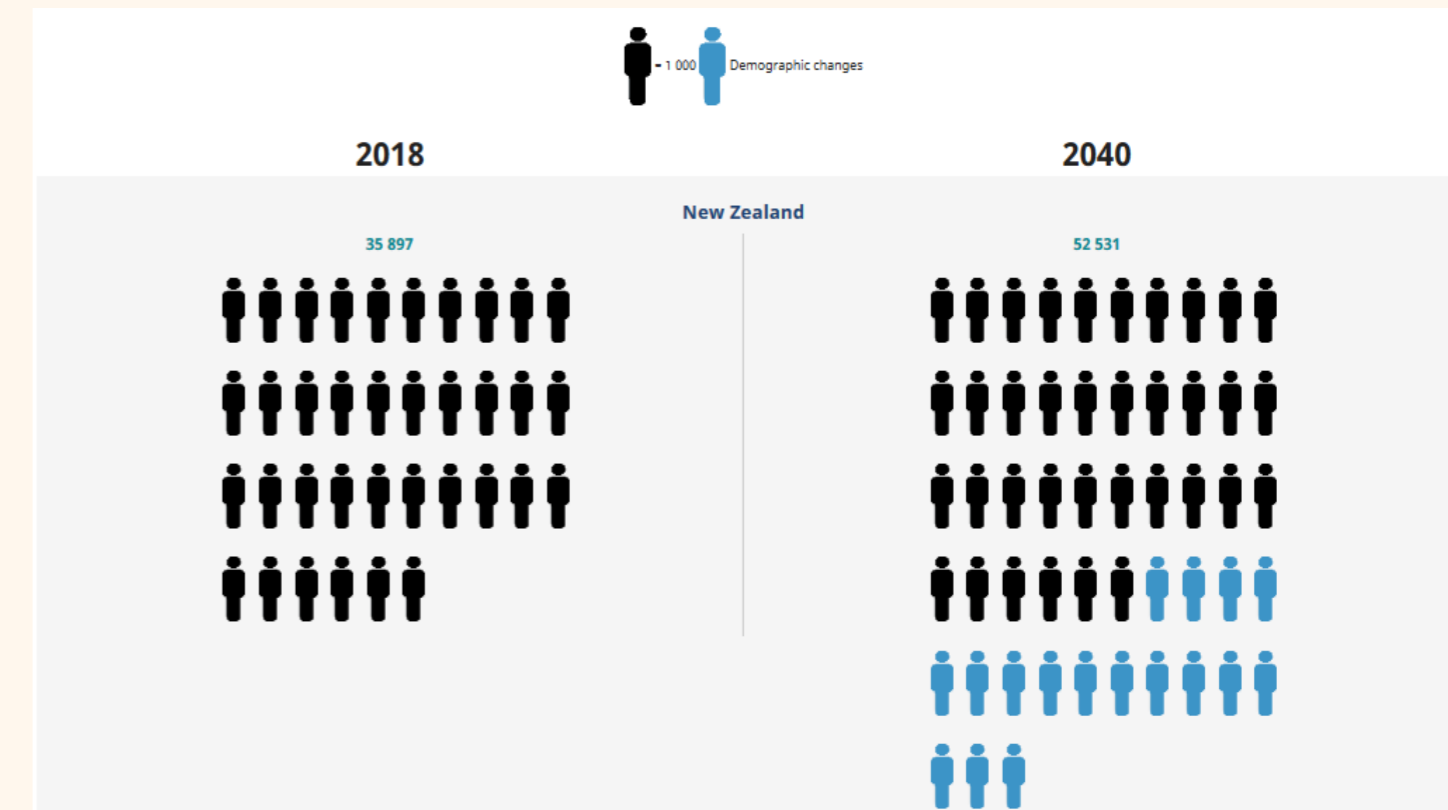


Te Aho o Te Kahu



Why do we need a cancer control agency?

- Cancer leading cause of death
- Longstanding and persistent inequities
- Doubling of cases expected in next two decades
- Costs and complexity of cancer diagnosis and treatment increasing exponentially
- Survival improving but slower than comparable countries



Te Aho o Te Kahu: where did we come from?

