

Radiation Oncology Model of Care

SUBMISSION BY CANCER SOCIETY OF NEW ZEALAND

The Cancer Society of New Zealand

Level 13, Ranchod Tower, 39 The Terrace, Wellington 6011 | PO Box 651, Wellington 6140

04 494 7270 | Cancer Information Helpline 0800 CANCER (226 237)

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INTRODUCTION

- The Cancer Society of New Zealand (Cancer Society) appreciates this opportunity to comment on the draft radiation oncology model of care, as well as the ongoing work of Te Aho o Te Kahu/Cancer Control Agency in leading care for whānau with cancer.
- The Cancer Society stands ready to collaborate closely with the health system to advance the objectives outlined in this latest model of care. Our extensive experience and resources uniquely position us to contribute significantly to the success of new model, particularly in addressing barriers to access, improving efficacy, and promoting equity in cancer treatment.
- In the year ended 31 March 2023, the Cancer Society:
 - Offered care, support and information from centres in Whangārei to Invercargill, as well as via the 0800 Cancer Information line.
 - Supported whānau as a result of 9,300 new referrals from across Aotearoa, making more than 95,000 contacts with their clients and whānau (face to face, phone or email/text).
 - Supported people with cancer and their whānau by providing 46,600 bed nights in our cancer lodges.
 - Covered 895,100 kilometres driving people with cancer to/from treatment.
 - Supported 8,074 volunteers who contribute to fundraising and supportive care services.
 - Contributed \$4.5mil to cancer research.
 - Advocated nationally and regionally for better cancer prevention, early detection and screening, and cancer care.
- We have captured Cancer Society feedback relating to the various sections of the draft Radiation Oncology Model of Care document below.

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Current state of Radiation Oncology Services in Aotearoa

<i>What is missing from this section?</i>	No comment
<i>What needs changing in this section?</i>	No comment
<i>Are there any other comments or feedback you wish to provide on this section?</i>	<p>The Cancer Society supports a systemic approach to planning and implementing new technologies and innovation, as well as to workforce planning. As stated, a wholly regional focus will create inconsistent access across the country, as is the case now.</p> <p>While it is encouraging to see new LINACs in Northland, Hawke’s Bay and Taranaki, planning needs to consider the impact these changes will have on people with cancer in terms of travel and accommodation. As this is largely provided by non-governmental organisations (NGOs), those organisations need to be included in planning and implementation discussions at the earliest point.</p>

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A. Optimal Patient Pathway

What is missing from this section?

Referral to cancer related NGOs is missing from the pathway on page 23. While the Cancer Society receives referrals from cancer centres, few are initiated by Radiation Oncologists. This is despite these patients often being accommodated in our cancer lodges and/or driven to appointments by our volunteer drivers. We recommend including cancer NGOs in the clinical pathway at the first specialist assessment (FSA), alongside publicly funded services. We believe that the Cancer Society has an invaluable role in this pathway and that this would be the most effective way of ensuring more seamless service delivery to people with cancer.

As you will be aware, supportive care services sit across a number of domains – physical, informational, emotional, psychological, social, spiritual and practical, and are unique to the individual’s needs and context. With lack of workforce being an issue affecting Health NZ, teams at cancer centres may not have the bandwidth to provide the level of supportive care required by many people with cancer and their whānau. Linking patients to their local Cancer Society will relieve some of this workload pressure as well as providing more support to more people with cancer.

While it is good to see a post-treatment survivorship plan being introduced (page 30), it would be helpful to include a formal post-treatment check-in for all patients completing cancer treatment. It could be modelled on the work being done by the Health NZ Central and the Central District division of the Cancer Society. At the end of treatment, patients are contacted by a radiation therapist who explains that someone from the Cancer Society will be in touch in two weeks. The Cancer Society helps to ensure their psychosocial needs (emotional and practical) are assessed and addressed, while any medical queries are referred back to Radiation Oncology.

Since January 2023, the Cancer Society has been in touch with 1,903 patients as a result of this project. As well as patients appreciating the support that is offered, this project has also provided a robust and ongoing evaluation of the Radiation Oncology service by very recent service users. Examples of the feedback have included:

- Appointment letters arriving in the mail after the appointment was to have occurred.

