in DHB of domicile	% all patients with first treatment in DHB of domicile
Bay of Plenty	88% (99 of 112)	90% (468 of 515)
Lakes	32% (6 of 19)	58% (100 of 172)
Tairāwhiti	75% (18 of 24)	81% (82 of 101)
Waikato	100% (122 of 122)	99% (703 of 704)

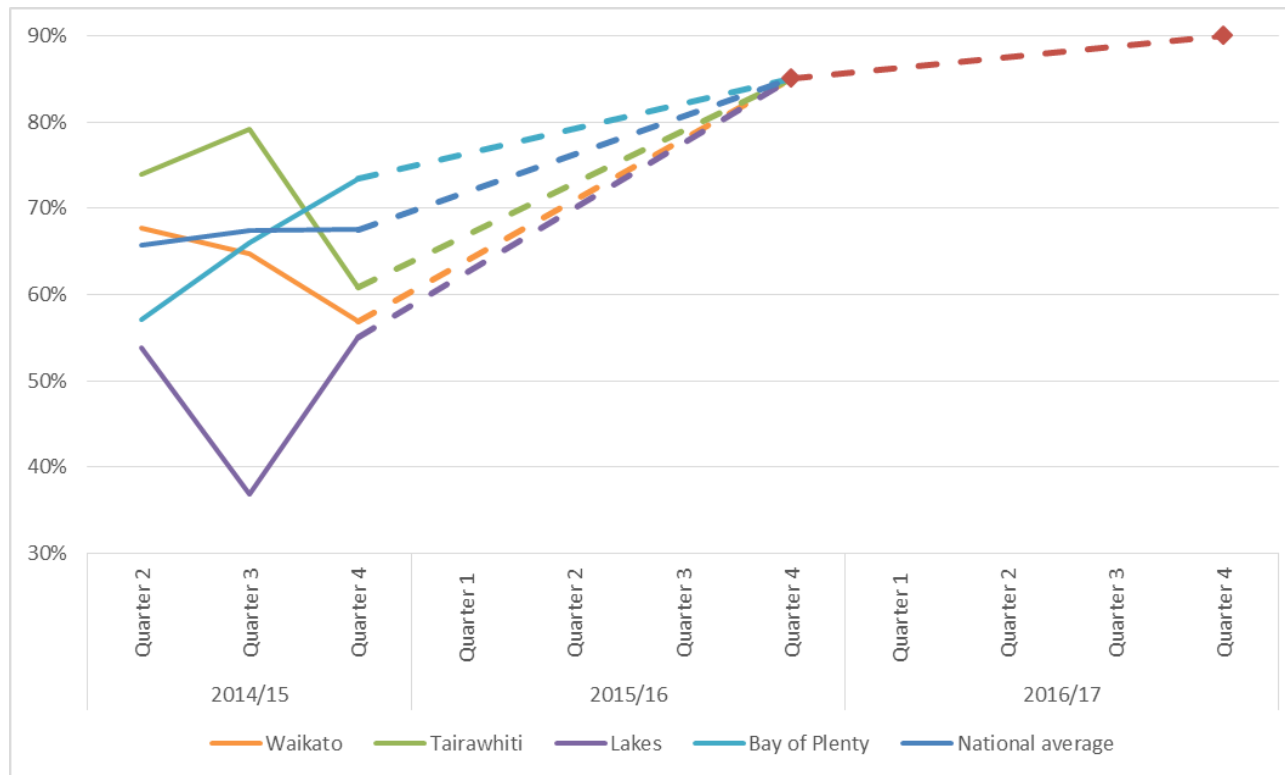


Figure 1: Breakdown of FCT health target records by tumour type (all 62-day FCT records reported for 2014/15)

