

# Phase 2 Prioritisation



CANCER CONTROL COUNCIL  
OF NEW ZEALAND

*Te Kaunihera Whakahaere Mate Pukupuku o Aotearoa*

## Phase 2 Prioritisation

### Purpose of this Report

To identify priorities for Phase 2 of the New Zealand Cancer Control Strategy Action Plan 2005–2010

### Background

'The Cancer Control Strategy' (Ministry of Health 2003) was developed by a partnership of government and non-government agencies. Its purpose was to provide a framework to:

- reduce the incidence and impact of cancer
- reduce inequalities with respect to cancer.

The Strategy identified six goals based around: prevention, screening and detection, diagnosis and treatment, support and rehabilitation, improvement of services and research and surveillance.

'The Cancer Control Strategy Action Plan 2005–2010' (Cancer Control Taskforce 2005) was produced to provide a detailed outline of how the goals listed in the Strategy were to be achieved. Activities were prioritised into Phase 1 (to occur within the first two years) and Phase 2 (to occur within three to five years).

'Mapping Progress' (Cancer Control Council 2007) provided an evaluation of the implementation of the Action Plan in its first two years.

A work plan for the development of a Phase 2 prioritisation document was presented by Dr Garry Forgeson at the February 2008 Cancer Control Council meeting. It was decided at that meeting that a working group would not be set up for this exercise, but that Council members and key stakeholders would peer review sections of the draft document. Reviews were subsequently undertaken by Deborah Woodley (Ministry of Health) and Helen Glasgow (Cancer Control Council).

Following the peer review the General Manager and staff collated a list of action points for Phase 2. These were discussed with Dr Forgeson at a meeting on 23<sup>rd</sup> July 2008 and circulated to Council members for comment.

### Rationale

This document prioritises each Phase 2 milestone into one of the four categories listed below:

This action **must** be achieved by end of Phase 2

This action is **ongoing** or 'evergreen'

This action **should** be achieved, but delay is anticipated

This action requires **review**

- Those actions in the **'must'** category are overall priorities for Phase 2 implementation. Specific Actions in this category are considered by the Council to be of such importance that failure to achieve them will seriously impede progress towards the goals set out in the Action Plan; or progress towards these actions is such that, the Council believes, their completion to be achievable by the sector within the life of the Action Plan.
- Those actions in the **'ongoing'** category are believed by the Council to have ongoing relevance to cancer control. The Council will need to develop appropriate strategies to ensure that progress is continuing towards achieving these 'ongoing' outcomes.
- Those actions in the **'should'** category were originally anticipated to be achieved by the end of Phase 2. However, the Council perceives that, at the current rate of progress, they will not be achieved within that time; **and** it considers that achieving these actions beyond 2010 will not seriously impede overall progress. It is anticipated that such actions will need to carry over to a second Action Plan.
- Those actions in the **'review'** category, the Council has been advised, are no longer relevant, having been superseded by other initiatives within the sector; or the specified actions may no longer be the best means to achieve the required goal or outcome. The Council will review each of these actions.

The potential audience for this document is: the Ministry of Health, the lead CEO for Cancer Control, Regional Cancer Networks and key NGOs.

It should be noted that the final prioritisation list represents the opinion of the Council rather than a consensus of views from the cancer control community as a whole.

The spreadsheet contained in this document is not designed to stand alone, but to be used in conjunction with the explanatory notes provided. Further elaboration of actions to achieve the priorities listed can be found in the Cancer Control Strategy Action Plan: 2005–2010 (Cancer Control Taskforce 2005).

# Cancer Control Council Recommendations for Phase 2 Prioritisation

	I	II	III	IV	V	VI	VII	VIII	IX	X
<b>Prevention</b>	1:1:1–6: Support initiatives which reduce tobacco use and exposure	1:4:18,19,23: Support promotion of UV exposure protection policies for school children, outdoor workers and users of solaria/sunlamps	1:7:32: Reduce exposure to, and raise awareness of, carcinogenic compounds and contaminants in the workplace	1:2–3:11–16: Support nutrition and physical activity programmes for ‘at risk’ groups	1:5:24–28: Support strategies which reduce infectious disease-related cancers	1:6:29,31: Support strategies which reduce alcohol-related cancers	1:7:33–35: Improve reporting of and increase research into occupation-related cancers	1:1:9: /1:2–3:17: Develop workforce training in primary prevention	1:4:22: Adopt ‘shade in public settings’ into community plans	1:2–3:13: Increase fruit and vegetable consumption through community gardening projects
<b>Early Detection and Screening</b>	2:1:37–39: Implement strategies to reduce inequalities in breast cancer mortality	2:2:42: Implement strategies to reduce delays in diagnosis among ‘at risk’* groups	2:2:41: Research reasons for delays in diagnosis, and their consequences, among ‘at risk’* groups	2:2:43: Implement strategies to improve early detection of skin cancer						
<b>Diagnosis and Treatment</b>	3:1–2:44: Establish specific guidelines for timely referral, diagnosis and treatment of those with cancer	3:1–3:47,55: Adopt a co-ordinated, multi-disciplinary approach to cancer care	3:4:58: Establish an ‘Adolescent and Young Adult Oncology Service’	3:1–2:45: Improve equality of access to diagnosis and treatment	3:1–2:46,48: Develop national standards for diagnosis, treatment and care of those with cancer	3:1–2:51: Develop an assessment system for new cancer treatments	3:1–2:53: Review the need for/feasibility of establishing specialist units for treatment of specific cancers	3:1–2:46: Develop accreditation templates for cancer treatment services	3:1–2:54: Define public entitlement for cancer treatment	
<b>Support and Rehabilitation</b>	5:1:84,88,89: Increase training and retention of the cancer control workforce	5:1:91: Increase the capacity and capability of nursing staff	3:3:57: Ensure patients and their whānau have access to emergency contacts and support in the community	4:1,5:60–61: Include supportive care and rehabilitation as an integral part of patient care	4:4:74–75: Ensure those with cancer and their whānau have access to high-quality information on treatment and care	4:2:67: Develop policy to better meet the resource needs of those with cancer and their families	4:2:62,64: Establish an inter-sectoral group for the provision of support and rehabilitation services	4:2:65: Establish a national working party to address fragmentation and dual funding streams within the health sector	5:1:87: Provide professional development for clinical oncology pharmacists, through DHBs in conjunction with clinical training centres	
<b>Palliative Care</b>	4:6–7:76: Implement the palliative care strategy through a palliative care working group	4:6–7:77,83: Improve access to palliative care for those from ‘under-served’** populations	4:6–7:81: Ensure palliative care services are appropriately resourced and delivered	4:6–7:82: Improve communication about services with patients and their whānau						
<b>Research and Surveillance</b>	6:3:103,106: Increase opportunities for consumer participation/representation in cancer control activities	6:1:109: Develop Māori research capacity	6:2:111–112: Develop a national cancer information data set	6:1:108,110: Adopt a strategic process for facilitating all areas of cancer control research	6:3:105: Ensure all groups in cancer control are able to demonstrate active involvement of consumers					