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	<ul style="list-style-type: none"> • Lack of explanation about what ‘palliative’ means or not being told their treatment was palliative. • Not bothering to apply for NTA as paperwork ‘is a minefield’.
<i>What needs changing in this section?</i>	<p>Local leadership is required to ensure that each patient’s travel and accommodation needs are assessed and managed appropriately, as this is not currently evident in all parts of Health NZ (page 25).</p> <p>Please note that on completion of treatment, letters from Health NZ can take six weeks to reach the patient’s GP or community-based allied health providers if a referral is made. This delay makes it difficult for people with cancer to pick up with their GP if care is required before the letter or report has been received. This is both frustrating and concerning for people with cancer and their whānau and can undermine their confidence in primary care.</p>
<i>Are there any other comments or feedback you wish to provide on this section?</i>	<p>The Cancer Society supports placing the person with cancer and their whānau at the centre of care, as well as valuing their voices in all service design and improvements.</p> <p>The Cancer Society supports early referral into, and supply of information about National Travel Assistance (NTA) Scheme by regional cancer centres. In our experience, some of the inequitable access to radiation therapy relates to the cost of travel and accommodation and the inability of the Scheme to adequately support people with cancer in this regard.</p>

B. Optimal System Attributes

1. Leadership & governance

<i>What is missing from this section?</i>	<p>As a key partner in delivering cancer care, cancer NGOs should be included in leadership and governance. NGOs such as the Cancer Society, Ronald McDonald House Charity and Hato Hone/St John play a significant role in supporting people with cancer to access transport and accommodation during radiation treatment. Our organisation serves as a bridge between people with cancer and the healthcare system, offering invaluable insights gathered from years of frontline experience. We also offer support with amplifying the voices of consumers at national, regional, and local levels. We</p>
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	are committed to collaborating with stakeholders to shape the future of systemic improvements in Radiation Oncology.
<i>What needs changing in this section?</i>	We agree with the need to ensure communication is bi-directional and effective. This need is even greater with Health NZ's recent introduction of four regional deputy chief executives to commission and deliver regional health care services. We believe that critical to the success of this model is determining the boundaries of what retains a national focus versus regional ownership. Unified leadership and governance will also be key to making this work.
<i>Are there any other comments or feedback you wish to provide on this section?</i>	No comment
2. Service distribution	
<i>What is missing from this section?</i>	While it is encouraging to see new LINACs in Northland, Hawke's Bay and Taranaki, planning needs to consider the impact these changes will have on people with cancer in terms of travel and accommodation. As this is largely provided by cancer related NGOs, those organisations need to be included in planning and implementation discussions at the earliest point.
<i>What needs changing in this section?</i>	No comment
<i>Are there any other comments or feedback you wish to provide on this section?</i>	It is encouraging to see the range of services that will be delivered regionally (2.4), as well as acknowledging the proactive planning required for new technologies as they emerge (2.10).

3. Service delivery	
<i>What is missing from this section?</i>	No comment
<i>What needs changing in this section?</i>	We agree that patients do not always experience ‘joined up’ care (3.4). We often see examples where this is the result of a limited working relationship between some service providers. Examples include men in some parts of Aotearoa newly diagnosed with prostate cancer who are assessed first by urologists then radiation oncologists. This lacks an overarching discussion about relative merits and risks, so that they can make an informed decision about their treatment. Additionally, referrals to Palliative Care and/or hospice, if declined, can leave the person with cancer in limbo and unclear of where to get the support they need.
<i>Are there any other comments or feedback you wish to provide on this section?</i>	<p>Again, it’s encouraging to see reference to supportive care services that sit with NGOs (3.13). It would be more encouraging to see evidence of Health NZ ‘partnering’ strategically and operationally with NGOs to maximise support available to people with cancer and their whānau.</p> <p>The Cancer Society supports the intent to allow public and private centres to mitigate situations where capacity limitations occur within a public cancer centre (3.45). It is important that business continuity planning includes consideration of information sharing. This would help ensure that the right information and support is available to NGOs like the Cancer Society, who are not contracted to Health NZ but still deliver services that support operation of Radiation Oncology.</p> <p>An example in recent years highlighted the need for this planning. When Waikato District Health Board (WDHB) experienced a ransomware attack in 2022, patients were shifted at short notice to the Kathleen Kilgour Centre in Tauranga. It was challenging for the Cancer Society to wrap support (supportive care, meals and transport) around these affected patients, as appropriate information was not readily available from WDHB.</p>
4. Workforce	
<i>What is missing</i>	This draft model of care rightly identifies cancer navigators in both clinical and non-clinical roles within the team supporting people with cancer (4.27). The Cancer Society supports this view and suggests placing navigators outside the

