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| |  |  | | --- | --- | |  |  | |  | | | | Close-up image of harakeke (flax) flowers    **Sector Update - September 2022**    Tēna koutou katoa  My name is Nicola Hill and, for those who don't know me, I have stepped into the role of Te Aho o Te Kahu Chief Executive while Diana fills in as Director-General of Health. I am very thankful to Nicholas Glubb, substantively our Southern Regional Hub Manager, who is supporting me at this very busy time by taking on the role of General Manager.  Since the formation of the new health entities, Te Aho o Te Kahu kaimahi across the motu have been busy connecting with the relevant people and teams at Te Whatu Ora, Health New Zealand; Te Aka Whai Ora, Māori Health Authority; and Manatū Hauora, Ministry of Health, so that whānau with cancer are central to the design and delivery of the new health system. Our role as 'te aho' (the central thread) has never been more important or relevant than now. It is an exciting opportunity to weave together the people, **whiria te tangata**, to improve cancer outcomes for all New Zealanders.  This update gives an overview of a number of key pieces of the Agency’s work programme including monitoring and managing the impact of COVID-19 on cancer diagnosis and treatment, cancer services planning in the new health system and updates on the Quality Performance Indicator programme, ACT-NOW, Structured Pathology and more.  If you have been forwarded this email and would like to subscribe so you can hear from us directly (three to four times a year), [you can do so here.](https://teahootekahu.cmail20.com/t/t-l-airwdt-jjmykykhk-y/)  Ngā mihi  Nicola | | |      |  | | --- | | Full length photo of Moahuia and Gary from HAMo and Michelle and Nicola standing in front of the Government coat of arms after their presentation.  Moahuia Goza and Gary Thompson from Hei Āhuru Mōwai with Michelle Mako and Nicola Hill from Te Aho o Te Kahu pictured directly after presenting to the Te Hāpai Hapori panel.  **Māori Crown Relations**  Te Aho o Te Kahu was one of five finalists for the Māori Crown Relations Award in the Te Hāpai Hapori Spirit of Service Awards. The awards have been recognising public servants and initiatives that exemplify the spirit of public service since 2019. Our nomination was in acknowledgement of our work in growing Māori Crown Relations capability.  We are committed to equity in cancer outcomes and strong Māori Crown Relations. Our capability planning has been recognised by Te Arawhiti  | Office for Māori Crown Relations and we are incredibly proud of the commitment and effort all our staff have shown on this journey.  While we didn’t take out the top spot this year, we were up against some amazing mahi and our congratulations go to our category winner Te Kāhui o Matariki – a Māori Crown journey from creating to celebrating a new public holiday. You can find out more about the finalists and category winners here [Te Hāpai Hapori Spirit of Service Awards 2022](https://teahootekahu.cmail20.com/t/t-l-airwdt-jjmykykhk-j/). |      |  | | --- | | Diagram of the Cancer Services Planning projects with optimal cancer care pathways and care care co-ordination written across the top and then in four boxes below that - surgical services, systemic anti-cancer therapies, stem cell transplant and radiation oncology. Written along underneath those boxes is workforce.    **Cancer Services Planning Programme**  We are currently undertaking a large, proactive programme of work to transform the way cancer treatment services are provided in Aotearoa New Zealand. The aim of this work is to support everyone to access high-quality care, regardless of who they are or where they live.  The programme is ongoing and will provide evidence-based guidance to commissioning entities on how to change the way specialist cancer treatment and support services are organised and distributed to achieve optimal, equitable cancer outcomes for all people with cancer in Aotearoa.  The design and implementation phase of the programme started in March 2022 and takes our thinking beyond what changes need to occur to how the recommendations could be implemented.  The full report on the first phase of the programme [He Mahere Ratonga Mate Pukupuku, Cancer Services Planning: A vision for cancer treatment in the reformed health system](https://teahootekahu.cmail20.com/t/t-l-airwdt-jjmykykhk-t/) has been shared with the Minister of Health, new health entities and is available on our website. |      |  | | --- | | **COVID-19 and Cancer**  Our [series of COVID-19 and cancer services reports](https://teahootekahu.cmail20.com/t/t-l-airwdt-jjmykykhk-i/) uses available data to monitor potential delays to cancer diagnosis and treatment. These are used to support policy development and response planning. Our most [recent report for the period until the end of June 2022](https://teahootekahu.cmail20.com/t/t-l-airwdt-jjmykykhk-d/) was released recently.  