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**The Royal Australasian College of
Physicians' submission to the Ministry of
Health
New Zealand Cancer Action Plan 2019-
2029**

Introduction

The Royal Australasian College of Physicians (RACP) welcomes the opportunity to submit feedback to the Ministry of Health (MoH) on the New Zealand Cancer Action Plan 2019-2029 (NZCAP).

The RACP works across more than 40 medical specialties to educate, innovate and advocate for excellence in health and medical care. Working with our senior members, the RACP trains the next generation of specialists, while playing a lead role in developing world best practice models of care. We also draw on the skills of our members, to develop policies that promote a healthier society. By working together, our members advance the interest of our profession, our patients and the broader community.

Responses to consultation questions

Do you agree with the four outcomes proposed in the Plan?

The RACP strongly supports the four outcomes proposed in the plan, and, the focus on improving equity, both within the health workforce and for Māori and Pacific whānau and communities throughout Aotearoa New Zealand.

The focus on equity addresses recommendations and findings from the Waitangi Tribunal's *Hauora* report and represents an ongoing commitment to the honouring and integration of Te Tiriti o Waitangi throughout the future of cancer care and the wider health sector as a whole¹.

Do you agree with the key areas within each outcome?

The RACP strongly supports the key areas identified within each outcome. These areas reflect significant issues and opportunities for change within the cancer system, with particular areas such as whānau-centred care and addressing racism and discrimination having the potential to fundamentally reorient the cancer system and improve outcomes for disadvantaged populations.

Do you think the actions in the Plan will achieve equitable health outcomes for the priority populations identified? (ie Māori, Pacific peoples, people living in rural and/or low socioeconomic areas, people with a mental illness and disabled people)

The RACP believes that the actions in the Plan have the potential to begin to achieve more equitable health outcomes for the priority populations identified. The extent to which this is achieved will depend on a more detailed expansion of how the plan will be carried out in the areas identified, and the extent to which these areas are resourced.

According to Statistics New Zealand's 2014 General Social Survey, one in four Māori reported experiencing discrimination during the previous 12 months. Māori also suffer cancer at a rate many

¹ Waitangi Tribunal. *Hauora: Report into Stage One of the Health Services and Outcomes Kaupapa Inquiry*. Wellington: Waitangi Tribunal; 2019. Available from <https://www.waitangitribunal.govt.nz/inquiries/kaupapa-inquiries/health-services-and-outcomes-inquiry/>. Accessed 07 October 2019

times that of the European population, which reflects the extent of change which will be required to ultimately achieve equitable health outcomes for all in Aotearoa New Zealand^{2 3}.

Are there any other actions that should be included?

Alongside taking actions to reorient the cancer system to a foundation based on kaupapa Māori principles, further actions could be taken to address the social determinants of health. Establishing kaupapa Māori models of service delivery and whānau-centred care will improve access to cancer services and reduce the impact of cancer for Māori and Pacific, but the impact of this could be further emphasised through separate action to address the social and economic determinants of health in these communities⁴.

Important social and economic determinants of health with particular relevance to cancer prevention include tobacco smoking, alcohol consumption and obesity⁵. Māori and Pacific people are significantly overrepresented in rates of smoking, hazardous drinking and obesity, which in turn affects the prevalence of cancer and access to healthcare services⁶. Key pieces of work such as Smokefree 2025 are acting to address these issues, however, special focus on the overlap with cancer services could provide value in improving healthcare outcomes.

Are there other aspects in the prioritisation framework that need to be considered?

Improving the integration and connectedness of care is an aspect that could be considered alongside other elements in the prioritisation framework. Many of the actions included in the NZCAP show an emphasis on improving this aspect of the cancer system, and none more so than the reform of leadership and governance, including the establishment of a Cancer Control Agency. Follow-up as a person journeys through the healthcare system, and integration of the four focus areas contained in the plan (leadership, equity, prevention and survival) has the potential to magnify success as a whole and should be considered individually in the prioritisation framework⁷.