Cancer Care at a Crossroads Conference

31 January - 1 February 2019
Te Papa, Wellington, New Zealand



A screenshot of the New Zealand Parliament website. The header includes the New Zealand Parliament logo (Pāremata Aotearoa) and navigation links for 'Calendar', 'Watch', 'Language' (English, Maori), 'Search', and 'Advanced Search'. Below the header, there is a section titled 'Better Cancer Care for All New Zealand' by a National Cancer Agency. There is a 'Get notifications' button and a brief description of the agency's mission to address New Zealand's cancer death rates.



Te Mahere Mate Pukupuku o Aotearoa (NZ Cancer Action Plan) 2019-2029

Four goals:

1. New Zealanders have a system that delivers consistent and modern cancer care
2. New Zealanders experience equitable cancer outcomes
3. New Zealanders have fewer cancers
4. New Zealanders have better cancer survival, supportive care and end-of-life care



To implement a Cancer Control Agency

- To provide national leadership for, and oversight of cancer control.
- To provide sound policy advice to the Government on cancer control and implementing the Government's cancer priorities
- To be accountable for ensuring transparency in progress towards the goals and outcomes in the Cancer Action plan.

Launched 2 Dec, 2019



Vision

Fewer cancers
Better survival
Equity for all

Our purpose

To lead and unite efforts to
deliver better cancer outcomes
for Aotearoa.