Overall, there is evidence of the start of some downturns in delivery of some services. These downturns are likely to be the result of the impact of the ongoing COVID-19 pandemic on the normal delivery of care, with the added impact of other illnesses such as influenza. We believe that delivery of services will likely quickly return to expected levels in our next reports.  We acknowledge the ongoing pressures on the cancer care system at this time, in particular on the cancer workforce due to staff illness and capacity issues as a result of COVID-19 and other illnesses. That this reporting shows many comparable results to the pre-pandemic period suggests that cancer care staff are working diligently to ensure the continuation of cancer care in Aotearoa New Zealand.  Te Aho o Te Kahu continues to work with the sector and will monitor and further investigate downturns in service delivery, with particularly focus on evidence on inequity (such as lung cancer surgery for Māori). |      |  | | --- | | **Quality Performance Indicator Programme**  [Quality performance indicators (QPIs)](https://teahootekahu.cmail20.com/t/t-l-airwdt-jjmykykhk-h/) are used to improve the quality of cancer services and deliver better outcomes for people diagnosed with cancer. They enable district health boards (DHBs), now Te Whatu Ora districts, to compare their performance with other DHBs. QPIs are selected by an expert working group (WG) with consumer representation and a range of clinical experts involved in providing patient care. To date, we have selected, calculated and reported on QPIs for bowel, lung and prostate cancers. Currently we are working on QPIs for breast and pancreatic cancers.  Breast cancer quality performance indicators  The national Breast Cancer QPI Working Group have been working with Te Aho o Te Kahu Quality Improvement team to identify potential breast cancer QPIs since December 2021. We have identified 27 potential QPIs and the draft descriptions were released for consultation in August. The consultation closed on 11 September and we are now reviewing the feedback we received. Once the breast cancer QPIs are updated and finalised based on that feedback they will then be calculated. We hope to have a draft monitoring report ready to share with providers for their review in mid 2023. |      |  | | --- | | Close up photo of Māori man and woman with ta moko (facial tattoos) in hongi.    **Position Statement on Ethnicity Reporting**  Te Aho o Te Kahu released our [position statement on improving the collection of ethnicity reporting](https://teahootekahu.cmail20.com/t/t-l-airwdt-jjmykykhk-k/) as part of our Te Wiki o te reo Māori activities.  We believe that hapū and iwi affiliation is an important component of cancer data and information. It could be used to drive equity focused decisions, better inform the measurement of outcomes, and ensure Māori have the information needed to exercise their tino rangatiratanga. We support the findings of [WAI2575](https://teahootekahu.cmail20.com/t/t-l-airwdt-jjmykykhk-u/) that collecting ethnicity data is essential to ensure that data is complete and adequately reflects Māori measures of identity.  We support a comprehensive and coordinated approach across the sector to ensure health information systems capture and continuously improve ethnicity data while enabling people to access and control their own health information.  A huge thanks to our kaimahi Māori, colleagues and partners who have helped us with our thinking in this space. We are on a learning journey and look forward to partnering with Hei Āhuru Mōwai and Māori to see where this takes us. |      |  | | --- | | **Anti-Cancer Therapy – Nationally Organised Workstreams (ACT-NOW)**  The ACT-NOW programme looks at how systemic therapy (eg chemotherapy) is being delivered across the motu and uses national data to identify ways systemic therapy can be improved. Although affected by COVID-19, [ACT-NOW regimen development and publication](https://teahootekahu.cmail20.com/t/t-l-airwdt-jjmykykhk-o/) has continued.  The ACT-NOW data specification, outlining key data items for national collection to support analyses into equity, clinical quality, and resource planning has been finalised and implementation planning for this standard is underway with providers and software vendors.  