

ELECTION REQUEST FROM CANGO

20
20

Cancer is the leading cause of death in New Zealand. This year, 23,000 New Zealanders will be diagnosed with cancer and 10,000 will die. Whether they live or die, and whether they have a good quality of life, is in the hands of our health leaders. New Zealanders deserve world class cancer care. We are falling well short of this goal.

There has been material progress since the last election in acknowledging the work that is required, including the approval of the Cancer Action Plan and the creation of Te Aho o te Kahu.

But significant issues remain, including those highlighted by the Health and Disability Systems Review, and more is required for our health system to meet Te Tiriti o Waitangi.

There is far more to be done to ensure that New Zealand does not continue to **slip even further down the OECD survivorship rankings**, does not continue to have **vastly inequitable patient experiences and outcomes, particularly for Māori and Pasifika, significantly improves our underfunded and unfair system for accessing medicines, and invests in and further develops its health workforce.**

This election, the impact of COVID-19 is widely felt across New Zealand and worldwide. There are many negatives from the economic hardship in New Zealand that will impact on cancer patients - **vulnerable groups will be hit the hardest and inequities exacerbated**; there'll be **increased psycho-social needs** and a **backlog through the system** from delayed diagnoses.

However, we also need to bank the gains that COVID-19 has demonstrated, such as the ability to **implement difficult health decisions and system changes at speed, new and improved uses of technology**, the crucial role of **iwi and Māori health providers in engaging Māori** with health prevention and access to treatment, and the vital role of **NGOs complementing the health system and being an essential safety net**. These learnings must lead to long-term system improvements.

About CANGO

CANGO (Cancer Non-Governmental Organisations) is an alliance of prominent New Zealand cancer charities including:

- Breast Cancer Foundation NZ
- Bowel Cancer New Zealand
- Leukaemia & Blood Cancer New Zealand
- New Zealand Gynaecological Cancer Foundation
- Prostate Cancer Foundation of New Zealand
- Unicorn Foundation New Zealand
- Melanoma New Zealand
- Lung Foundation New Zealand
- Gut Cancer Foundation
- Cancer Society of New Zealand

The group was formed in 2007 in an effort to increase collaboration among cancer charities.

Chief Executives of member organisations meet quarterly to discuss key issues facing the sector; to meet and share information with representatives from Te Aho o Te Kahu, the Ministry of Health and others working in cancer-related areas; and to work together on specific initiatives that reflect the shared goal of all members to reduce the incidence and impact of cancer on New Zealand and New Zealanders.



We ask New Zealand's politicians to:

1. ENSURE ALL NEW ZEALANDERS GET WORLD CLASS CANCER CARE BY:

- Developing a quality improvement programme for all cancers based on international guidelines.
- Implementing the quality improvement programme nationwide in a manner that removes postcode lottery issues.
- Transitioning the system to allow more innovation and precision-led healthcare, including moving toward personalised treatment of cancer by:
 - Broadening funding for targeted therapies and personalised treatments, such as immunotherapies; and
 - Improving access to and funding of genetic mapping, sequencing and planning.

2. ACHIEVE EQUITY FOR ALL NEW ZEALANDERS ACROSS THE CANCER CARE CONTINUUM BY:

- Ensuring all New Zealanders have equitable access to diagnosis, care, treatment, support and clinical trials, irrespective of location and ethnicity.
- Addressing disparities such as differences in care, treatment and support received by Māori and those with co-morbidities.
- Ensuring our rural communities have equitable access to preventative services and screening, specialist and multi-disciplinary care.
- Addressing travel and support issues for those who live rurally, those moving across DHB boundaries or those at distance from provision of diagnostic or treatment services.
- Ensuring a seamless transition between service providers within the system, including appropriate consumer choice around access to, and charges by, treatment providers (eg public or private, primary or secondary).
- Prioritising Māori in the Health and Disability Systems Review.

3. PROVIDE BETTER ACCESS TO MEDICINES BY:

- Asking Pharmac, given its expertise, to provide advice on how much new funding is needed to achieve access to medicines equitable with comparable OECD countries.
- Conducting an urgent review of Pharmac's current processes and allocation of medicines funding to ensure:
 - the introduction of a rapid access to drugs scheme;
 - fairer access to medicines for rare cancers and other rare conditions; and
 - more transparency and consumer engagement.
- Using the above two actions to inform a full review of Pharmac's role and legislative framework, and providing it with the mandate to fund medicines to a standard consistent with international best practice of care.

