

Aide Memoire

Meeting between the Hon Dr Shane Reti, Minister of Health and Mr Rami Rahal, Chief Executive of Te Aho o Te Kahu, Cancer Control Agency

Date due to MO: 19 January 2024 **Date of Visit:** 25 January 2024

Security level: IN CONFIDENCE **Health Report number:** H2023034564

To: Hon Dr Shane Reti, Minister of Health

Contact for telephone discussion

Name	Position	Telephone
Mr Rami Rahal	Chief Executive	s 9(2)(a)
Ms Nicola Hill	General Manager	s 9(2)(a)

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About the visit

Purpose	The purpose of this meeting is to provide you with advice on topical cancer related activities across Aotearoa, New Zealand.
Visit details	Date: 25 January 2024 Time: 4:00pm to 4:30pm Venue: Minister's Office 6.6, Parliament Buildings
Attendees	Mr Rami Rahal, Chief Executive, Te Aho o Te Kahu Ms Nicola Hill, General Manager, Te Aho o Te Kahu

Background and context

1. This meeting provides you with the opportunity to discuss topical cancer related matters with Te Aho o Te Kahu | Cancer Control Agency (the Agency). The Agency is your primary advisor on cancer care and reports directly to you through me as Chief Executive.
2. Previously, the Agency has had regular monthly meetings with the Minister of Health. This has enabled the Minister to remain apprised of significant risks and receive expert advice that is well informed about, but a step removed from, daily operational service delivery. Previous Ministers have expressed that they have found the free and frank nature of these meetings useful. This is the first of such meetings with you.
3. The Agency is committed to supporting and delivering on your vision and priorities for cancer care across New Zealand. This meeting provides an opportunity for us to discuss these priorities and how we are working with other health entities to consider options and implementation of initiatives such as increased access to cancer medicines and reintroduction of a target for timely cancer treatment.
4. The Agency is continuing to inform and influence system change that makes a real and immediate difference to people with cancer and addresses the concerns of New Zealanders. We acknowledge that while plans and frameworks are important, they need to deliver tangible improvements that are seen and felt by people in their interactions with the cancer system. As experts, however, we have a broad and balanced perspective on the opportunities for improvements across the cancer continuum, many of which could deliver greater impact than some of the issues that tend to dominate public discourse and media coverage. We can discuss how we manage this balance.
5. The Agency provided your office with its Briefing to the Incoming Minister (the BIM) on 1 December 2023. The BIM provides an overview of the cancer system; risks and strategic opportunities, and how we are collaborating with other health system agencies to deliver on the goals of the National Cancer Action Plan and the Government's priorities.
6. The Agency is looking forward to the 'Deep Dive' session with you on Cancer and Faster Cancer Treatment scheduled for 7 February 2024. The Agency is co-ordinating the content of this session on behalf of the Ministry of Health, Health New Zealand, and the Māori Health Authority. We would appreciate the opportunity to hear your priorities for this session so we can best tailor it to meet your needs.

Topics for discussion

Government Priorities

7. Te Aho o Te Kahu is committed to supporting the implementation of the Government's priorities to improve cancer detection and treatment. The Agency is providing advice to lead agencies to support the development of these initiatives including a Faster Cancer Treatment target; improved access to cancer medicines, and improved access to cancer screening. We have also provided modelling and advice to support the planning for additional Linear Accelerator (LINAC) machines across the country.
8. The Agency's role and level of contribution differs as appropriate for each priority, but across all of them we provide subject matter expertise, advice, and insights from our extensive advisory structures reflecting clinical expertise and lived experience.

Faster Cancer Treatment target

9. While not perfect, the faster cancer treatment (FCT) indicators are the best measure of access to cancer services at a national and regional level that the health system has currently. Health New Zealand districts collect standardised information on the time for patients who have been referred urgently with a high suspicion of cancer to see a specialist (62-day target) and the time to receive treatment once a 'decision to treat' is made (31-day target). This data is currently provided to the Agency to manage and maintain, but the intent is for this function to transition to Health New Zealand as the agency responsible for operations.
10. In 2022/23 the Agency worked with Health New Zealand to review and update the FCT business rules to improve the quality and consistency of data collected across the country.
11. The Agency's four regional teams (Northern, Te Manawa Taki, Central and Te Wai Pounamu) have been working with their partners in the regional hospital systems to identify and, where possible, resolve local issues contributing to increased wait times to First Specialist Appointment (FSA) and treatment. Many of the most persistent issues are structural and relate to workforce and diagnostic/therapeutic capacity constraints.
12. We have provided advice to the Ministry of Health on the reintroduction of the 31-day FCT target. We will continue to offer advice to support the ongoing development and monitoring of that target, and the monitoring of supplementary measures which provide a more comprehensive picture of the factors which influence the achievement of the target.