We have worked closely with Te Whatu Ora Data and Digital to build and test a prototype IT infrastructure to receive, validate, store, link and analyse ACT-NOW data. Current work focuses on the automation of data quality checks to ensure that data fed into the ACT-NOW programme meets minimum accuracy and completeness standards.  In collaboration with our steering group and other sector stakeholders we have developed and continue to refine pieces of analysis that focus on supporting equity and clinical quality. Key questions we are seeking to answer include:  - Who is accessing systemic therapy and where are the key gaps in access?  - How long do people wait to receive systemic therapy once they are diagnosed?  - How far do people need to travel to receive systemic therapy?  - What types of medicines are people receiving and are these in-line with best-practice standards?  - What are the outcomes for people receiving chemotherapy, is there national variation and how does NZ compare with other countries?  If you would like more information on ACT-NOW contact [Alexander.Dunn@teaho.govt.nz](mailto:Alexander.Dunn@teaho.govt.nz) |      |  | | --- | | Close up photo of a microscope with a blurred person behind it looking at the sample.    **Structured Pathology**  The increasing complexity of cancer treatment requires a greater level of pathology reporting. At the same time, the sector is facing major challenges with legacy paper-based data systems and processes, and funding and workload pressures.  We are working with pathology services to support their transition to a more connected digital health environment. We are developing a suite of data standards to facilitate the timely sharing of pathology data for decision making purposes.  Over the coming year, draft data standards will be developed for all cancers. We want to acknowledge the invaluable contributions from health care practitioners, especially our pathologist community, and equity and technical subject matter experts from across the country.  **Our progress to date:**  Our new [project webpage](https://teahootekahu.cmail20.com/t/t-l-airwdt-jjmykykhk-b/) has gone live alongside the new [data standards manager](https://teahootekahu.cmail20.com/t/t-l-airwdt-jjmykykhk-n/) where anyone can provide feedback and source data standards at any time.  The Health Information Standards Organisation (HISO) have endorsed our overarching draft [Preface](https://teahootekahu.cmail20.com/t/t-l-airwdt-jjmykykhk-p/) which outlines the background and approach to developing, publishing and maintaining data standards. HISO has also endorsed our breast cancer draft data standards. Thoracic (lung, pleural and thymic) draft data standards were approved by HISO in May 2022.  The gynaecological workstream is well underway with cervical/vaginal being co-developed in partnership with the National Cervical Screening Unit (NCSP). The gastrointestinal workstream has started with haematological to be scoped later in the year.  **Other data standards:**  Finally, we have released a [refreshed Multidisciplinary Meeting (MDM) Data Standard](https://teahootekahu.cmail20.com/t/t-l-airwdt-jjmykykhk-x/) for sector feedback by Friday 14 October 2022.The [current data standard](https://teahootekahu.cmail20.com/t/t-l-airwdt-jjmykykhk-a/) was released back in April 2021, so it now requires a formal review.  If you want to know more about Structured Pathology or MDM data standard development, please contact [john.manderson@teaho.govt.nz](mailto:john.manderson@teaho.govt.nz). |      |  | | --- | | **Lung Cancer Webinar - save the date!**  Te Aho o Te Kahu has partnered with the Goodfellow Unit of University of Auckland School of Population Health to deliver a lung cancer webinar. The purpose of the webinar is to engage with the primary care workforce to raise awareness of lung cancer symptoms, improve early detection and referral to secondary health care for patients with a high suspicion of lung cancer.  The webinar will be held on 1 November 2022 for one hour including a Q&A session. Those who attend can be accredited CME points (for GPs) and PNE points (for nurses). This webinar can also count towards CPD requirements for pharmacists. |      |  |  | | --- | --- | | Close up black and white image of a child's smiling face | **Child cancer incidence and survival analysis released**  National Child Cancer Network has released updated analysis for child cancer incidence (2015-2019) and survival (2010-2019). Overall child cancer survival in Aotearoa remains high and work is now focused on ensuring survival rates continue to rise. [You can read the reports here.](https://teahootekahu.cmail20.com/t/t-l-airwdt-jjmykykhk-f/) |      |  | | --- | |  | |