## Rationale

This document prioritises each Phase 2 milestone into one of the four categories listed below:

Those actions in the red **‘must’** category are overall priorities for Phase 2 implementation. Specific actions in this category are considered by the Council to be of such importance that failure to achieve them will seriously impede progress towards the goals set out in the Action Plan; or progress towards these actions is such that the Council believes their completion to be achievable by the sector within the life of the Action Plan.

Those actions in the green **‘ongoing’** category are not considered to be time limited, and are believed by the Council to have ongoing relevance to cancer control. However, the Council will need to develop appropriate strategies to ensure that progress is continuing towards achieving these ‘ongoing’ outcomes.

Those actions in the yellow **‘should’** category were originally anticipated to be achieved by the end of Phase 2. However, the Council perceives that at the current rate of progress they will not be achieved within that time, and it considers that achieving these actions beyond 2010 will not seriously impede overall progress. It is anticipated that such actions will need to carry over to a second Action Plan.

Actions in the blue **‘review’** category are those which the Council has been advised are no longer relevant, having been superseded by other initiatives within the sector; or the specified actions may no longer be the best means to achieve the required goal or outcome. The Council will review each of these actions.

It should be noted that the final prioritisation list represents the opinion of the Council rather than a consensus of views from the cancer control community as a whole.

### Key:

1:1:1 = Goal: Objective: Outcome

This action <b>must</b> be achieved by the end of Phase two	This action is <b>ongoing</b> or ‘evergreen’	This action <b>should</b> be achieved by the end of Phase two	This action requires <b>review</b>
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\* ‘at risk’ groups include: Māori, Pacific Island peoples and those with low socio-economic status

\*\* ‘under-served’ populations include: Māori, Pacific Island peoples, children, adolescents and those living in rural areas.

## Category 1: **Must** be achieved by the end of Phase 2

### Prevention (I)

#### Support initiatives which reduce tobacco use and exposure

<b>Goal 1:</b>	Reduce the incidence of cancer through primary prevention.
<b>Objective 1:</b>	Reduce the number of people who develop cancer through tobacco use and second-hand smoke.
<b>Outcome 1:</b>	Reduced exposure to second-hand smoke for New Zealanders.
<b>Outcome 3:</b>	Increased quitting rates, especially among 'at risk' groups.
<b>Outcome 4:</b>	Reduced rate of young people taking up smoking, especially among groups with higher rates of smoking.
<b>Outcome 5:</b>	Reduced Māori smoking rates.
<b>Outcome 6:</b>	Reduced Pacific smoking rates.
<b>Comment:</b>	<p>The 'Smoke-free Environments Amendment Act' is now part of legislation. Necessary Council activity is to monitor ongoing implementation of the Act to ensure compliance.</p> <p>The specific action for <b>outcome 3</b> is a reduction in adult smoking rates of 20% by the end of Phase 2. Priority is given to 'at risk' groups, such as those with low socio-economic status.</p> <p><b>Outcome 4</b> involves the implementation of strategies to reduce smoking initiation. The first stage, research, has been completed as part of Phase 1.</p> <p>Specific actions for <b>outcome 6</b> include a pilot smoking cessation programme targetted to Pacific peoples and delivered within the primary healthcare setting.</p> <p>Routine recording of smoking status by health providers and referral to appropriate cessation programmes is also included as a target by which the above outcomes can be progressed.</p> <p>These outcomes are also identified as <b>ongoing</b>.</p>

## Category 1: **Must** be achieved by the end of Phase 2

### Prevention (II)

#### Support promotion of better UV exposure protection policies for school children, outdoor workers and users of solarium/sunlamps

<b>Goal 1:</b>	Reduce the incidence of cancer through primary prevention.
<b>Objective 4:</b>	Reduce the number of people developing skin cancer due to UV radiation (UVR) exposure.
<b>Outcome 18:</b>	Reduced exposure to UVR among children (12 years and under).
<b>Outcome 19:</b>	Increased sun protection policies and practices in secondary schools.
<b>Outcome 23:</b>	Reduced risks associated with solarium and sunlamp use.
<b>Comment:</b>	<p>Multiple methods have been identified to achieve outcomes 18 and 19. These include: social marketing to raise awareness of the need for sun protection, encouraging schools and early childhood centres to adopt the 'SunSmart Schools Accreditation Programme' and monitoring the implementation of secondary school sun protection policies. Specific aims for the end of Phase 2 are: to include sun safety in all DHB plans and sun protection in the secondary school curriculum. Further research may, however, be required to inform advice on the right amount of sun exposure to prevent sunburn but to synthesise the required amounts of vitamin D.</p> <p>The specific action for outcome 23 is to promote the Australian / New Zealand Solarium Standard and to alert operators to its provision.</p> <p>These outcomes, along with <b>outcome 20</b> 'Reduce the number of outdoor workers who develop skin cancer', are also <b>ongoing</b>. Specific actions to protect outdoor workers include: working with OSH to strengthen legislation to protect outdoor workers from UVR, increasing awareness of the risks of UVR among outdoor workers and their employers, and publicising employers' responsibilities. Outcome 23 lists monitoring compliance by the solarium industry to the guidelines issued by the Australian/New Zealand Solarium Standard as an ongoing activity.</p>

