

10 October 2019

Ministry of Health
PO Box 5013
Wellington 6011

By email: cancerplan2019@health.govt.nz

New Zealand Cancer Action Plan 2019–2029

Dear Sir/Madam

The New Zealand Medical Association (NZMA) wishes to provide feedback on the New Zealand Cancer Action Plan 2019–2029.¹ The NZMA is New Zealand’s largest medical organisation, with more than 5,000 members from all areas of medicine. The NZMA aims to provide leadership of the medical profession, and to promote professional unity and values, and the health of all New Zealanders. We recognise the principles of te Tiriti o Waitangi and the special obligations to Māori, particularly to ensure equity and active protection. Current disparities in health outcomes between Māori and non-Māori are unacceptable. The NZMA is committed to advocating for policies in health and the social and wider determinants of health that urgently address these disparities and contribute to equity of health outcomes.² Our submission has been informed by feedback from our Board and Advisory Councils.

General comments

1. The NZMA congratulates the Ministry on the development of the New Zealand Cancer Action Plan 2019–2029. We consider the Action Plan to be an excellent document and we strongly support its bold aspirational outcomes and goals. We welcome the strong focus on equity as well as the plan’s system-wide approach and attention to the prevention of cancer. There is increasing acknowledgement that health inequities in New Zealand are a consequence of the differential distribution of social, environmental, economic and political determinants of health, as well as inequities in access, timeliness and quality of health care. Furthermore, institutional and individual racism have been identified as important determinants of health and contribute directly to health inequities for Māori.³

¹ Ministry of Health. New Zealand Cancer Action Plan 2019-2029. Wellington: September 2019. Available from <https://www.health.govt.nz/publication/new-zealand-cancer-action-plan-2019-2029>

² NZMA. Health Equity. Position Statement. 2011. Available from http://www.nzma.org.nz/data/assets/pdf_file/0016/1456/Health-equity-2011.pdf

³ Waitangi Tribunal. Report on Stage One of the Health Services and Outcomes Kaupapa Inquiry. Available from https://forms.justice.govt.nz/search/Documents/WT/wt_DOC_150429818/Hauora%20Pre-PubW.pdf

2. There is no doubt that a multi-faceted approach is needed to address these inequities. This should include preventive approaches to reduce the incidence of cancer as well as eliminating inequities in diagnosis and management. We suggest that the greatest impact on equity of health outcomes can be made by addressing the upstream social and other determinants of health. As most of the social determinants of health lie outside the health sector, inter-sectoral and whole-of-government approaches to addressing the social determinants of health are required. Eliminating institutional racism should also be central to efforts to achieving health equity. We direct officials to our recent submission on the inquiry into (cancer) health inequities for Māori in which we elaborate on improving cancer health outcomes in Māori.⁴

Specific comments

3. We welcome actions under the cancer care and treatment area that will ensure New Zealanders have better cancer survival. In particular, we strongly support the development of options for early access to new medicines as well as PHARMAC undertaking earlier assessment of new medicine applications. We also recommend a mechanism to enable PHARMAC to assess, and so potentially fund, drugs that are standard of care internationally and used in the control arm of multicentre clinician-initiated clinical trials, so that New Zealand can participate in such trials. With regard to the actions under the research and innovation area, we suggest the bullet point about equitable access and wider use of clinical trials be expanded for greater clarity to: *"develop advice on how equitable access to participation in clinical trials and wider use of clinical trials can be achieved"*. We support extending the age for breast screening to women aged up to 74 years.

4. While there are multiple references to primary and community care, we suggest that it would be useful for the action plan to specifically mention and identify the unique role of General Practitioners (and General Practice) in the primary care environment. Several aspects of the General Practitioner–patient relationship make this group of doctors particularly well placed to contribute to a number of the key actions in each outcome area. These aspects include continuity of care, familiarity with a person’s social and family history, as well as being best placed to co-ordinate patient-centred care, including prevention and early detection of cancer.

5. We suggest that it would be useful for the plan and the recently established Cancer Control Agency to report and compare cancer rates and outcomes in New Zealand with those in Australia, accepting that there will be different base rates.

6. We are pleased that the plan uses the term patient rather than consumer. While there are numerous references to family/whānau-centred cancer care, we suggest the plan should also mention patient-centred or patient-focussed care and should also give greater emphasis to involving patients in decision making.

