



Cancer Society of New Zealand
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Cancer Control Monitoring Report Not Enough Says Cancer Society

In welcoming the report on the first two years of the Cancer Control Strategy Action Plan Cancer Society CEO, Dalton Kelly said it has done a very good job of monitoring what progress has occurred.

“But, what is the point of detecting cancer if we don’t have the people, equipment and medicines to treat it?

“It is very good that we have a Cancer Control Strategy with an action plan to support it, but we don’t have a single organisation or entity with the responsibility and the resources for actually delivering on that plan.

“What this report shows is that despite the Government’s priority objective of reducing the incidence and impact of cancer, that its failure to provide any particular body with the responsibility to lead, coordinate and drive the action plan means that very little has, in reality, been achieved.

“Simply monitoring on its own is not going to achieve any results,” Mr Kelly said.

Of course there is some wonderful work being done by volunteers, NGOs, DHBS and in hospices in terms of education, detection, treatment and care.

But this work is uncoordinated and ad hoc as the Cancer Control Council is hamstrung with no authority to lead the implementation of the Cancer Control Strategy action plan and no real independence.

“Decision making is really in the hands of the DHBs. This, along with the funding, is devolved directly to the DHBs and PHARMAC. So there might well be a policy, supported by funding, but there is no apparent requirement for any particular DHB, or PHARMAC, to pass that funding into that policy implementation.

“Translated into patient care realities, this means children with cancer being passed from hospital to hospital in different regions for care, women with breast cancer being sent to Australia for radiation treatment, while other women are being treated with a truncated,

unproven course of Herceptin while desperately raising funds to personally fund the extended course.

“An indication of where improvements can be made and where we have a long way to go is around the establishment of regional cancer networks. To date only one regional network is working with any degree of effectiveness, and that is the one operating in the southern part of the North Island.

“Clumsy introduction of new technologies whether they be new equipment like PET scanners or new medicines, like Herceptin is further evidence of the ad hoc approach to what should be a coordinated strategy,” Dalton Kelly said.

“Then there is the very fraught issue of workplace planning. Every week we hear stories of radiation therapists and clinicians leaving New Zealand and shortages of nurses in a variety of fields. It is therefore a scandal that we read in this report that of the planned milestones that have been delayed during this period under review that 11 of these relate to the national cancer workforce plan, increased training awards and active involvement of consumer representatives.

If we were really serious about monitoring we would be comparing ourselves with similar jurisdictions. For instance in New South Wales, a state about the same size as New Zealand, they have replaced seven or eight linear accelerators in the past two years and actively introduced the appropriate training which has led to the establishment of seven psycho-oncology units.

“It is a real shame that our structures don’t allow the establishment of a single body to coordinate and lead the implementation of the Cancer Control Strategy.

“Why not make the Cancer Control Council this body and give it the tools to do the job,” Dalton Kelly asked?

“Bring it out from under the control of the Ministry of Health and give it some very specific responsibilities and the funding that goes along with them. It is our guess that the funding is already out there, but is simply not being coordinated in a strategic and sensible manner,” he concluded.

Ends..../

More comment Dalton Kelly (04) 494-7273