**Prevention (III)**

**Reduce exposure to, and raise awareness of, carcinogenic compounds and contaminants in the workplace**

<b>Goal 1:</b>	Reduce the incidence of cancer through primary prevention.
<b>Objective 7:</b>	Reduce the number of people developing occupation-related cancers.
<b>Outcome 32:</b>	Reduced exposure to, and raised awareness of, carcinogenic compounds and contaminants in the workplace.
<b>Comment:</b>	Specific actions related to this outcome include: <ul style="list-style-type: none"><li>• Working with OSH on future guidelines and information for employers and employees on hazard identification and protection as new risks emerge.</li><li>• Monitoring compliance with relevant existing legislation by employers.</li><li>• Implementing cancer-related recommendations from reports by the National Occupational Safety and Health Advisory Committee where applicable.</li></ul>

## Category 1: **Must** be achieved by the end of Phase 2

### Diagnosis and Treatment (I)

#### Establish specific guidelines for timely referral, diagnosis and treatment of those with cancer

<b>Goal 3:</b>	Ensure effective diagnosis and treatment of those with cancer to reduce morbidity and mortality.
<b>Objective 1:</b>	Provide optimal treatment for those with cancer.
<b>Objective 2:</b>	Develop defined standards for diagnosis, treatment and care of those with cancer.
<b>Outcome 44:</b>	Prompt presentation and timely diagnosis and treatment for all patients with suspected cancer. Reduction in delays in patients presenting with symptoms suggestive of possible cancer. Appropriate referral and timely access for diagnosis and treatment for all those suspected of having cancer.
<b>Comment:</b>	<p>Specific actions in this category include establishing timeframes within which those with suspected cancer should see a specialist / receive treatment. Monitoring should be facilitated through the monitoring of waiting times for all cancer treatments. These actions are reported as being 'in progress' in 'Mapping Progress' (2007). However/ a plan for the provision of diagnostic and treatment services within defined specifications has been delayed and progress needs to be made in this area to achieve <b>objective 2</b>.</p> <p>This outcome, with regard to reducing inequalities for Māori and Pacific peoples, is also <b>ongoing</b>.</p>

## Diagnosis and Treatment (II)

### Adopt a co-ordinated, multi-disciplinary approach to cancer care

<b>Goal 3:</b>	Ensure effective diagnosis and treatment of those with cancer to reduce morbidity and mortality.
<b>Objective 1:</b>	Provide optimal treatment for those with cancer.
<b>Objective 2:</b>	Develop defined standards for diagnosis, treatment and care of those with cancer.
<b>Objective 3:</b>	Ensure patient-centred and integrated care for those with cancer, their families and whānau.
<b>Outcome 47:</b>	Patients have access to a multi-disciplinary team approach throughout their continuum of care.
<b>Outcome 55:</b>	A co-ordinated and seamless cancer journey for the patient.
<b>Comment:</b>	<p>A 'multi-disciplinary approach involves regular case conferences, which all cancer treatment centres now provide. Multi-disciplinary clinics however, have been difficult to establish in many regional centres.</p> <p>Insufficient information has made progress difficult to determine in other areas of this outcome — documented procedures for the development of multi-disciplinary teams and the involvement of Māori and Pacific expertise within these teams — according to 'Mapping Progress' (2007).</p> <p>A co-ordinated approach initially involved pilot studies to map cancer patients' journeys through clinical care, to identify gaps/ areas of improvement. Some pilot studies have been completed but further studies (to cover all regions) will be needed.</p> <p>These outcomes are also <b>ongoing</b>.</p>

Category 1: **Must** be achieved by the end of Phase 2

**Diagnosis and Treatment (III)**

**Establish an 'Adolescent and Young Adult Oncology Service'**

<b>Goal 3:</b>	Ensure effective diagnosis and treatment of those with cancer to reduce morbidity and mortality.
<b>Objective 4:</b>	Improve the quality of care delivered to adolescents with cancer, their families and whānau.
<b>Outcome 58:</b>	Development of designated regional adolescent oncology services to provide co-ordinated care for adolescents with cancer, ensuring that standards of medical and psychological care are met.
<b>Comment:</b>	Substantial progress has been made towards this goal. The establishment of this service to a functional level should be readily possible within Phase 2.

## Support and Rehabilitation (I)

### Increase training and retention of the cancer control workforce

<b>Goal 5:</b>	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.
<b>Objective 1:</b>	Develop a co-ordinated national cancer workforce strategy.
<b>Outcome 84:</b>	Appropriate levels of recruitment, training, professional development and retention of paid and voluntary workforce required for effective cancer control.
<b>Outcome 88:</b>	Increased training and retention of anatomic pathologists to meet the growing need for cancer diagnosis.
<b>Outcome 89:</b>	Increased training and retention of hospital physicists to meet the growing need for radiotherapy.
<b>Comment:</b>	<p>For <b>outcome 84</b> to be achieved, a stocktake and definition of future requirements must be completed by the end of Phase 2.</p> <p>A specific requirement for <b>outcome 88</b> includes the establishment and resourcing of 10 additional training posts in anatomic pathology.</p> <p>A specific action for <b>outcome 89</b> is to establish appropriate numbers of physics registrar posts and to review these regularly to ensure Australasian guidelines are met. A definition of the number of posts required should be completed by the end of Phase 2.</p> <p>The retention of staff to fill the above posts is considered an <b>ongoing</b> requirement.</p>

## Category 1: **Must** be achieved by the end of Phase 2

### Support and Rehabilitation (II)

#### Increase the capacity and capability of nursing staff

<b>Goal 5:</b>	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.
<b>Objective 1:</b>	Develop a co-ordinated national cancer workforce strategy.
<b>Outcome 91:</b>	Improved capacity and capability of the cancer nursing workforce.
<b>Comment:</b>	<p>Specific actions within this category include: an agreement on the appropriate establishments for oncology/haematology nurses, a definition of the scope of a senior oncology nurse and the establishment and resourcing of training posts for 12 nurses per annum to complete post-graduate certificates or diplomas relating to cancer nursing. The above needs to occur in the order listed and should be completed by the end of Phase 2.</p> <p>The above is also included in the <b>ongoing</b> category.</p>