Secondly, the prioritisation framework should not be limited to an aim to only meet obligations under Te Tiriti o Waitangi; it should aim to go above and beyond what is mandated. This would show a true commitment to improving Māori health, as one of the demographics most disproportionately affected by cancer in Aotearoa New Zealand. Cancer is the second highest cause of death for Māori and contributes significantly to health inequities between Māori and non-Māori, partially due to the fact

² Statistics New Zealand. New Zealand General Social Survey 2014; 2015. Available from: <http://archive.stats.govt.nz/~media/Statistics/Browse%20for%20stats/nzqss/HOTP2014/nzqss2014HOTP.pdf>. Accessed 07 October 2019

³ Blakely T, Shaw C, Atkinson J, Cunningham R, Darfati D. Social inequalities or inequities in cancer incidence? Repeated census-cancer cohort studies, New Zealand 1981–1986 to 2001–2004. [Internet] CCC. 2011; 22: 1307-1318. Available from <https://link-springer-com.helicon.vuw.ac.nz/article/10.1007%2Fs10552-011-9804-x>. Accessed 07 October 2019

⁴ The Royal Australasian College of Physicians. Make it the Norm: Equity through the Social Determinants of Health. [Internet]. Sydney: The Royal Australasian College of Physicians; 2017. Available from <https://www.racp.edu.au/fellows/resources/new-zealand-resources/new-zealand-election-statement-2017>. Accessed 07 October 2019.

⁵ Maniar N, Wiedt T, Wender R. Understanding the Social Determinants of Cancer: Challenges, Opportunities, and Pathways to Success. In: Hopewood P, Milroy M, editors. Quality Cancer Care. New York: Springer; 2018

⁶ Ministry of Health. Annual Update of Key Results 2017/18: New Zealand Health Survey; 2019. Available from: <https://www.health.govt.nz/publication/annual-update-key-results-2017-18-new-zealand-health-survey>

⁷ Goodwin N, Smith J, Davies A, Perry C et al. Integrated care for patients and populations: Improving outcomes by working together. Kings Fund. [Internet]. 2012 Available from: <https://www.kingsfund.org.uk/sites/default/files/integrated-care-patients-populations-paper-nuffield-trust-kings-fund-january-2012.pdf>

that Māori are more likely to present with late-stage disease^{3 8}. This speaks to the absence of culturally-safe services and inaccessibility of the cancer system for Māori, and the importance of aiming high in improving outcomes.

An aim beyond the requirements of Te Tiriti would also align with the strengthening of ambition inherent in the shift from conceptualising Te Tiriti through the concept of the “Three Ps” of Partnership, Participation and Protection, to the embedding of the Articles of Te Tiriti itself. Moving forwards, Te Tiriti should be a baseline by which to measure success, however, satisfying Te Tiriti does not mean that the job is done. This change in the conceptualisation of Te Tiriti has recently been shown in consultation on the Ministry of Health’s Māori Health Action Plan; as was noted in the RACP’s recent submission and should be applied throughout the healthcare system⁹.

What three actions across the entire Plan do you think should be progressed first?

The RACP believes that the actions contained within the plan are intertwined to an extent which makes it difficult to prioritise three. In terms of importance, the goal of achieving equity in cancer survival by, or before 2030 is the highest priority. Māori and Pacific people are significantly more likely to die of cancer, contributing to the disparity in life expectancy in Aotearoa New Zealand. However, this goal cannot be achieved without the implementation of a wide range of actions that will improve access to culturally safe, kaupapa Māori healthcare in Aotearoa New Zealand. As such, the focus should be on this overarching goal, but it is not possible to delineate only three ways of which to achieve it, as the actions are co-dependent.

Do you think the plan includes the right actions to improve cancer outcomes in New Zealand?

The RACP believes that the plan contains actions which, if implemented correctly, could improve cancer outcomes in New Zealand. However, the extent to which this is accomplished depends largely on the details of implementation, the approaches taken, and the resources dedicated. Māori health organisations have been systematically underfunded in the past, as recognised in the Waitangi Tribunal’s *Hauora* report¹. Changes that ensure stable and adequate resourcing are key to the establishment of kaupapa Māori models of service delivery and whānau-centred care throughout the cancer system, which will in turn improve cancer outcomes for all New Zealanders, but especially, Māori¹⁰.

