

The Future of Cancer Control in New Zealand

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Future Fr. Futur(e), L.futurus

that is to be, become or happen;
intended, prospective

expressing actions yet to happen

futurist

*To predict the future is the most
important role of an historian*

W R Inge

The Journey to Date

- 1994 Report recommending NZCC not adopted
- 1999 Cancer Control workshop
- 2003 Cancer Control Strategy published
- 2003 Taskforce established
- 7/2004 Interim implementation plan to Minister and DHB's

The Journey to Date

- 11/2004 Structure announced by Minister
- 12/2004 Definitive implementation plan published
- 1/2005 The real work begins

The Challenge

1996 - 2011 NZ Cancer Burden

| | Male | Female |
|-----------------------------------------------------|-------|--------|
| • Modest increase in incidence | 7% | 6% |
| • Major decrease in mortality | - 20% | - 11% |
| • Huge increase in number of cases | +50% | +44% |
| • Disparities of outcome particularly Maori Pacific | | |

NZ Cancer Control Issues

- Increasing tobacco use in females
- Increasing obesity
- Poor access to screening/care
- Inadequate workforce
- Poor data collection
- Rudimentary psycho-oncology
- Need better co-ordination and acknowledgment of research

Structure

- Independent Cancer Control Council with
 - Chair
 - Mana/authority
 - Secretariat
- Principal Cancer Control Advisor links
 - CC Council
 - MOH
 - Sector
- Networks
- Collaborative

Interim Implementation Plan

- Cancer Control ministerial priority

Priorities for immediate action:

- expand smoking cessation in Maori women
- implement healthy eating/healthy action
- ensure timely access to cancer services
- establish groups to develop “guidance”
- implement and establish survivorship programme for children and teens
- implement palliative care strategy
- establish multidisciplinary care approach

Interim Implementation Plan (cont)

Priorities for immediate action:

- develop workforce plan for cancer control
- define plant, drug, innovation needs/costings
- use health equity assessment tool
- consider Maori for Maori or cultural service framework
- develop 5 yr rolling research plan in CC
- develop national data set (incl. primary sector)

Multidisciplinary Care In Cancer

- legislated by EU
- priority action of NZ Cancer Control Strategy
- incorporated into DHB Business Plans at Minister's direction
- growing literature supporting better patient outcomes
 - coping with survivorship
 - collegial support

Guiding Principles

- establish a team with core members
- additional non-core members contributing on case by case basis
- establish communications framework
- interactive participation at regular case conferences
- value patient centred decision making

Challenges/Barriers

- accepting no one specialist has all resources to address patients problem
- leadership
- language
- interprofessional issues
- differences in approach
- losing sight of patient
- privacy
- loss of critical members
- adding a new member
- dealing with poor performance
- large v small, rural v metropolitan hospitals

Development of an effective multidisciplinary team

"A new multidisciplinary group will not necessarily develop automatically into a smooth running team."

Stages:

- forming: individuals assemble and an agenda is established
- storming: conflict
- norming: intimacy begins to develop and functional roles are defined
- performing: the team is effective and delivering outcomes
- reforming: team changes or adopts new challenges

Effective Team Requirements

- Respect
- Communication
- Value
- Leadership
- Support
- Remember the patient

Challenges to Success

- Workforce
- Workload
- Complex sector(s)
- Territory
- "Tall Poppy"
- Politics
- Money
- Authority
- Timeline
- Leadership

How to Succeed

- Prioritise
- Audit
- Change/dynamism
- Team work/collaboration
- Value
- Lead

It's Up to You!