4. ENSURE THERE IS AN ADEQUATELY SKILLED WORKFORCE TO FULFIL DIAGNOSIS, TREATMENT AND PSYCHO-SOCIAL NEEDS, INCLUDING FOR THOSE LIVING WITH AND BEYOND CANCER BY:

- Tasking Te Aho o Te Kahu with the development and implementation of a cancer workforce plan that includes:
 - Proactively addressing current and upcoming workforce shortages.
 - Publishing and actioning workforce plans across all cancer types.
 - Ensuring the workforce is maintained during any transition arising from the Health and Disability System Review.
 - Introducing compulsory education of cancer pathways, risk factors and symptoms, including for all primary health care providers and Māori and Pasifika health care providers.
 - Broadening training and learning opportunities for rural-based medical practitioners.
 - Ensuring the workforce is appropriately supported with technology and other innovative systems.

5. IMPROVE THE ACCURACY AND SPEED OF DETECTING AND DIAGNOSING CANCER BY:

- Re-establishing targets for diagnosis and treatment (from suspicion to diagnosis; and diagnosis to treatment), which are designed to measure equity and other system issues.
- Mitigating COVID-19 disruptions to diagnostics (including to diagnostics, screening programmes, and treatment of screen-detected cancers).
- Ensuring continuous education and increasing GP programmes and education about cancer pathways, risk factors and symptoms, and screening programmes and their benefits.
- Investing in next generation diagnostics.
- Continuing existing screening programmes and developing new screening programmes, including for:
 - extending breast screening to age 74;
 - bowel cancer (lowering the bowel screening age for Māori and Pasifika to 50 and ensuring colonoscopy capacity adequately meets demand for all New Zealanders no matter what age);
 - lung cancer (introducing targeted screening in high risk populations); and
 - cervical cancer (enhancing the current three-yearly cervical screening programme with the roll out of HPV primary testing, a five-yearly check for women post cancer-related hysterectomy and considering offering self-testing as a means of reducing cervical cancer inequities).

6. SHARE THE CANCER STRATEGY WITH NGOs AND INVOLVE US AND ACKNOWLEDGE OUR ROLE AS KEY CONTRIBUTORS TO THE CARE AND SUPPORT OF PEOPLE, THEIR WHĀNAU AND SUPPORT NETWORKS BY:

- Ensuring the health system integrates with the essential services provided by NGOs in a manner that puts consumers, whānau and communities at the heart.
- Coordinating coverage from the DHB, private and NGO sectors in the cancer care continuum.

7. IMPROVE DATA TO ENSURE EFFECTIVE MANAGEMENT AND PLANNING OF CANCER SERVICES BY:

- Improving the data integrity of the cancer register and ensuring tumour-type registries enable a model of care for cancer management across all services

8. ADDRESS ONGOING NEEDS FOR THOSE LIVING WITH AND BEYOND CANCER BY:

- Providing increased access to psycho-social services.
- Improving support around benefit and employment rights, including financial support for families and carers, plus supporting those who need to relocate for treatment.
- Improving and funding access to:
 - free GP visits for people living with stage 4 cancer, and
 - supplementary therapies, equipment and services that will assist patients to maintain and improve their quality of life.
- Providing support and treatment for long-term side effects.
- Addressing palliative care needs, including increasing funding to ensure access to palliative care. All New Zealanders should get the palliative care they need in the setting of their choice.

9. INCREASE ACCESS TO CLINICAL TRIALS AND INVESTIGATOR-LED TRIALS AND RESEARCH BY:

- Requiring each DHB to undertake clinical research and trials, report on patient access and inclusion in research and trials, and improve equity of access (including by ethnicity and location).
- Increasing central Government investment in trials and research.
- Ensuring any reforms from the Health and Disability System Review focus on improving equity of access to clinical trials and research, and reducing barriers to investigator-led trials and research.
- Requiring Te Aho o te Kahu to publish nationwide data on clinical trials and research.
- Requiring DHBs to broaden consumer involvement in the development of trials and research.

10. REDUCE MODIFIABLE RISK FACTORS FOR CANCER BY:

- Increasing proportions of New Zealanders eating a healthy and balanced diet, and supporting programmes and policy that promotes this.
- Reducing the harmful use of alcohol (by implementing the WHO Global Strategy).
- Promoting physical activity, by developing and implementing sustainable policies and actions.
- Reducing New Zealanders exposure to environmental and occupational cancer risk (such as UV radiation and asbestos).
- Further committing to the Smokefree 2025 goal and continued commitment to tobacco control policy that puts the health of the nation and its people first, including increased investment in smoking cessation and implementation of the Smokefree Vaping Bill.