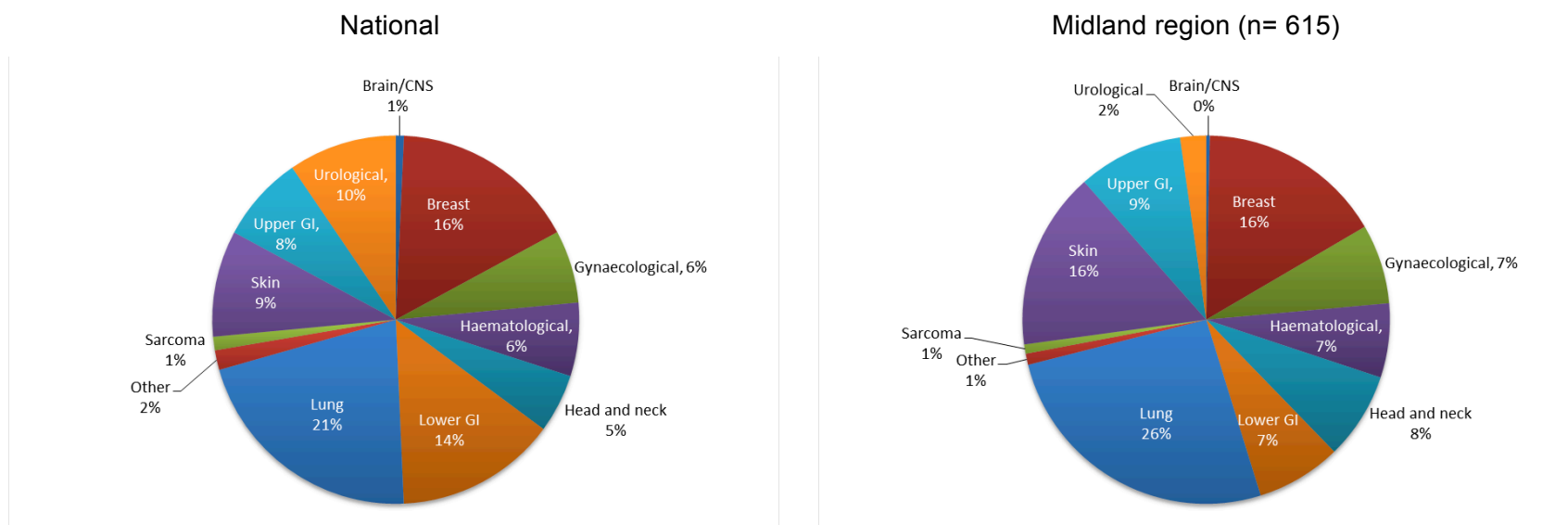
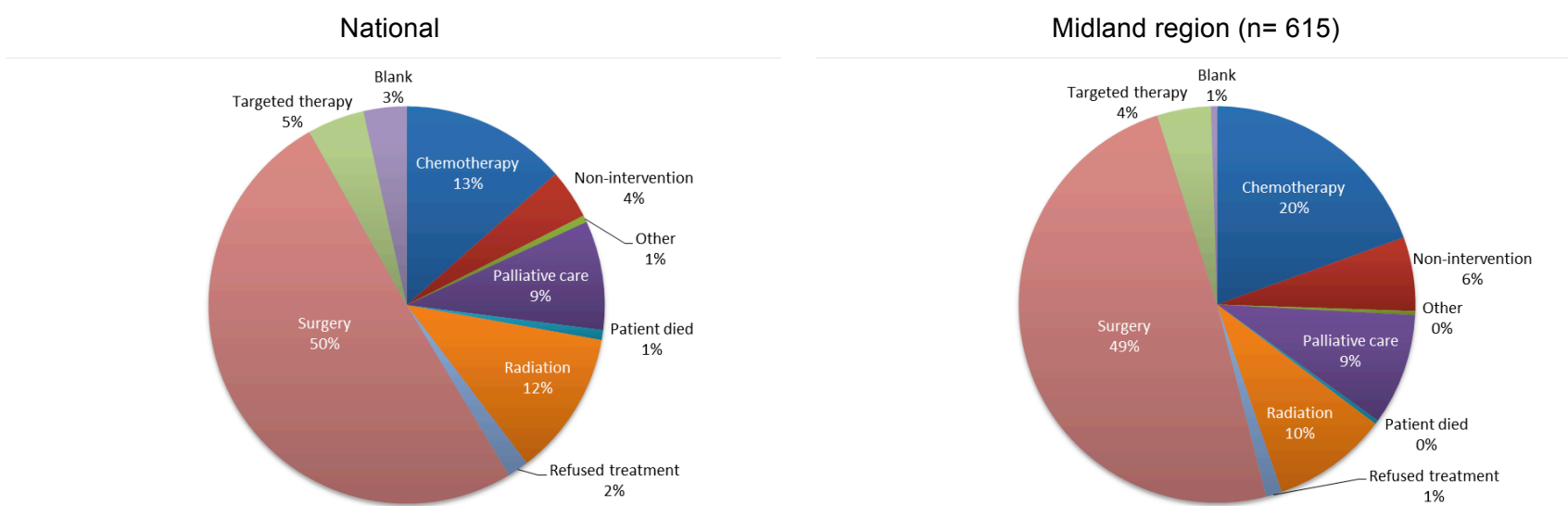