Do you agree with the approach for creating a system that delivers consistent and modern cancer control?

The RACP agrees with the proposed approach for delivering consistent and modern cancer control. In particular, development of the health workforce is imperative to facilitating the change needed in

⁸ Dew K, Signal L, Davies C, Tavite H, Hooper C et al. Dissonant roles: The experience of Māori in cancer care. [Internet] SSM Popul Health. 2015; 138: 144-151. Available from: <https://www.sciencedirect.com/helicon.vuw.ac.nz/science/article/pii/S0277953615003408>. Accessed 07 October 2019

⁹ The Royal Australasian College of Physicians. RACP submission to the Ministry of Health Discussion document to inform refresh He Korowai Oranga and the Māori Health Action Plan. [Internet]. Sydney: The Royal Australasian College of Physicians; 2019. Available from https://www.racp.edu.au/docs/default-source/advocacy-library/submission-to-the-ministry-of-health-discussion-document-to-inform-he-korowai-ranga-maori-health-strategy.pdf?sfvrsn=e17ce11a_9. Accessed 07 October 2019.

¹⁰ Slater T, Matheson A, Davies C, Goodyer C, Holdaway M et al. The role and potential of community-based cancer care for Māori in Aotearoa/New Zealand. [Internet] N Z Med J. 2016; 129(1430): 29-38. Available from: https://search-proquest-com.helicon.vuw.ac.nz/docview/1771408037?rfr_id=info%3Axi%2Fsid%3Aprimo. Accessed on 07 October 2019

the healthcare system to improve outcomes. All other actions identified in this section of the NZCAP work to support this goal, and as such we are strongly supportive.

Do you think the actions under 'Health Workforce' will address the current issues?

The actions listed under Health Workforce could be strengthened by taking a more decisive stance on the changes that must be made. Where there is a stance to consider developing new roles to support whānau-centred care, a commitment should be made to implementing this change. In the development of these roles, they should not only incorporate Māori and Pacific models of wellbeing; Māori and Pacific whānau, consumers, academics, researchers and clinicians must be involved from conceptually designing these roles through to their implementation and monitoring. This will ensure their relevance to the community.

Development of a culturally-safe workforce is paramount to creating change for Māori and Pacific people. Throughout the workforce, a greater proportion of Māori and Pasifika people are needed to embody the diversity that is endemic in Aotearoa New Zealand. Throughout clinical leadership and governance, Māori and Pasifika need to be present to ensure that voices for culturally-safe practices are strong and effective.

Are there any further actions required to ensure New Zealand has strong leadership and governance in cancer control?

The actions surrounding leadership and governance in the NZCAP could be augmented by measures that ensure Māori and Pacific representation and influence at the highest governance levels. Currently, the proposal to establish a Cancer Control Agency has a “strong focus on achieving equity of outcomes and contributing to wellness for all, particularly Māori and Pacific people who currently experience poorer cancer outcomes”. However, it does not refer to any structural guarantee that Māori and Pacific will be represented at the higher levels of the organisations driving to achieve these equities, or that these organisations will reflect Māori and Pacific models of decision making¹¹. Similar structural assurances could be applied to the proposal for an Interim Cancer Control Agency Board, and the implementation of a National Cancer Control Network.

Are there any other actions that should be added or removed from Outcome 2?

Ensuring that Māori and Pacific are represented in leadership and governance positions is an important action to include under Outcome 2. If equity is to be achieved in cancer outcomes, even under a mātauranga Māori framework, initiatives must be carried out under Māori and Pacific leadership. As reflected in the RACP submission to the recent MoH Māori Health Action Plan consultation, we believe that it is integral that models of care by Māori, for Māori, are encouraged and empowered⁹.

Do you think developing and implementing a mātauranga Māori framework and Māori led programmes could achieve equitable health outcomes?