7. We are strongly supportive of the plan’s actions to encourage and support healthy living, including measures to create supportive food environments across a range of settings. We suggest the plan include mention of the use of fiscal instruments and other measures to influence the consumption of food, particularly a tax on sugar sweetened beverages.⁵

⁴ NZMA Submission to Māori Affairs Committee on Inquiry into health inequities for Māori. 9 September 2019. Available from http://www.nzma.org.nz/data/assets/pdf_file/0020/93017/NZMA-Submission-on-Inquiry-into-Health-Inequities-for-Maori.pdf

⁵ NZMA. Taxes on sugar sweetened beverages. Position Statement. December 2016. Available from http://www.nzma.org.nz/data/assets/pdf_file/0005/52547/Taxes-on-Sugar-Sweetened-Beverages_December-2016.pdf

8. While the NZMA has recently endorsed key messages on vaping developed by the Ministry of Health and the Health Promotion Agency,⁶ we do not support the plan's action to "promote vaping to support smokers to switch". We ask that this action be reviewed to reflect emerging evidence about the harms of vaping and disagreement by experts about the effectiveness and role of vaping in smoking cessation. Of particular concern is recent consistent and strong evidence that e-cigarette use is associated with increased odds of subsequent cigarette smoking initiation and current cigarette smoking among adolescents and young adults.⁷ We believe the Ministry needs to take a more cautious approach to vaping at this time that aligns with the key messaging it has developed. Instead of promoting vaping, we suggest the use of alternative wording such as: "*consider the role of vaping to support some smokers to quit and introduce legislation to ensure vaping is regulated appropriately to minimise its uptake in non-smokers*".

9. In the section on acknowledging the use of traditional and/or complementary therapies, we suggest that it would be useful to list some of these therapies and the evidence for their use. We also believe that it would be useful to add the statement: "*evidence-based treatments should not be stopped if traditional and/or complementary therapies are used.*"

10. There are a number of statements in the action plan that are currently not supported by references. For example, page 47 includes the statement: "*In 2017/18, approximately 15 percent of New Zealanders experienced barriers to accessing primary health, for reasons including the cost of appointments and prescriptions, and nonfinancial barriers such as time off work, carer obligations and lack of transport*". We ask that the appropriate references be added to such statements.

11. It is important to ensure Māori involvement at all levels of the plan's implementation. This includes a mandatory Māori member on the Cancer Control Agency Board as well as other forms of representation such as kaumatua.

12. We welcome actions to enable equitable participation for national cancer screening programmes through targeted investment for priority populations. We submit that consideration be given to implementing screening at a younger age for Māori to achieve equity, given that on average, Māori live 7 years less than non-Māori.

Responses to consultation questions

Question 1. Do you agree with the four outcomes proposed in the Plan?

Yes, we are in broad agreement with the following four outcomes proposed in the plan: i) New Zealanders have a system that delivers consistent and modern cancer care; ii) New Zealanders experience equitable cancer outcomes; iii) New Zealanders have fewer cancers; iv) New Zealanders have better cancer survival.

Question 2. Do you agree with the key areas within each outcome?

⁶ Ministry of Health / Health Promotion Agency. Position on Vaping. Available from <https://vapingfacts.health.nz/our-position-on-vaping.html>

⁷ Soneji S, et al. Association Between Initial Use of e-Cigarettes and Subsequent Cigarette Smoking Among Adolescents and Young Adults: A Systematic Review and Meta-analysis. JAMA Pediatr. 2017 Aug 1;171(8):788-797

Yes, we are in general agreement with the key areas that have been identified within each outcome.

Question 3. 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). If not, what suggestions do you have about how we can do this?

We believe that the actions in the plan will contribute towards achieving more equitable health outcomes for the priority populations identified. However, we have concerns about the plan's action to "promote vaping to support smokers to switch". We ask that this action be reviewed to reflect emerging evidence about the harms of vaping and disagreement by experts about the effectiveness and role of vaping in smoking cessation (see paragraph 8).

Question 4. Are there any other actions that should be included? If yes, please explain what and why.

With regards to the area on research and innovation, we suggest the addition of an action to develop national processes to help with the coordination of research and investment. This should help with inter-district flow funding constraints that appear to be a barrier for patients in some DHBs to accessing clinical trials that are being conducted by research entities such as the Malaghan Institute.

Question 5. Are there other aspects in the prioritisation framework that need to be considered? If yes, please explain further.

We have not identified other aspects in the prioritisation framework that need to be considered.

Question 6. What three actions across the entire Plan do you think should be progressed first?

We believe that actions relating to data and information should be a priority. Good quality data and information will provide a baseline and allow for data-driven evaluation of the outcomes of the other actions in the plan.

Question 7. Do you agree with the approach for creating a system that delivers consistent and modern cancer control? If no, please explain why not.

Yes, we are in agreement with the approach for creating a system that delivers consistent and modern cancer control.