Figure 2: Breakdown of FCT health target records by treatment type (all 62-day FCT records reported for 2014/15)



## Appendix D – Measuring success

The following Health Targets and indicators support achievement of our strategies for cancer control within Midland.

<b>Better help for smokers to quit</b> • primary care	90 percent of PHO enrolled patients who smoke have been offered help to quit smoking by a health care practitioner in the last 15 months
• well child / Tamariki Ora	86 percent of mothers are smoke-free at two weeks post-natal 90 percent of children live in smoke-free homes (age four years)
• DHB	95 percent of hospital patients who smoke and are seen by a health practitioner in a public hospital are offered brief advice and support to quit smoking
• Maternity	90 percent of pregnant women who identify as smokers upon registration with a DHB-employed midwife or Lead Maternity Carer are offered brief advice and support to quit smoking
• population	By 2025, less than 5 percent of the DHB's population will be a current smoker
<b>Immunisation</b>	2015 12 year old girls 75% (first dose), 70% (second dose), 65% (third dose) 2016 12 year old girls 80% (first dose), 75% (second dose), 70% (third dose) 2017 12 year old girls 85% (first dose), 80% (second dose), 75% (third dose)
<b>Breast Screening</b>	70 percent of eligible women aged 50–69 years are screened every two years
<b>Cervical Screening</b>	80 percent of women aged 20 to 70 years are screened every three years
<b>Improved access to diagnostics</b> • colonoscopy / endoscopy	Diagnostic colonoscopy: 75% of people accepted for an urgent diagnostic colonoscopy will receive their procedure within two weeks (14 days): 100% within 30 days Non urgent colonoscopy: 65% of people accepted for a non-urgent diagnostic colonoscopy will receive their procedure within six weeks (42 days): 100% within 120 days Surveillance/follow-up colonoscopy: 65% of people waiting for a surveillance or follow-up colonoscopy will wait no longer than twelve weeks (84 days): 100% within 120 days
• CT • CT Colonography • MRI	95 percent of accepted referrals for CT scans will receive their scan within six weeks (42 days) 95 percent of accepted referrals for CT Colonography will receive their scan within six weeks (42 days) 85 percent of accepted referrals for MRI scans will receive their scan within six weeks (42 days)
<b>Cancer Health Target</b> • 62 day Health Target	DHBs achieve target of 85% by July 2016 and 90% by June 2017 for all patients referred urgently with a high suspicion of cancer and a need to be seen within two weeks receive their first treatment (or other management) within 62 days
• 31 day indicator	All patients with a diagnosis of cancer who receive their first treatment (or other management) within 31 days of decision-to-treat
<b>Shorter Waits for Cancer Treatment</b>	All patients ready-for-treatment, wait less than four weeks for radiotherapy or chemotherapy from decision to treat
<b>Cancer multidisciplinary meetings</b>	Monitors improvement to the coverage and functionality of MDMs