The RACP believes that the widespread implementation of a mātauranga Māori framework and Māori-led programmes throughout the cancer system can significantly contribute to achieving equitable

¹¹ Webster K, Cheyne C. Creating Treaty-based local governance in New Zealand: Māori and Pākehā views. [Internet] Kōtuitui: New Zealand Journal of Social Sciences Online. 2017; 12(2): 146-164. Available from: <https://www.tandfonline.com/doi/full/10.1080/1177083X.2017.1345766>. Accessed 07 October 2019

health outcomes. For example, community-based and whānau-centred care is a key opportunity to improve accessibility of services.

Examples of successful Māori-led programmes include Mana Tū, which aims to implement a whānau ora approach to type 2 diabetes, and breast cancer screening initiatives provided by Te Whanau a Apanui Community Health Service^{12 13}. These programmes have achieved impressive results, such as Te Whanau a Apanui Community Health Service improving breast screening participation from under 45%, to around 98% of the eligible population. Improving the access of Māori and Pacific people to healthcare services is imperative, as this facilitates early diagnosis of cancer and is a pre-requisite to improving equity throughout the healthcare system in Aotearoa New Zealand.

Do you think the actions in the section, ‘achieving equity by design’ will ensure equity is at the forefront when developing cancer services?

Ensuring equity is at the forefront of future cancer services depends on the implementation of the actions contained in the section ‘achieving equity by design’. While initial criteria in investment may prioritise investments that enable the cancer care system to be optimised for Māori and other groups facing inequities, the extent to which this prioritisation is employed in comparison to other relevant factors is where success will be found. The RACP believes that equity must be at the forefront of all decisions in this area, and not merely one consideration amongst a wide field.

One clear example of an equity-based action which the Ministry of Health could implement immediately is the revision of the screening age for Māori in the National Bowel Cancer Screening Programme. Given the existing disparities, greater likelihood severity of disease at diagnosis and the Ministry’s prioritisation of equity, we believe the Ministry of Health has an opportunity to proactively address the ongoing health gap between Māori and non-Māori. This could be achieved by screening Māori earlier (from 50 or 55 years).

An affirmative action initiative in the Screening Programme could address ethnic disparities in health gain by recognising the likelihood for Māori to present with end-stage disease; experience poorer health outcomes; and have a lower life expectancy than non-Māori. Regarding the Bowel Screening Programme specifically, McLeod et al showed Māori will derive half the health gain in quality adjusted life expectancy from the implementation of the Programme compared to non-Māori (11 versus 21 additional health days of life)¹⁴.

These actions are firmly within the grasp of the Ministry of Health, and the RACP calls for concrete, equitable actions – such as lowering the screening age for Māori – to be a priority in ‘equity by design’.

Do you think the Plan will address racism and discrimination in cancer services?

We find that the actions in the plan lack the requisite detail to ascertain whether they will successfully address racism and discrimination in cancer services. The intentions described under the action

¹² Harwood M, Tane T, Broome L, Carswell P, Selak V et al. Mana Tū: a whānau ora approach to type-2 diabetes. [Internet] N Z Med J. 2018; 131(1485):76-83. Available from <http://www.nzma.org.nz/journal/read-the-journal/all-issues/2010-2019/2018/vol-131-no-1485-9-november-2018/7742>. Accessed 07 October 2019.

¹³ Thomson R M, Crengle S, Lawrenson R. Improving participation in breast screening in a rural general practice with a predominately Māori population. [Internet] N Z Med J. 2009; 122(1291): 39-47. Available from http://www.nzma.org.nz/_data/assets/pdf_file/0005/17798/Vol-122-No-1291-13-March-2009.pdf. Accessed 07 October 2019

¹⁴ McLeod M, Kvizhinadze G, Boyd M, Barendregt J, Sarfati D et al. Colorectal cancer screening: How health gains and cost effectiveness vary by ethnic group, the impact on health inequalities and the optimal age range to screen. Cancer Epidemiol Biomarkers Prev [Internet]. 2017; 26(9):1391-1400. Available from <http://cebp.aacrjournals.org/content/26/9/1391>. Accessed 7 October 2019.