Question 8. Do you think the actions under 'Health Workforce' will address the current issues? If no, please explain why not?

We believe the plan should specifically identify the unique role of General Practitioners. Several aspects of the General Practitioner–patient relationship make this group of doctors particularly well placed to contribute to a number of the key areas in each outcome area. These aspects include continuity of care, familiarity with a person's social and family history, as well as being best placed to co-ordinate patient-centred care, including prevention and early detection of cancer. We also recommend the plan add support for developing the clinical academic workforce in New Zealand.

Question 9. Are there any further actions required to ensure New Zealand has strong leadership and governance in cancer control? If yes, please explain further.

It is important to ensure Māori involvement at all levels of the plan's implementation. This should include mandatory Māori representation on the Cancer Control Agency Board.

Question 10. Are there any other actions that should be added or removed from Outcome 2? If yes, please explain what and why?

We have not identified actions that should be added or removed from Outcome 2.

Question 11. Do you think developing and implementing a mātauranga Māori framework and Māori led programmes could achieve equitable health outcomes? If not, please explain why not.

We are supportive of developing and implementing a mātauranga Māori framework and Māori led programmes, in accordance with partnership obligations under te Tiriti. While the presumption is that these will contribute towards achieving equitable health outcomes, we are not aware of specific empirical evidence demonstrating they will.

Question 12. Do you think the actions in the section, ‘achieving equity by design’ will ensure equity is at the forefront when developing cancer services? If not, please explain why not.

Yes, we welcome the strong focus on equity and the actions under the achieving equity by design area. We believe these actions will ensure equity is at the forefront when developing cancer services. However, the cancer control agency must have access to sufficient resources at its disposal to meet its goals. It is also essential to ensure partnership with Māori at all stages of design and implementation.

Question 13. Do you think the Plan will address racism and discrimination in cancer services? Please provide details.

We welcome the action to develop a cancer leadership and governance framework, and a cancer health workforce, that actively addresses all forms of racism and discrimination. Ensuring access to sufficient resources to enable the workforce to achieve this, as well as ensuring partnership at all levels, will be key.

Question 14. Do you think the actions to support cancer prevention are right? If not, what suggestions do you have to improve this?

Yes, we believe the actions to support cancer prevention are right, with the exception of the action to promote vaping. We ask that this action be reviewed to reflect emerging evidence about the harms of vaping and disagreement by experts about the effectiveness and role of vaping in smoking cessation (see paragraph 8).

Question 15. Are there any other actions that should be added or removed from Outcome 4? If yes, please explain what and why?

No, we have not identified any other actions that should be added or removed from Outcome 4 which proposes what is broadly in line with what the WHO suggests regarding cancer prevention.⁸

Question 16. 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? If not, please explain why not.

Yes. Enabling people with the knowledge, skills and confidence to use cancer health information will, by definition, ensure they have a better understanding of the early signs and symptoms of cancer. However, equipping someone with the knowledge/skills/confidence about using a service/information does not fully take into the account the impact of their normative beliefs, motivation to comply and perceived control (locus of control) on whether to better understand or act upon the information they are given. Moreover, meaningful behaviour change is dependent on more than just knowledge/skills. When applying an integrative behaviour model, there also needs to be sufficient intention to perform the behaviour, and environmental constraints should not restrict the behaviour.⁹

⁸ <https://www.who.int/cancer/prevention/en/>

⁹ <https://www.med.upenn.edu/hbhe4/part2-ch4-integrated-behavior-model.shtml>

Question 17. 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?

Support that needs to be considered for such people includes access to sufficient income to live on and support their families/loved ones. This is necessary as their income may have been jeopardised as a result of their cancer diagnosis and treatment. Other aspects to consider include transport costs for patients and family members.

Question 18. Does the Plan address ways to improve patient experience of cancer services? If no, please explain what and why.

Yes, we believe that the plan addresses ways to improve patient experience of cancer services.

Question 19. Do care plans need to be developed to meet the holistic needs of patients and families/whānau? If no, please explain further.

We recognise the value of care plans that are developed to meet the holistic needs of patients and families/whānau, including advance care plans.

Question 20. Does the Plan address access to follow-up and surveillance for recurrence, late effects and new cancer post treatment? If no, please explain what and why

Yes, the plan appears to address access to follow-up and surveillance for recurrence, late effects and new cancer post treatment.

Question 21. Is there anything else you would like to tell us about the plan or cancer generally?

No, however, we refer officials to paragraphs 1 to 12 in the main body of our submission.

We hope our feedback is helpful and look forward to the publication of the final plan in early 2020.

Yours sincerely



Dr Kate Baddock
NZMA Chair