13. Nationally, the 31-day indicator met the desired 85% target until December 2022, and it has declined since then. The target of 90% for the 62-day indicator has not been achieved nationally and began trending down from mid-2022. Māori and Pacific peoples are most affected by delays in receiving treatment.

Access to cancer medicines

14. Te Aho o Te Kahu has been working with Pharmac and the Ministry of Health to progress the Government's commitment to provide access to 13 additional cancer treatments.
15. In 2022, the Agency published the Cancer Medicines Availability Analysis report identifying 20 cancer treatments for solid tumours which were funded in Australia and not in Aotearoa New Zealand, and which had established clinical benefit based on international standards. Two treatments require two medicines each, meaning a total of 22 medicines constitute the 20 treatments. Five of those 22 medicines have since been funded by Pharmac. Of the remaining 15 treatments (and 17 associated medicines), seven treatments (with eight associated medicines) are currently on Pharmac's Options for Investment list; two treatments (and three associated medicines) were declined; one treatment (with two associated medicines) is currently being considered; and Pharmac has not received applications for the final three treatments/medicines. The Agency is currently completing the medicine availability analysis for blood cancers now that a clinical benefit tool has been validated for those types of cancer.
16. Expanded funding of cancer medicine treatments to the seven on Pharmac's Options for Investment list will result in an estimated 800 cancer patients a year being able to access treatments not currently available in the public system.

17. s 9(2)(f)(iv)

Access to cancer screening

18. There are opportunities to improve cancer outcomes by focusing on cancer prevention, early detection, and diagnosis. The Agency supports the expansion of breast cancer screening age to align with international standards. Ongoing improvements to cervical screening and bowel screening are also key to improving outcomes.

19. The Agency would like to take this opportunity to underline the importance of continuing to move forward with plans to implement lung cancer screening in New Zealand. The Agency is working closely with Health New Zealand to lay the foundations for launching the program. There is benefit to be gained from accelerating this work and we understand that there is early planning underway to seek investment for rollout in the next two years.

LINACs

20. By 2037 the Agency estimates that 39 LINACs will be required in the public health system to meet demand. This means approximately 12 additional LINACs over the next 15 years, not including replacement of existing machines.
21. Te Whatu Ora proposal is to deliver these LINACs over three tranches. Tranche One involves replacement of LINACs in Taranaki and Hawke's Bay and an additional (new) LINAC in Whangārei. Tranche Two relates to the locations of additional LINACs where the providers have some degree of regional planning underway. The model indicates support for the addition of two LINACs each in the wider Auckland region and the upper South Island over the next decade. The locations for the seven additional LINACs required in Tranche Three is yet to be decided, but potential locations (based on estimated population growth) are Auckland, Lakes, Waikato, Palmerston North, Wellington, and Dunedin.
22. A national approach to modelling in support of decision-making on placement and commissioning of these machines would ensure population needs are most consistently addressed in the future.

Strategic opportunities

Strategic direction

23. It is now halfway through the ten-year horizon of the national Cancer Action Plan. In the past five years, the health system has transformed significantly and rapidly. The establishment of the Agency has also shifted the context in which the Action Plan was developed. It now seems timely to review the national Cancer Action Plan to ensure it remains fit-for purpose and reflects the new health system environment.
24. The Agency proposes leading the review over the next six months. The review would involve key cancer stakeholders, including your office and the Associate Ministers, to refine the goals of the plan and roles, as required. If you agree, we can provide a briefing seeking your approval for this strategic reset.

CAR T-cell therapy

25. CAR T-cell therapy is a fast-growing precision immunotherapy medicine that is significantly improving outcomes for people with blood cancer and is becoming a standard of care in much of the developed world. It also is showing some potential to improve the treatment of solid tumours.
26. While CAR T-cell therapy is 'permitted' for use in Aotearoa, access to the treatment is limited to a clinical trial run by the Malaghan Institute based in Wellington. Additionally, a small number of children from Aotearoa have received public funding for CAR T-cell therapy in Australia, and a small number of adults have elected to self-fund treatments overseas.
27. The New Zealand-based trial has demonstrated promising clinical results, as well as service capability, by establishing the necessary logistical, regulatory, and clinical frameworks. The Agency has developed a report with clinicians on the implications, challenges and resources required to introduce CAR T-cell therapy in New Zealand and is using this knowledge to begin work on an implementation plan. We would like to discuss with you opportunities for maintaining momentum in this domain so as not to lose further ground relative to peer countries.