### Support and Rehabilitation (III)

#### Ensure patients and their whānau have access to emergency contacts and support in the community

<b>Goal 3:</b>	Ensure effective diagnosis and treatment of cancer to reduce morbidity and mortality.
<b>Objective 3:</b>	Ensure patient-centred and integrated care for those with cancer, their family and whānau.
<b>Outcome 57:</b>	Improved care in the community setting.
<b>Comment:</b>	<p>An appropriate milestone for this outcome is to ensure that patients and their whānau are aware of who to contact in an emergency (especially 'out of hours').</p> <p>This outcome is also included in the <b>ongoing</b> category.</p>

## Support and Rehabilitation (IV)

Include supportive care and management as an integral part of patient care

<b>Goal 4:</b>	Improve quality of life for those with cancer, their family and whānau through support, rehabilitation and palliative care.
<b>Objective 1:</b>	Establish integrated programmes of supportive care and rehabilitation with defined leadership.
<b>Objective 5:</b>	Ensure optimal independence and function for those with cancer through systematic assessment and appropriate multi-disciplinary intervention for their social and vocational needs.
<b>Outcome 60:</b>	<p>Supportive care and rehabilitation are an integral component of cancer care. Existing services are maximised, and there is consistency in availability of, and access to, services.</p> <p>Effective service models and standards are developed to assess the range of services provided.</p> <p>Ability to identify workforce requirements, workforce development needs and research priorities.</p>
<b>Outcome 61:</b>	<p>Supportive care and rehabilitation are an integral component of cancer care and management for children, and for adolescents with cancer, their families and whānau.</p> <p>Existing services are maximised, and there is consistency in availability of, and access to, services.</p> <p>Effective service models and standards.</p>
<b>Comment:</b>	<p>Specific action for both the above outcomes has been delayed pending the establishment of an advisory committee. However, the action only requires the establishment of a working group to provide guidance.</p> <p>It is noted for <b>outcome 61</b> that many of the required groups and structures that underpin the actions are already in place.</p>

## Palliative Care (I)

### Implement the palliative care strategy through a palliative care working group

<b>Goal 4:</b>	Improve the quality of life for those with cancer, their family and whānau through support, rehabilitation and palliative care.
<b>Objective 6:</b>	Continue to improve access to essential palliative care services that provide appropriate symptom relief and emotional, spiritual, cultural and social support for those with cancer, their family and whānau.
<b>Objective 7:</b>	Ensure an integrated and comprehensive service is provided to all those with cancer who require palliative care, their family and whānau.
<b>Outcome 76:</b>	The New Zealand Palliative Care Strategy is implemented.
<b>Comment:</b>	Ensuring palliative care goals and objectives outlined in the Cancer Control Strategy are incorporated into DHB plans is a Phase 1 milestone. This is in progress, according to 'Mapping Progress' (2007). It is considered crucial to the ongoing development of palliative care services and should therefore be closely monitored.

Category 1: **Must** be achieved by the end of Phase 2

**Palliative Care (II)**

**Improve access to palliative care to those from 'under-served' populations**

<b>Goal 4:</b>	Improve the quality of life of those with cancer, their family and whānau through support, rehabilitation and palliative care.
<b>Objective 6:</b>	Continue to improve access to essential palliative care services that provide appropriate symptom relief and emotional, spiritual, cultural and social support for those with cancer, their family and whānau.
<b>Objective 7:</b>	Ensure an integrated and comprehensive service is provided to all those with cancer who require palliative care, their family and whānau.
<b>Outcome 77:</b>	Access to palliative care for people with cancer from specific under-served populations is increased and is delivered in an appropriate manner.
<b>Outcome 83:</b>	Support care is easily accessed, no matter where a person lives or their age.
<b>Comment:</b>	<p>Specific action requires the involvement of: Māori, Pacific and other significant ethnic groups, along with paediatric services, rural healthcare professionals and consumers in the planning of local/regional palliative care services.</p> <p>Establishment of a palliative care group to plan and implement actions towards this goal should occur by the end of Phase 2.</p> <p>These outcomes are also included in the <b>ongoing</b> category.</p>

## Research and Surveillance (I)

### Increase opportunities for consumer participation/ representation in cancer control activities

<b>Goal 5:</b>	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.
<b>Objective 3:</b>	Ensure active involvement of consumer representatives across the cancer control continuum.
<b>Outcome 103:</b>	Increased consumer participation and opportunities for consumer representatives to be actively involved in cancer control activities at local, regional and national levels.
<b>Outcome 106:</b>	All consumer representatives involved with cancer control groups and related activities have the appropriate experience and/ or training so they are well prepared to be effective and knowledgeable representatives.
<b>Comment:</b>	Both of the above outcomes are Phase 1 targets but noted as delayed by 'Mapping Progress' (2007). The Cancer Society and CancerVOICES have run two pilot programmes on consumer representative training and, with funding, could develop these further.  These outcomes are also included in the <b>ongoing</b> category.

Category 1: **Must** be achieved by the end of Phase 2

**Research and Surveillance (II)**

**Develop Māori research capacity**

<b>Goal 6:</b>	Improve the effectiveness of cancer control in New Zealand through research and surveillance.
<b>Objective 1:</b>	Extend and enhance research across the cancer control continuum.
<b>Outcome 109:</b>	The development and maintenance of a Māori research capacity.
<b>Comment:</b>	There is a specific action within this category: 'to use the request for research proposal process to establish cancer control research projects of particular relevance to Māori by 2007'. 'Mapping Progress' (2007) notes activity towards this outcome but has insufficient evidence to report further. This outcome is also included in the <b>ongoing</b> category.