'Address all forms of racism and discrimination' are laudable, and if accomplished, will transform cancer services for Māori and Pacific peoples. However, the task to instil culturally responsive practices, promote equity, and increase the number of Māori and Pacific people in the cancer workforce cannot be understated, and will require real commitment to the implementation of the NZCAP. Recent RACP submissions to the Medical Council Statements on Cultural Competence and the Māori Affairs Select Committee Inquiry into Māori Health Inequities reflect this reality^{15 16}.

Priority actions for the RACP to address racism and discrimination include

- Increasing Māori participation in the health and disability workforce
- Instilling cultural safety as a core principle across the health and disability sector
- Orienting the health system around the whānau and community

Do you think the actions to support cancer prevention are right?

The RACP strongly supports the identified actions for cancer prevention. The progress of Smokefree by 2025 is of particular importance to reducing the incidence of cancer and the RACP strongly supports action to achieve this, with a particular focus on enabling young Māori women to quit smoking.

Are there any other actions that should be added or removed from Outcome 4?

The RACP strongly supports the identified actions to improve cancer survival. Further action could be considered to address the social determinants of health, such as the suitability of housing and access to nutritious food during recovery¹⁷. Ensuring proper resourcing and accessibility of post treatment rehabilitation for cancer patients could address these and other aspects of care and avoid the wide range of human and economic consequences borne from a lack of sufficient and effective services¹⁸.

Inclusion of children, young people and young adults as a priority population group could also be considered, as while they comprise a small proportion of people diagnosed with cancer, many go undiagnosed and as such experience inequity in access to services¹⁹.

¹⁵ The Royal Australasian College of Physicians. Royal Australasian College of Physicians' submission to the Medical Council of New Zealand Statements on Cultural competence and the provision of culturally-safe care and Achieving the best health outcomes for Māori. [Internet]. Sydney: The Royal Australasian College of Physicians; 2014. Available https://www.racp.edu.au/docs/default-source/advocacy-library/racp-submission-mcnz-statements-on-provision-of-cultural-competence-and-culturally-safe-care-and-achieving-the-best-health-outcomes-for-maori.pdf?sfvrsn=5b921c1a_8. Accessed 07 October 2019.

¹⁶ The Royal Australasian College of Physicians. Royal Australasian College of Physicians' submission to the Māori Affairs Select Committee Inquiry into Māori health outcomes. [Internet]. Sydney: The Royal Australasian College of Physicians; 2014. Available https://www.racp.edu.au/docs/default-source/advocacy-library/submission-to-maori-affairs-select-committee-on-the-inquiry-into-health-inequities-for-maori.pdf?sfvrsn=bb78e11a_6. Accessed 07 October 2019.

¹⁷ Krieger J, Higgins D L. Housing and health: time again for public health action. [Internet] Am J Public Health. 2002; 92(5): 758-768. Available from: <https://search-proquest-com.helicon.vuw.ac.nz/docview/71657886/?pq-origsite=primo>. Accessed 07 October 2019

¹⁸ The Royal Australasian College of Physicians. Call for a New Zealand Rehabilitation Strategy. [Internet]. Sydney: The Royal Australasian College of Physicians; 2014. Available https://www.racp.edu.au/docs/default-source/default-document-library/call_for_a_new-zealand_rehabilitation_strategy.pdf. Accessed 07 October 2019.

¹⁹ Ward Z J, Yeh J M, Bhakta N, Frazier A L, Atun R. Estimating the total incidence of global childhood cancer: a simulation-based analysis. [Internet]. Lancet Oncol. 2019, 20(4): 483-493. Available from: <https://www.sciencedirect-com.helicon.vuw.ac.nz/science/article/pii/S1470204518309094>. Accessed 10 October 2019

Do you think enabling people with the knowledge, skills and confidence to use cancer health information will ensure they have a better understanding of the early signs and symptoms of cancer?

