

# Status and Review of the Cancer Control Action Plan

Submission to the Cancer Control Council from the New Zealand Cancer Control Trust

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## The New Zealand Cancer Control Trust

The New Zealand Cancer Control Trust (the Trust) is committed to a planned and integrated approach to reducing the burden of cancer in New Zealand. The Trust was the non-Government partner that worked alongside the Ministry of Health to develop *The New Zealand Cancer Control Strategy*. The Trust liaised closely with other NGOs, health professionals and consumer groups to help ensure broad sector involvement in, and commitment to the Strategy and its initial Action Plan 2005-10.

## Purpose of paper

For cancer control to be effective and to ensure the most efficient use of stretched health resources, a planned approach must be refocused and refined on an ongoing basis. This paper briefly outlines the Trust's views on why review and updating of the Action Plan is needed at this time, the risks of deferring this process and a manageable process by which revision could occur. The paper also highlights that integral to the review process is the active involvement of those responsible for policy (Ministry of Health), service delivery (DHBs and NGOs), up-to-date evidence (academics and researchers) and monitoring and review of implementation (Cancer Control Council). The Trust would be pleased to offer advice and assistance in this review process.

## Background

The World Health Organization advocates the establishment of national cancer control programmes to "reduce cancer incidence and mortality and improve quality of life of cancer patients, through the systematic and equitable implementation of evidence-based strategies for prevention, early detection, diagnosis, treatment and palliation, making the best use of available resources"<sup>1</sup>.

In line with this advice, The New Zealand Cancer Control Strategy (the Strategy) was published jointly by the Ministry of Health and the New Zealand Cancer Control Trust in 2003, and the New Zealand Cancer Control Strategy Action Plan 2005-2010 (the Action Plan) was published in 2005. The two documents together (the Strategy and the Action Plan) provide an integrated approach to the planning, development and delivery of cancer control services and activities undertaken in both the Government and non-Government sectors.

It should be noted that although our health system is predominantly publicly funded, in 2003 it was estimated that the cancer NGOs collectively contribute \$38 million per annum of non-government funds towards cancer control. The significant role of the NGO sector is reflected in the Action Plan, where cancer NGOs are identified as key stakeholders at a national, regional and local level in a number of areas. The active contribution of NGOs also is reflected in the Cancer Control Council's *Mapping Progress* evaluation, which highlights NGO services and activities in the areas of primary prevention; support, rehabilitation and palliative care; and cancer research. Planning and

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<sup>1</sup> World Health Organization. National Cancer Control Programmes: Policies and managerial guidelines. 2<sup>nd</sup> edition. Geneva: World Health Organization, 2002.

integration of services and activities provided by both the Government and NGO sectors is therefore essential to ensure a cost-effective approach to cancer control in New Zealand.

By 2010 the Strategy will have been in place for seven years and the five year timeframe for implementing the actions of the Action Plan will have expired. Furthermore, since the Strategy and Action Plan were developed there have been significant changes in the cancer control sector, including the establishment of four regional cancer networks, the Cancer Control Council and a dedicated cancer control team in the Ministry of Health. Along with DHBs, all of these bodies have been undertaking their own planning processes.

### **The Strategy**

The New Zealand *Cancer Control Strategy* contains 25 overall objectives for cancer control in New Zealand. Since the adoption of the Strategy there has been a change of Government and there is new evidence to hand, from local and international research and service experience, about the priorities for cancer control.

Changes in cancer trends also have occurred in New Zealand since the early 2000's. For example, lung cancer is soon expected to surpass breast cancer as the most common cause of cancer death in women. Also, lymphoma is rapidly increasing in frequency, rising from 545 cases in 1996 to 694 cases in 2005; by 2011 cases are expected to reach 1197. The potential for HPV vaccination to reduce cervical cancer was evident for at least 5 years before its introduction, and there are other examples of overseas initiatives likely to affect the cancer control sector in New Zealand that need to be monitored.

For cancer control to be meaningful the overarching strategy needs to be a living document. As such, it needs to reflect ever-changing evidence and trends. Although the high level framework (purpose, principles and goals) contained in the Strategy is enduring, the objectives should be revised and modified periodically to ensure they accurately reflect the current state of cancer control in New Zealand and internationally. The objectives should also reflect the expectations of the Government. With a new National-led coalition government in place it is timely to review the objectives and to confirm the new Government's cancer control strategy for the next 5 – 10 years.

### **The Action Plan**

The purpose of the initial Action Plan was to provide detail of how the Strategy's objectives could be achieved. Though laudable in intention and scope, the Action Plan was overambitious and does not identify clear priorities and accountabilities, especially for DHBs. Also, it does not contain measurable targets; hence monitoring the performance of DHBs, regional networks and NGOs has been difficult.

In addition, all 21 DHBs have been expected to develop their own strategic and annual plans for local cancer control. Each of the four regional cancer networks also is developing its own strategic plan for regional cancer control; similarly, some NGOs have cancer control plans in place. For the most part, DHBs, regional cancer networks and other agencies have used the Action Plan as a 'menu' of possible initiatives, selecting the ones they wish to implement in their region. As a result, implementation has been inconsistent around the country. Furthermore, among the regional networks, the primary planning focus appears to be upon secondary and tertiary services, with little or no reference to the primary prevention goals of the Strategy.

As identified in the two *Mapping Progress* reports of the Cancer Control Council, a number of the actions in the Action Plan have been achieved, while others are in progress or delayed. Not surprisingly, the Council's *Phase 2: Prioritisation* report also identified actions requiring review, i.e., "those that are no longer relevant, have been superseded by other initiatives or may no longer be the best means to achieve the required goal or outcome".