## Research and Surveillance (III)

### Develop a national cancer information data set

<b>Goal 6:</b>	Improve the effectiveness of cancer control in New Zealand through research and surveillance.
<b>Objective 2:</b>	Improve the use, efficiency and scope of national data collection reporting.
<b>Outcome 111:</b>	A national cancer information data set that provides up-to-date and meaningful information for monitoring and effective implementation of the Cancer Control Strategy.
<b>Outcome 112:</b>	Improved and consistent collection of ethnicity data.
<b>Comment:</b>	<p>Specific action for <b>outcome 111</b> is for refinement of the role of the cancer registry, considered by the Council to be vital to guide cancer control decisions. 'Mapping Progress' (2007) notes that a strategic 'roadmap' for the development of cancer information until 2011 is outlined in 'Cancer Collection Framework Final Report' (2006).</p> <p>Specific actions for <b>outcome 112</b> are to: expand and standardise the collection of ethnicity data and to train ethnicity data collection providers. Both are noted as in progress by 'Mapping Progress' (2007).</p> <p>These outcomes are also included in the <b>ongoing</b> category.</p>

**Prevention (IV)**

**Support nutrition and physical activity programmes for 'at risk' groups**

<b>Goal 1:</b>	Reduce the incidence of cancer through primary prevention.
<b>Objective 2:</b>	Reduce the number of people developing physical inactivity- and obesity-related cancers.
<b>Objective 3:</b>	Reduce the number of people developing nutrition-related cancers.
<b>Outcome 11:</b>	Increase in physical activity among vulnerable populations.
<b>Outcome 12:</b>	Reduced levels of obesity in vulnerable populations, particularly Māori, Pacific peoples and low socio-economic groups.
<b>Outcome 14:</b>	Increased awareness and knowledge of healthy, nutritious foods.
<b>Outcome 15:</b>	Increased emphasis on nutrition and physical activity throughout the health and disability sector.
<b>Outcome 16:</b>	Improved quality and availability of research interventions to prevent cancer.
<b>Comment:</b>	<p>The specific actions for these outcomes include:</p> <ul style="list-style-type: none"> <li>• Maintaining and expanding the 'Green Prescription' programme.</li> <li>• Raising awareness of the link between cancer risk and inadequate physical activity.</li> <li>• Increase initiatives to improve nutrition and promote healthy weight for low socio-economic groups.</li> <li>• Increase investment in community initiatives to improve nutrition, physical activity and promote healthy weight for Māori.</li> <li>• Support childhood obesity programmes for Pacific peoples.</li> <li>• Increase awareness of the link between inadequate nutrition and cancer risk.</li> <li>• DHBs to incorporate nutrition and physical activity interventions into their annual plans.</li> <li>• PHOs and GPs to incorporate information on the protective effects of nutrition and physical activity in preventing cancer.</li> </ul>

## Category 2: Ongoing/Evergreen

### Prevention (V)

#### Support strategies which reduce infectious disease-related cancers

<b>Goal 1:</b>	Reduce the incidence of cancer through primary prevention.
<b>Objective 5:</b>	Reduce the number of people with infectious disease-related cancers.
<b>Outcome 24:</b>	Raised awareness in the population, especially in high-risk groups, of the cancer risk associated with some infectious diseases.
<b>Outcome 25:</b>	Reduced incidence of cervical and vaginal cancer.
<b>Outcome 26:</b>	Reduced incidence of hepatitis B in all New Zealanders, especially Māori, Pacific and Asian peoples and healthcare workers.
<b>Outcome 27:</b>	Raised awareness of the risks associated with intravenous drug use.
<b>Outcome 28:</b>	Ensure that emerging links between infectious agents and cancer are assessed.
<b>Comment:</b>	<p>The specific actions for these outcomes include:</p> <ul style="list-style-type: none"> <li>• Implementation of health promotion actions identified in existing policies, strategies and programmes that relate to infectious disease.</li> <li>• Support and endorse the Sexual and Reproductive Health Strategy.</li> <li>• Endorse effective case funding for hepatitis B in high prevalence populations.</li> <li>• Work with hepatitis B initiatives to improve uptake.</li> <li>• Ensure that individuals identified through the hepatitis B screening programme receive appropriate surveillance for hepatocellular carcinoma.</li> <li>• Monitor emerging links between infectious agents and stomach cancer.</li> </ul>

**Prevention (VI)**

**Support strategies which reduce alcohol-related cancers**

<b>Goal 1:</b>	Reduce the incidence of cancer through primary prevention.
<b>Objective 6:</b>	Reduce the number of people with alcohol-related cancers.
<b>Outcome 29:</b>	More New Zealanders are aware that alcohol consumption increases the risk of certain cancers.
<b>Outcome 31:</b>	An improved evidence base on the impact of drinking patterns on cancer risk.
<b>Comment:</b>	<p>The specific actions for these outcomes include:</p> <ul style="list-style-type: none"> <li>• Ensuring that the specific cancer risk associated with alcohol is clearly identified in all future policies and information produced by key stakeholders.</li> <li>• Supporting research and evaluation on the association between drinking patterns and cancer risk.</li> </ul>

## Category 2: Ongoing/Evergreen

### Prevention (VII)

#### Improve reporting of and increase research into occupation-related cancers

<b>Goal 1:</b>	Reduce the incidence of cancer through primary prevention.
<b>Objective 7:</b>	Reduce the number of people developing occupation-related cancers.
<b>Outcome 33:</b>	Improved evidence base for occupational exposure-related cancers and contaminants.
<b>Outcome 34:</b>	Improved reporting of occupational cancers.
<b>Outcome 35:</b>	Improved monitoring and surveillance of populations exposed to known carcinogens.
<b>Comment:</b>	<p>The specific actions for these outcomes include:</p> <ul style="list-style-type: none"> <li>• Support the OSH Cancer Panel Research Programme on occupational exposures.</li> <li>• Work with OSH and NZHIS to facilitate the collection of data on occupation-related cancers.</li> <li>• Work with OSH (and ERMA) to encourage employers to undertake appropriate monitoring to safeguard the health of those at work.</li> </ul>

## Early Detection and Screening (I)

### Implement strategies to reduce inequalities in breast cancer mortality

<b>Goal 2:</b>	Ensure effective screening and early detection to reduce cancer incidence and mortality.
<b>Objective 1:</b>	At a national level, produce a strategic approach to cancer screening and the assessment and surveillance of those with familial risk, to ensure quality, acceptability and effectiveness.
<b>Outcome 37:</b>	Reduction in breast cancer mortality for Māori women aged 55–74 years.
<b>Outcome 38:</b>	Reduction in breast cancer mortality for Pacific women aged 55–74 years.
<b>Outcome 39:</b>	Reduction in breast cancer mortality for North Island women aged 55–74 years.
<b>Comment:</b>	The specific actions for all outcomes are to: identify and implement strategies to increase the coverage of Breastscreen Aotearoa for these women. These were Phase 1 targets and 'Mapping Progress' (2007) notes that they are 'in progress' of being achieved. Coverage for the eligible populations are currently: 40.9% for Māori women, 40.8% for Pacific women and 37–63% (according to DHB) for North Island women.