Increasing access to accurate and high-quality data can only improve the standard of care in Aotearoa New Zealand. Equipping Māori organisations and service providers with integrated, nationwide cancer information and data will enable them to provide the best standard of care possible and in doing so, detect cancer earlier. It will also provide useful information on cancer prevention in at risk communities which could reduce the incidence of cancer faced. Furthermore, access to data and information could be used as an important tool in embedding mātauranga Māori practices throughout the healthcare sector. Access to resources on mātauranga Māori practices would provide a useful reference point for any healthcare professional to use in conjunction with other data and information available to inform treatment. Together, these factors could lead to a greatly improved health sector and better cancer outcomes for Māori.

To get the best outcome, it may require travelling away from home to access specialist services. What support needs to be considered for someone who receives treatment for cancer away from their home or whānau?

The RACP believes that it is important that treatment is situated as close to home as possible, with the greatest proportion of care possible provided in the community. Connections to trusted health workers and whānau in local communities have been shown to alleviate the fear of screening, diagnosis and treatment, especially in indigenous populations¹⁰. This has the effect of increasing attendance and engagement with services, and has a positive overall effect on the wellbeing of patients. Guidelines for community based kaupapa Māori oncology have been proposed which could facilitate this move into the community, and the positive associated benefits for whānau and community²⁰.

In cases where travel away from home is required, further work is needed to make whānau aware of their available entitlements through the MoH and other providers, especially following the implementation of actions from the national travel assistance policy review. Financial struggles and the cost of travel are common barriers to the access of care, especially for groups of whānau traveling to support a person receiving care.

Does the Plan address ways to improve patient experience of cancer services?

Addressing equity, racism and discrimination will significantly improve patient experience of cancer services. Institutions such as the hospital and health systems as a whole must evolve beyond being monocultural, as all patients are unique and as such have diverse needs. Māori, and any other group whose expectations and obligations do not conform to the boundaries of prevailing systems must have their world view integrated into the health system to improve patient experiences⁸. The embedding of mātauranga Māori practices such as whānau and community-centred care are examples of this, however the plan could be more definitive on the way in which this will be accomplished.

²⁰ Laking G. Community Oncology Service Specification. Ratonga Hauora Matepukupuku He aratohu tautuhi. Guideline for Service Specification: Kaupapa Māori Community Oncology. Unpublished, 2019.

Do care plans need to be developed to meet the holistic needs of patients and families/whānau?

The RACP strongly supports the development of care plans to meet the holistic needs of patients and whānau. We believe that a holistic and whānau-centred view of cancer care is integral to accomplishing the goals of the NZCAP, and a care plan development framework should utilise Māori models of health such as Te Whare Tapa Wha. Cancer happens not only to the patient, but to their whānau as a whole. A failure to reflect this reality means a failure to truly address the needs of the patient as a person and a failure to acknowledge the people who make them who they are. As such, situating care in the community is important where possible as patients will have access to the support structure of the whānau and the familiarity of their local surroundings.

Does the Plan address access to follow-up and surveillance for recurrence, late effects and new cancer post treatment?

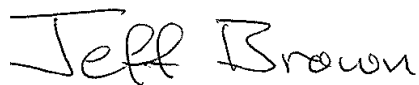
Proposed actions for follow-up and surveillance for recurrence, late effects and new cancer post treatment are limited. Initiatives to develop a range of specific advice on follow-up treatment of specific cancers are welcomed, alongside strengthened integration with primary health organisations.

Systemic changes to whānau centred care, holistic needs assessment and individual care plans will have a powerful effect on access to follow-up care if properly implemented. Further support of Māori health organisations will also contribute to this effect by providing culturally safe and relevant care in the community, which will enable people who previously experienced barriers to access.

Conclusion

The RACP thanks the Ministry of Health for the opportunity to provide feedback on the New Zealand Cancer Action Plan 2019-2029. To discuss this submission further, please contact the NZ Policy and Advocacy Unit at policy@racp.org.nz.

Nāku noa, nā



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