Primary care, prevention, early detection, and diagnosis

28. Te Aho o Te Kahu is scoping options to improve cancer outcomes by supporting early detection solutions through primary and community care. Data the Agency has produced alongside international partners shows that New Zealand has the highest percentage of cancer patients diagnosed after admission to Emergency Departments (ED) out of all benchmarked peer countries.
29. The Agency worked with clinicians to develop a report on cancer route to diagnosis that highlights the high rate of cancer patients diagnosed in ED by region, and the need for earlier diagnosis through primary care. We plan to publish the report on the Te Aho o Te Kahu website in February 2023 and will provide your office with a copy of the speaking points ahead of the release. We will coordinate the release date with your office and Te Whatu Ora.
30. The Agency is taking a comprehensive approach to assessing the enablers to early detection. These include optimising cancer screening, symptom awareness, better referral pathways from primary care, diagnostic service capacity, and investigating technology innovations and biomedical modalities for early detection. The first initiative is likely to be partnering with Te Whatu Ora to streamline access to diagnostic tools by primary care practitioners. We understand the challenging environment that primary care practitioners operate in, so our intent is to minimise additional burden. You may wish to discuss other primary care initiatives you have been considering that we could support in this and other contexts.

31. There may also be opportunities to work with the new Public Health Agency within the Ministry of Health to develop prevention strategies to reduce the incidence of some cancers. The Cancer Prevention Report (February 2022) published by The Agency highlighted six key areas as key contributors to cancer which are: tobacco, alcohol, poor nutrition and excess body weight, insufficient physical activity, excessive exposure to ultraviolet radiation and chronic infections. While the benefits of prevention are often realised in the medium to long term, New Zealand faces a number of immediate or impending issues that require short term prevention interventions. These include among the world's fastest rates of increase in endometrial cancer linked to obesity, alarming increases in gastrointestinal cancer in young people linked to obesity and nutrition, and perhaps most ominous, the anticipated impact of high vaping prevalence among youth on lung health and potentially lung cancer.

Data

32. High quality data is a key enabler of effective policy, planning and clinical care delivery. CanShare is a new national health informatics platform the Agency is developing to allow the timely sharing of relevant and accurate cancer data. CanShare will enable the collection of complete and accurate cancer diagnostic and treatment data, promote interoperability across systems and link currently disparate data siloes, providing a means to share clinical cancer information directly relevant to clinical decision making. Other outcomes from this work will include advanced analytics capability to support up-to-date monitoring of cancer care throughout the country. We are happy to discuss more specifics in this domain as helpful.

System performance

33. As the agency responsible for oversight and leadership of cancer control in New Zealand, Te Aho o Te Kahu has a role to identify issues and gaps to inform and improve the cancer system, and to share information on the state of the cancer system as a whole. Te Aho o Te Kahu provides cancer subject matter expertise to the Ministry as the overall monitor of the health system and supports Health New Zealand to ensure that it is adequately focused on the operational requirements to support cancer system performance.
34. The cancer system is clearly showing signs of being under pressure. In particular, workforce capacity is starting to affect delivery of care in some regions and some services. The Agency has been providing advice to Health New Zealand on options to mitigate or resolve some of these pressures and is supportive of increased recruitment efforts.

Internal Agency priorities

35. Te Aho o Te Kahu is actively working towards reducing its expenditure in expectation of savings targets. Expenditure on contractors and consultants has been reducing over the past two years, as the Agency builds up to its full complement of staff. The Agency is also bringing some previously contracted tasks in-house, such as administrative support for sector meetings.
36. As the incoming Chief Executive, I have identified some modest changes to the structure of the Agency to improve efficiency and strengthen clarity of purpose and effort. These changes will be FTE-neutral and retain the same or similar numbers of people managers. These changes are aiming to be completed in February 2024. I am happy to discuss these with you.
37. I am also considering whether the Agency's current advisory structures are fit for purpose, given the maturity of the organisation and wider system changes over the past year. There is no doubt that the Agency benefits greatly from its close engagement with Māori cancer leaders, people with lived experience of cancer, and clinicians. However, there may be an opportunity to tighten the focus of these groups and better use them to advance the Agency's work.



Mr Rami Rahal
Chief Executive

Te Aho o Te Kahu, Cancer Control Agency

Appendix 1: Agenda

Time	Details	Minister's Office notes
4pm	Introductions	
4:05pm	Deep dive: preferred focus areas	
4:10pm	Government priorities <ul style="list-style-type: none"> • FCT • Access to cancer medicines • Screening • LINACs 	
4.20pm	Strategic opportunities <ul style="list-style-type: none"> • Cancer Action Plan • CAR T • Primary care • Data 	
4.25pm	Organisational priorities	