## Early Detection and Screening (II)

### Implement strategies to reduce delays in diagnosis among 'at risk' groups

<b>Goal 2:</b>	Ensure effective screening and early detection to reduce cancer incidence and mortality.
<b>Objective 2:</b>	Establish a process to assess the value of early detection of cancer other than that obtained through organised screening.
<b>Outcome 42:</b>	Identification of those interventions with the potential to improve survival and quality of life. Identification of interventions with the potential to reduce inequalities in cancer mortality and morbidity in New Zealand.
<b>Comment:</b>	The specific action for this outcome is a literature review to identify strategies to increase early detection and diagnosis, where that has proven to be advantageous. 'Mapping Progress' (2007) notes that this action has been delayed.

## Diagnosis and Treatment (IV)

### Improve equality of access to diagnosis and treatment

<b>Goal 3:</b>	Ensure effective diagnosis and treatment of those with cancer to reduce morbidity and mortality.
<b>Objective 1:</b>	Provide optimal treatment for those with cancer.
<b>Objective 2:</b>	Develop defined standards for diagnosis, treatment and care of those with cancer.
<b>Outcome 45:</b>	Improved access to diagnosis and treatment for those with recognised disadvantages, such as Māori and Pacific peoples, who have lower cancer survival rates.
<b>Comment:</b>	<p>Specific actions in this category include:</p> <ul style="list-style-type: none"> <li>• Prioritisation of new initiatives aimed at reducing cancer-related inequalities.</li> <li>• Developing tools and resources to improve communication with target groups.</li> </ul> <p>Developing communication strategies is a Phase 1 target. However, 'Mapping Progress' (2007) notes that there is insufficient information to identify progress in this area.</p>

### Support and Rehabilitation (V)

Ensure those with cancer and their whānau have access to high quality information on treatment and care

<b>Goal 4:</b>	Improve the quality of life of those with cancer, their family and whānau, through support rehabilitation and palliative care.
<b>Objective 4:</b>	Ensure that those with cancer, their family and whānau, have access to high-quality information on treatment and care, including complementary and alternative medicine (CAM).
<b>Outcome 74:</b>	Information for consumers with cancer is comprehensive, evidence based and reflects an integrated approach, combining self-help, CAM and bio-medical information.
<b>Outcome 75:</b>	Increased provider compliance with 'Code of Health and Disability Services Consumers' Rights' in all health professional settings. Quality information available to consumers within clinical settings.
<b>Comment:</b>	<p>The specific actions for these outcomes include:</p> <ul style="list-style-type: none"> <li>• Providing a comprehensive range of quality, evidence-based information in a range of formats.</li> <li>• Emphasising the importance of quality information to consumers in professional development, training and education of health practitioners.</li> </ul>

## Category 2: Ongoing/Evergreen

### Palliative Care (III)

#### Ensure palliative care services are appropriately resourced and delivered

<b>Goal 4:</b>	Improve the quality of life of those with cancer, their family and whānau, through support, rehabilitation and palliative care.
<b>Objective 6:</b>	Continue to improve access to essential palliative care services that provide appropriate symptom relief and emotional, spiritual, cultural and social support for those with cancer, their family and whānau.
<b>Objective 7:</b>	Ensure an integrated and comprehensive service is provided to all those with cancer who require palliative care, their family and whānau.
<b>Outcome 81:</b>	Palliative care services are appropriately resourced and delivered.
<b>Comment:</b>	The specific action for this outcome is to review and update the hospice palliative care service model to include all palliative care services. 'Mapping Progress' (2007) notes the proposal for a 'Needs Assessment in Palliative Care' project to produce a national framework to address issues of resourcing and delivery in palliative care.

**Palliative Care (IV)**

**Improve communication about services with patients and their whānau**

<b>Goal 4:</b>	Improve the quality of life of those with cancer, their family and whānau, through support rehabilitation and palliative care.
<b>Objective 6:</b>	Continue to improve access to essential palliative care services that provide appropriate symptom relief and emotional, spiritual, cultural and social support for those with cancer, their family and whānau.
<b>Objective 7:</b>	Ensure an integrated and comprehensive service is provided to all those with cancer who require palliative care, their family and whānau.
<b>Outcome 82:</b>	Improved communication, integration and co-ordination of cancer services between patients, family/whānau and services.
<b>Comment:</b>	The specific action for this outcome is for each DHB to have local and regional palliative care networks, to develop and implement: a clear cancer-related palliative care plan, referral system guidance, a local system of care co-ordination, an agreed communication system, a local service directory and an audit to monitor activities. 'Mapping Progress' (2007) notes progress in setting up networks and appointing care co-ordinators to ensure patients and information move smoothly between providers.

Research and Surveillance (IV)

Adopt a strategic process for facilitating all areas of cancer control research

<b>Goal 6:</b>	Improve the effectiveness of cancer control in New Zealand through research and surveillance.
<b>Objective 1:</b>	Extend and enhance research across the cancer control continuum.
<b>Outcome 108:</b>	A strategic and regular process for facilitating research relevant to cancer control in New Zealand.
<b>Outcome 110:</b>	A research capacity in the behavioural, social, cultural and psychosocial aspects of cancer control is developed.
<b>Comment:</b>	<p>The specific action for <b>outcome 108</b> is to develop a rolling research plan for cancer control. 'Mapping Progress' (2007) notes that this is in progress (through the Research Advisory Group).</p> <p>The specific action for <b>outcome 110</b> is for the cancer research funders' forum and Health Research Council to initiate research programmes into aspects of cancer control, which are, at present under-researched.</p>