Our values

**WE ARE
EQUITY
LED.**

**We strive for
equity for all
New
Zealanders.**

**WE ARE
WHĀNAU
CENTRED.**

**We put people
at the heart of
all our work.**

**WE ARE
KNOWLEDGE
DRIVEN.**

**We are guided by
the best
information and
insights.**

**WE ARE
OUTCOMES
FOCUSED.**

**We relentlessly
deliver better
outcomes for
all.**

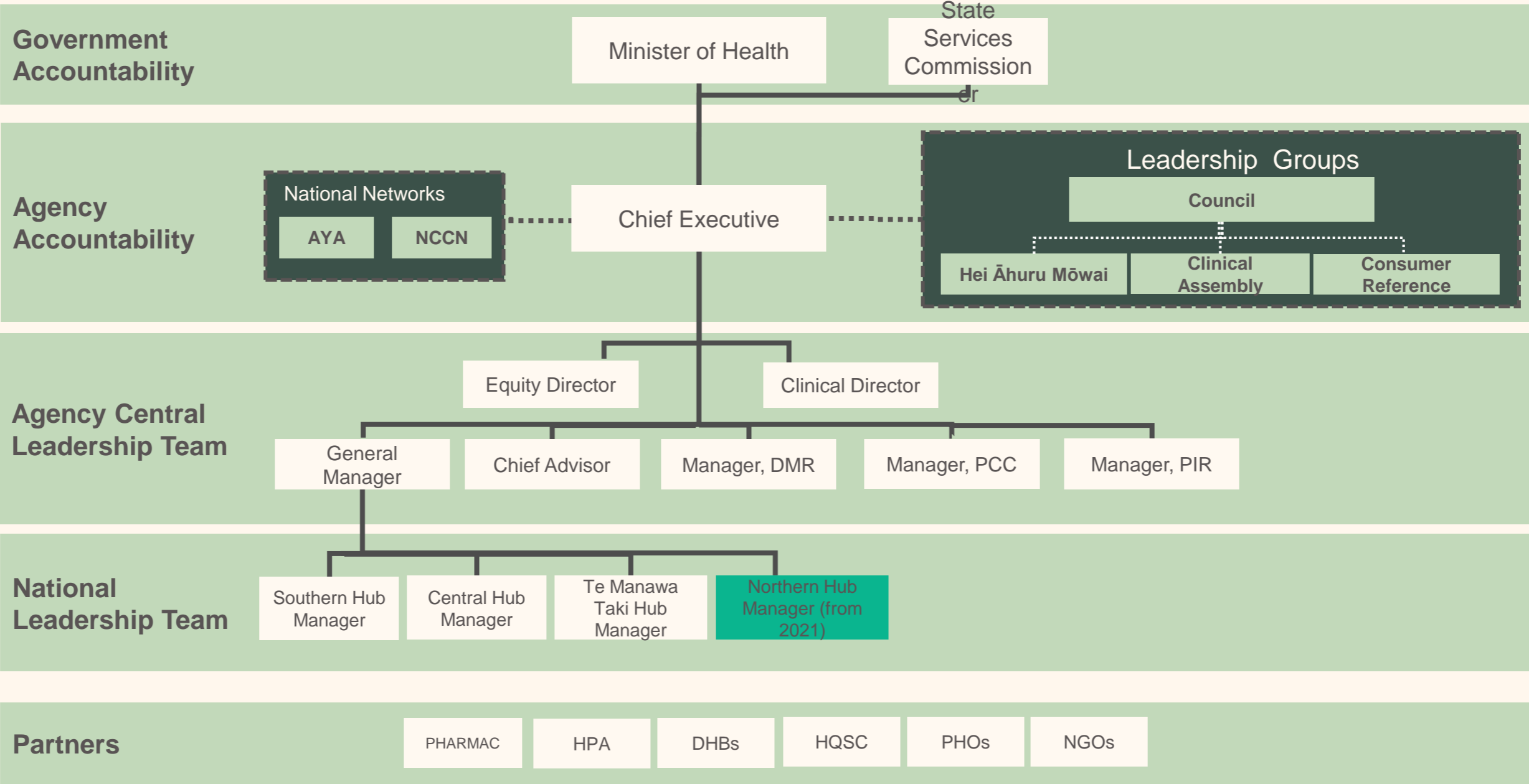


Gifting of the name: Te Aho o Te Kahu

17 July, 2020



STRUCTURE: Governance (model)



Leadership team



Our groups:

- Equity
- Treatment quality and standardisation
- Data, monitoring and standardisation
- Whānau-centred
- Prioritisation, research and innovation
- Four Cancer Regional Hubs

What might success look like in 5 years?_

- The Agency will be a **highly trusted and recognised leader** in cancer control in NZ, delivering on priority work, and **influencing** the sector to improve cancer outcomes for New Zealanders.
- The Agency will have **strong and enduring relationships** with key partners allowing us to deliver on our vision of fewer cancers, better survival, equity for all.
- The **prevalence of key risk factors for cancer**, particularly smoking rates, will be decreasing overall, and disproportionately among Māori and Pacific populations
- Cancer care will be **high quality, consistently delivered** around New Zealand, with **trusted processes** in place to ensure ongoing quality improvement.
- **Inequities** in cancer care will be routinely **addressed, measured, and reducing**.
- Cancer services will be well **integrated** across primary and secondary care, and will provide **choices for people** that recognise people and whānau at the centre of that care.

Approach to ensure high quality cancer care



**TE AHO
O TE KAHU**
CANCER
CONTROL
AGENCY

What are our objectives?

Cancer care that is:

- High quality: at least comparable to equivalent countries
- Equitable: by population group and region (equity-led)
- Person-centred: people feel good about the care they receive (whanau-centred)
- Right care, right place: resources are put in the right place to get the right

Our work will:

- Align with these goals
- Be focused on continuous improvement (knowledge-driven)
- Be outcomes focused
- Be quality assured (e.g. peer reviewed)

PROMS
Standardised reporting
Stage

ROC
SACT database

Identification of
data gaps

Data
improvement

QPI
Development
and map to
patient pathway

QPI development
mapped to pt
pathway

Review plans

Report

DHB action plan

Te Aho o Te Kahu quality
improvement plan

How does ensure we will meet our goals?

- **High quality:** are we comparable to international care?
- **Equitable:** is care the same across NZ? For everyone?
- **Person-centred:** are people experiences good?
- **Right care, right place:** are we distributing resources appropriately?

Equity focused reporting

International comparisons

- Consideration of national services e.g. PRRT, peritonectomy, Sarcoma
- Consider distribution of services, specialities and resources (e.g. PET scans, complex surgery)

New emerging evidence

- Specify requirements for action for specific DHBs
- Specify action points of concern
- Specify actions to address inequity

Work to understand drivers of variance if necessary (with DHBs)
Development of national clinical guidance if needed (e.g. major variation, concerns)
Work to support approaches to maximise Māori health gain

National policy and guidelines with focus on equity e.g.

- Radiology surveillance guidance
- Post polypectomy surveillance guidance
- Hypo-fractionation guidance
- SACT regimens

High level international comparisons

- Survival/ mortality



Thank you