A review and revision of the Action Plan involving all who are to implement and monitor it provides an opportunity to identify and prioritise essential activities and for all national, regional and local plans to be aligned as closely as possible. Such a review has the potential to:

- specify clear priorities
- be more efficient by removing duplication and multiple layers of effort
- ensure better use of limited resources
- enhance national consistency
- provide a mechanism for agreed priorities for funding by identifying the most cost-effective approaches to the prevention of cancer, including aligning these approaches with other chronic diseases, such as heart disease and diabetes
- ensure the Action Plan reflects the Government's objectives in cancer control (the top-down instructions)
- provide a transparent process for considering and prioritising innovative ideas/proposals from regional or local levels, thus ensuring the national Strategy and Action Plan reflect the priorities of the sector (DHBs, regional networks and NGOs), i.e., the 'bottom-up' view
- provide a connection between these 'top-down' and 'bottom-up' views
- clearly differentiate between the mandatory and optional actions
- provide clarification around which actions need to be developed and implemented at which level, i.e. nationally (MOH or national NGOs), regionally (regional cancer networks or regional agencies) or locally (DHBs and NGOs)
- establish agreed measures against which parties will be monitored
- provide a mechanism for linking local and regional cancer control plans to the national Strategy
- clarify the role of the regional cancer networks in the planning, development and monitoring of cancer control.

### **Issues to consider**

The following issues will need to be considered in decisions about review of the Action Plan:

- A national Action Plan needs to provide national specification and measures while at the same time giving those at regional and local levels the freedom to identify local initiatives not contained in the Action Plan. The revision of the Action Plan needs to carefully balance these two aspects.
- To be effective a national Action Plan must be seen by regional cancer networks, DHBs and NGO agencies a useful mechanism to assist them to develop and implement their own cancer control plans.
- Any revision of the Strategy or the Action Plan needs to be done by the government and non-government sectors working together and provide for bottom-up input (from DHBs and other service provider agencies) as well as top-down.
- Cancer control is much more than the provision of secondary and tertiary services for people diagnosed with cancer. To reduce the incidence and impact of cancer there also needs to be ongoing investment in primary prevention, health promotion and education, cancer screening, primary care, support and rehabilitation, palliative care, academic teaching and research.

## **Risks of not keeping the Action Plan current**

While some might argue that a review of the Action Plan is not a priority at this point in time, there are risks to not having up-to-date national specifications for prioritised action by all those working in cancer control. These include:

- Duplication of effort, inefficiencies, gaps and inconsistencies
- Inability to measure sector performance without specified deliverables and measurable objectives
- Little or no alignment between regions, DHBs and NGOs
- The risk over time that DHBs may move too far away from the intention of the Strategy and focus more on local/regional priorities outside the Action Plan
- The inclination over time for DHBs and regional networks to focus all their intentions on high demand and expensive areas of service delivery to the detriment of other areas of the cancer control continuum.

## **Possible mechanism for reviewing objectives in strategy and the Action Plan**

The Trust does not see a revision of the Action Plan as an onerous task; in essence, it would be an updating of the existing document.

A possible process for review and revision could include:

- Getting agreement between leading researchers and clinicians on the most up-to-date international and local literature and service experience
- Seeking input from NGOs, DHBs and regional cancer networks on what they see as their local priorities
- Reporting the outcomes of this consultation to the Minister and ascertaining the Government's priorities for cancer control
- Bringing these three sources of information together in the form of revised objectives for the strategy and a revised Action Plan for 2010-2015
- Drafting documents for review by the sector to:
  - agree national core 'must have'
  - agree regional/local options – a menu of possible initiatives to select from
  - negotiate lead responsibility for each of these (i.e., Ministry of Health, regional cancer networks, DHBs, NGOs)
  - agree measurements and mechanism for monitoring performance against the plan.

## **Principles by which review should occur**

In accordance with the principles of the Strategy, the review of the Action Plan must:

- *Use an evidence-based approach.* This principle acknowledges the need for actions to be based on best practice, which is supported by scientific knowledge and includes ongoing research and development.
- *Actively involve consumers and communities.* This principle identifies the need to have consumers and communities involved in the decisions that affect them and to provide opportunities for consumer participation. It also means that services should reflect the needs of individuals and communities.
- *Recognise and respect cultural diversity.* This principle recognises the importance of actions being culturally appropriate; that is, they must be responsive to, and respectful of, the history, traditions and cultural values of the different ethnic groups in New Zealand.

- *Be undertaken within the context of a planned, co-ordinated and integrated approach.* This principle underscores the importance of adopting a systematic and co-ordinated approach to ensure effectiveness and that resources are used efficiently. It also acknowledges that activities to control cancer should be part of a population-based approach to health.

## **Conclusion**

While significant achievements in cancer control have been made over the past ten years, New Zealand continues to be faced with a rising number of people with cancer and death rates for some types that are high by international standards. The Government has the chance to shape the future of cancer control in New Zealand by ensuring that those charged with implementing the Action Plan, along with those who have knowledge of current evidence and those responsible for monitoring implementation, work together to revise it. Closer collaboration between the Ministry of Health and the DHBs and greater coordination of these agencies with NGOs, including formal agreements, would ensure collective ownership of the Action Plan, thereby enhancing its implementation.

As an independent advocate for cancer control with links to international expertise, the New Zealand Cancer Control Trust would welcome the opportunity to offer advice and assistance in the review and revision of the Strategy objectives and/or the Action Plan.

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