Prevention (VIII)	
Develop workforce training in primary prevention	
<b>Goal 1:</b>	Reduce the incidence of cancer through primary prevention.
<b>Objective 1:</b>	Reduce the number of people who develop cancers due to tobacco use and second-hand smoke.
<b>Objective 2:</b>	Reduce the number of people developing physical inactivity- and obesity-related cancers.
<b>Objective 3:</b>	Reduce the number of people developing nutrition-related cancers.
<b>Outcome 9:</b>	A workforce that is trained in tobacco control and meets the needs of the population.
<b>Outcome 17:</b>	A workforce that is trained in the importance of nutrition and physical activity and meets the needs of the population.
<b>Comment:</b>	<p>Specific actions to achieve these outcomes include: assessment of current capacities, deficits and future needs, and a training programme to address identified needs. Ongoing training to upskill the health sector workforce is also required — especially for those working with ‘at risk’ groups. The target, which is considered valid, is to have training programmes implemented by the end of Phase 2. However, it is acknowledged that achievement of this target may be delayed. The mix of agencies responsible for primary prevention activities (for example, there are numerous agencies involved in tobacco control) might impede the production of a Workforce Development Plan.</p> <p>This outcome is also included in the <b>ongoing</b> category.</p>

**Prevention (IX)**

**Adopt 'shade in public settings' into community plans**

<b>Goal 1:</b>	Reduce the incidence of cancer through primary prevention.
<b>Objective 4:</b>	Reduce the number of people developing skin cancer due to UV radiation exposure.
<b>Outcome 22:</b>	Increase shaded provision in public settings/environments.
<b>Comment:</b>	<p>Specific actions to achieve this outcome include: strengthening the legal framework to include shade provision (e.g. the Building Act 1991 and the Resource Management Act 1991).</p> <p>This outcome is also included in the <b>ongoing</b> category in terms of: supporting new and existing efforts to increase provision of built and natural shade, supporting the development of guidelines for shade provision and ensuring all territorial authorities' long-term community plans include a focus on shade provision.</p>

### Early Detection and Screening (III)

#### Research reasons for delays in diagnosis' and their consequences, among 'at risk' groups

<b>Goal 2:</b>	Ensure effective screening and early detection to reduce cancer incidence and mortality.
<b>Objective 2:</b>	Establish a process to assess the value of early detection of cancer, other than that obtained through established screening.
<b>Outcome 41:</b>	Assessment of the extent to which delays in early detection and diagnosis are contributing to New Zealand's high cancer mortality rates, particularly among Māori and Pacific peoples. Identification of reasons for such delays as a basis for future delay-reducing strategies.
<b>Comment:</b>	'Mapping Progress' (2007) notes that this action has been delayed, with no specific methodology yet developed (although a report — Cormack et. al. (2005) — and four patient pathway projects have considered these issues). It is noted by the Council that this initiative is important and requires progress.

## Early Detection and Screening (IV)

### Implement strategies to improve early detection of skin cancer

<b>Goal 2:</b>	Ensure effective screening and early detection to reduce cancer incidence and mortality.
<b>Objective 2:</b>	Establish a process to assess the value of early detection of cancer, other than that obtained through established screening.
<b>Outcome 43:</b>	Reduction in deaths from melanoma in New Zealand.
<b>Comment:</b>	<p>Specific actions in this category relate to developing a strategic approach to early detection of skin cancer. An advisory group report has been completed, a plan for implementation is now required.</p> <p>This outcome is also in the <b>ongoing</b> category.</p>

## Diagnosis and Treatment (V)

### Develop national standards for the diagnosis, treatment and care for those with cancer

<b>Goal 3:</b>	Ensure effective diagnosis and treatment of those with cancer to reduce morbidity and mortality.
<b>Objective 1:</b>	Provide optimal treatment for those with cancer.
<b>Objective 2:</b>	Develop defined standards for diagnosis, treatment and care of those with cancer.
<b>Outcome 46:</b>	Cancer diagnosis and treatment are provided to defined standards and quality. Care is delivered to agreed standards. Quality of services is defined and able to be monitored.
<b>Outcome 48:</b>	There is regional and national consistency of cancer diagnosis and treatment.
<b>Comment:</b>	<p>Specific action for <b>outcome 46</b> is the development of guidelines for cancer diagnosis, treatment and management. Particular emphasis in this outcome is given to those cancers which contribute to the greatest disparities for Māori. Work is in progress on this through the regional network tumour streams. Development of diagnostic and treatment services and quality standards also needs to be undertaken, for implementation by DHBs.</p> <p>Specific actions for <b>outcome 48</b> include: developing referral guidelines and teleconferencing mechanisms where remoteness or workforce issues make multi-disciplinary teams not feasible. Diagnostic and treatment providers are also required to demonstrate protocols for patient services. Progress has been made on these actions (for example, treatment protocols are now in place) but more is needed if the outcomes are to be achieved.</p> <p>Both these outcomes are also in the <b>ongoing</b> category. With regard to <b>outcome 46</b> this needs to be through monitoring the effects of developed standards on outcomes for Māori. Evidence of use of a case management approach for Māori and Pacific peoples also needs to be demonstrated.</p>

## Diagnosis and Treatment (VI)

### Develop an assessment system for new cancer treatments

<b>Goal 3:</b>	Ensure effective diagnosis and treatment of those with cancer to reduce morbidity and mortality.
<b>Objective 1:</b>	Provide optimal treatment for those with cancer.
<b>Objective 2:</b>	Develop defined standards for diagnosis, treatment and care of those with cancer.
<b>Outcome 51:</b>	There is appropriate introduction of new treatments, such that New Zealand continues to have access to modern therapies.
<b>Comment:</b>	Systems are being developed for assessment of new technologies for the treatment of cancer, but are not yet fully functional.  This outcome is also in the <b>ongoing</b> category.

## Diagnosis and Treatment (VII)

### Review the need for/ feasibility of establishing specialist units for the treatment of specific cancers

<b>Goal 3:</b>	Ensure effective diagnosis and treatment of those with cancer to reduce morbidity and mortality.
<b>Objective 1:</b>	Provide optimal treatment for those with cancer.
<b>Objective 2:</b>	Develop defined standards for diagnosis, treatment and care of those with cancer.
<b>Outcome 53:</b>	The need for highly specialised or national units to improve outcomes for those cancers requiring specialised management is defined.
<b>Comment:</b>	The specific action for this outcome is for an initial review. No review has so far taken place, only some activity around bone tumours. Regional multi-disciplinary meetings are not yet fully established and as yet there is no consensus on how national units might function.