<i>from this section?</i>	<p>cancer care system rather than within it would work best. We are already delivering cancer navigation with our existing workforce and are willing to expand that workforce with external investment.</p> <p>Equally, the Cancer Society is well placed to deliver the psychosocial support described in 4.37.</p> <p>It would be worth considering secondments and/or joint appointments between the Cancer Society and Health NZ to support one another with particular areas of expertise. This approach has had success elsewhere - an example being the MacMillan Cancer and the National Health Service in the United Kingdom.</p>
<i>What needs changing in this section?</i>	No comment
<i>Are there any other comments or feedback you wish to provide on this section?</i>	<p>We look forward to seeing evidence of national and regional partnering with NGOs (4.5). This will be particularly useful in the provision of supportive care services outside of the publicly funded services, which will help relieve health workforce pressures within Health NZ.</p> <p>With nearly 100 dedicated staff nationwide (including cancer nurses, psychologists, navigators and social workers), the Cancer Society has cultivated a multidisciplinary workforce capable of facilitating seamless patient transitions between community and hospital-based services. There are opportunities to look at how our workforce could complement or assume some of the work of the planned cancer navigation workforce, rather than Health NZ setting up an entirely new workforce with significant overlaps.</p>
5. Facilities, infrastructure & technology	
<i>What is missing from this section?</i>	<p>Consideration should be given to providing NGOs with some access to integrated information technologies used by Health NZ. Access to accurate and timely patient records can ensure that the support provided does not duplicate stretched resources and can better reflect the person's whole journey.</p>
<i>What needs changing in</i>	No comment

<i>this section?</i>	
<i>Are there any other comments or feedback you wish to provide on this section?</i>	No comment
6. Service performance, quality & safety	
<i>What is missing from this section?</i>	We agree that commissioners should keep up to date with monitoring treatment injuries, radiation incidents and near misses. We also recommend that commissioners be informed of complaint investigations by the Health and Disability Commissioner into Radiation Oncology services.
<i>What needs changing in this section?</i>	No comment
<i>Are there any other comments or feedback you wish to provide on this section?</i>	<p>The Cancer Society supports the intent to allow public and private centres to mitigate situations where capacity limitations occur within a public cancer centre (3.45). It is important that business continuity planning includes consideration of information sharing. This would help ensure that the right information and support is available to NGOs like the Cancer Society, who are not contracted to Health NZ but still deliver services that support operation of Radiation Oncology.</p> <p>An example in recent years highlighted the need for this planning. When Waikato District Health Board (WDHB) experienced a ransomware attack in 2022, patients were shifted at short notice to the Kathleen Kilgour Centre in Tauranga. It was challenging for the Cancer Society to wrap support (supportive care, meals and transport) around these affected patients, as appropriate information was not readily available from WDHB.</p>
7. Research & clinical trials	
<i>What is missing</i>	No comment

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<i>from this section?</i>	
<i>What needs changing in this section?</i>	No comment
<i>Are there any other comments or feedback you wish to provide on this section?</i>	The Cancer Society supports greater access to clinical trials for all people with cancer, regardless of where they live.

Final comments

Thank you for your consideration of this submission. We look forward to continuing to work alongside Te Aho o te Kahu, as we create meaningful improvements to cancer care.

Ngā mihi nui,

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