## Support and Rehabilitation (VI)

### Develop policy to better meet the resource needs of those with cancer and their families

<b>Goal 4:</b>	Improve the quality of life of those with cancer, their family and whānau, through support, rehabilitation and palliative care.
<b>Objective 2:</b>	Ensure people with cancer and their family and whānau are able to access appropriate resources for the support and rehabilitation they need.
<b>Outcome 67:</b>	Further policy is developed to better meet the needs of those with cancer and their families.
<b>Comment:</b>	The specific action for this outcome is to assess current policy and practice in the provision of resources for support and rehabilitation. 'Mapping Progress' (2007) indicates uncertainty on the national leadership to address this outcome. Progress is likely to depend on the definition and establishment of a National Advisory Group.

**Prevention (X)**

**Increase fruit and vegetable consumption through community gardening projects**

<b>Goal 1:</b>	Reduce the incidence of cancer through primary prevention.
<b>Objective 2:</b>	Reduce the number of people developing physical inactivity- and obesity-related cancers.
<b>Objective 3:</b>	Reduce the number of people developing nutrition-related cancers.
<b>Outcome 13:</b>	Increased consumption of fruit and vegetables.
<b>Comment:</b>	The specific action for this outcome is to develop community gardening programmes for low-income communities. However, 'Mapping Progress' (2007) states that the focus to date has been on fruit in schools (for decile 1 and 2 schools), food and nutrition guidelines and a food and beverage classification system.

## Diagnosis and Treatment (VIII)

### Develop accreditation templates for cancer treatment services

<b>Goal 3:</b>	Ensure effective diagnosis and treatment of cancer to reduce morbidity and mortality.
<b>Objective 1:</b>	Provide optimal treatment for those with cancer.
<b>Objective 2:</b>	Develop defined standards for diagnosis, treatment and care of those with cancer.
<b>Outcome 46:</b>	Cancer diagnosis and treatment are provided to defined standards and quality. Care is delivered to agreed standards. Quality of services is defined and able to be monitored.
<b>Comment:</b>	Specific actions for this outcome include the development of templates for the accreditation of cancer treatment services. The New Zealand Cancer Treatment Working Party has advised that this issue is a low priority; emphasis is currently being placed on the development of guidelines and national service specifications. The adaptation of Australian accreditation for cancer services is being considered.

## Diagnosis and Treatment (IX)

### Define public entitlement for cancer treatment

<b>Goal 3:</b>	Ensure effective diagnosis and treatment of cancer to reduce morbidity and mortality.
<b>Objective 1:</b>	Provide optimal treatment for those with cancer.
<b>Objective 2:</b>	Develop defined standards for diagnosis, treatment and care of those with cancer.
<b>Outcome 54:</b>	Public entitlement for cancer treatment is defined so there is certainty of treatments available.
<b>Comment:</b>	The specific action for this outcome is a public consultation. However, according to 'Mapping Progress' (2007) the Cancer Control Implementation Steering Group decided there was insufficient guidance to progress with this.

## Support and Rehabilitation (VII)

### Establish an inter-sectoral group for the provision of support and rehabilitation services

<b>Goal 4:</b>	Improve the quality of life of those with cancer, their family and whānau, through support rehabilitation and palliative care.
<b>Objective 2:</b>	Develop defined standards for diagnosis, treatment and care for those with cancer.
<b>Outcome 62:</b>	Formalised inter-sectoral commitment to the provision of support and rehabilitation services.
<b>Outcome 64:</b>	Reduction in variations in the provision of resources for support and rehabilitation. Support and rehabilitation availability that best targets needs.
<b>Comment:</b>	The specific action for these outcomes involves the establishment of a national inter-sectoral group to include: the Ministries of Health, Education and Social Development along with DHBs and NGOs. The Council should consider the need for and composition of a potential 'National Supportive Care Committee'.

### Support and Rehabilitation (VIII)

#### Establish a national working party to address fragmentation and dual-funding streams within the health sector

<b>Goal 4:</b>	Improve the quality of life of those with cancer, their family and whānau, through support, rehabilitation and palliative care.
<b>Objective 2:</b>	Develop defined standards for diagnosis, treatment and care for those with cancer.
<b>Outcome 65:</b>	All people with cancer receive resources based on need rather than diagnosis.
<b>Comment:</b>	The specific action for this outcome is to establish a national working party to address fragmentation and dual-funding streams within the health sector. The Council needs to determine whether the outcome is best achieved by this action.

## Support and Rehabilitation (IX)

### Provide professional development for clinical oncology pharmacists through DHBs, in conjunction with clinical training centres

<b>Goal 5:</b>	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.
<b>Objective 1:</b>	Develop a co-ordinated national cancer workforce strategy.
<b>Outcome 87:</b>	Oncology pharmacists are appointed to DHBs with cancer treatment centres, to improve the management and safety of chemotherapy.
<b>Comment:</b>	A specific requirement for <b>outcome 87</b> includes the provision of professional development for clinical oncology pharmacists through DHBs, in conjunction with clinical training centres. According to 'Mapping Progress' (2007) the Clinical Services Directorate of the Ministry of Health believes this outcome has become outdated by general progress in the cancer control community. The Cancer Control Workforce Stocktake 'Ministry of Health' (in draft) addresses issues of training for oncology pharmacists. The Council suggests that this outcome be referred to the Medical Oncology and Clinical Haematology Work Group, as there continues to be a vital role for oncology pharmacists in supporting cancer treatment centres.

## Research and Surveillance (V)

Ensure all groups in cancer control are able to demonstrate active involvement of consumers

<b>Goal 5:</b>	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.
<b>Objective 3:</b>	Ensure active involvement of consumer representation across the spectrum of cancer control.
<b>Outcome 105:</b>	All groups in cancer control and related work are committed to working with consumers and are able to demonstrate this in practice. They will also have Māori and Pacific expertise that is appropriately supported.
<b>Comment:</b>	The specific action for this policy includes developing a policy or terms of reference that includes the active involvement of consumer representatives (including Māori and Pacific peoples) as working group members. The Council notes that this action appears to apply to all cancer control groups — both crown entities and NGOs, and hence may not be achievable.

