



Cancer Care at a Crossroads Conference

31 January - 1 February 2019
Te Papa, Wellington, New Zealand

Shared care is fair care:

*Our national model for child cancer services
delivers equitable and high quality care*

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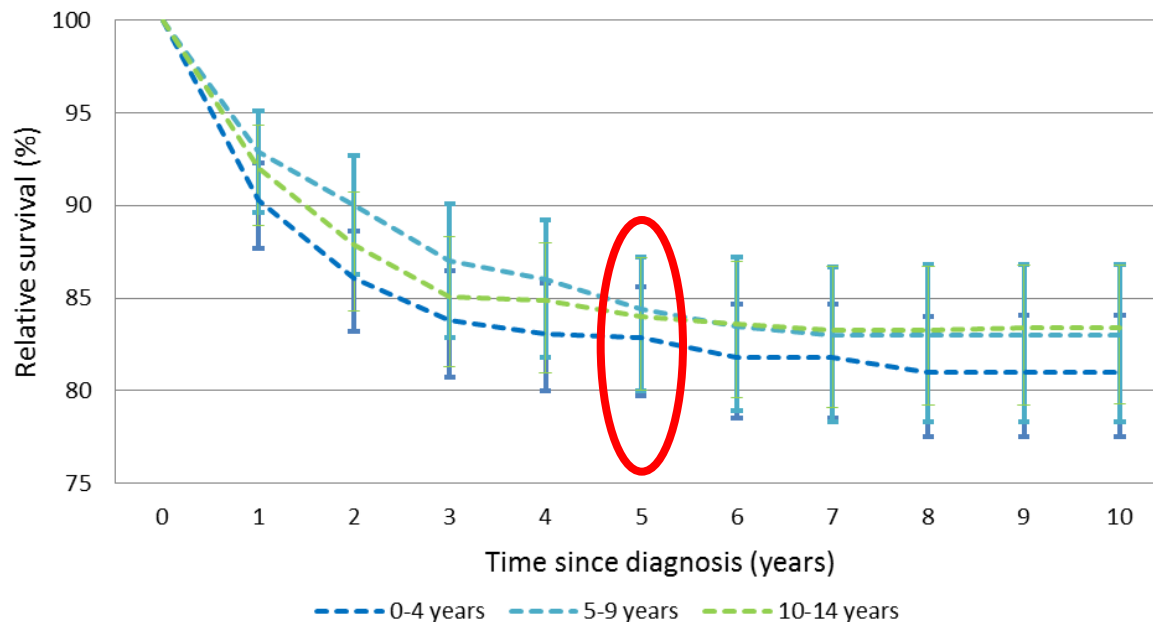
1 February 2019

 #CancerCrossroads



Five-year survival

1409 NZ children diagnosed with cancer from 2005-2014



New Zealand 2005-2014	84%
Australia 2004-2013	84%
Switzerland 2004-2013	88%
Canada 2004-2008	83%
Germany 2005-2014	85%
US 2007-2013	83%

Ballantine, K. & the NZCCR Working Group (2017). *Child cancer survival in New Zealand 2005-2014: A report from the New Zealand Children's Cancer Registry*. Auckland: National Child Cancer Network.

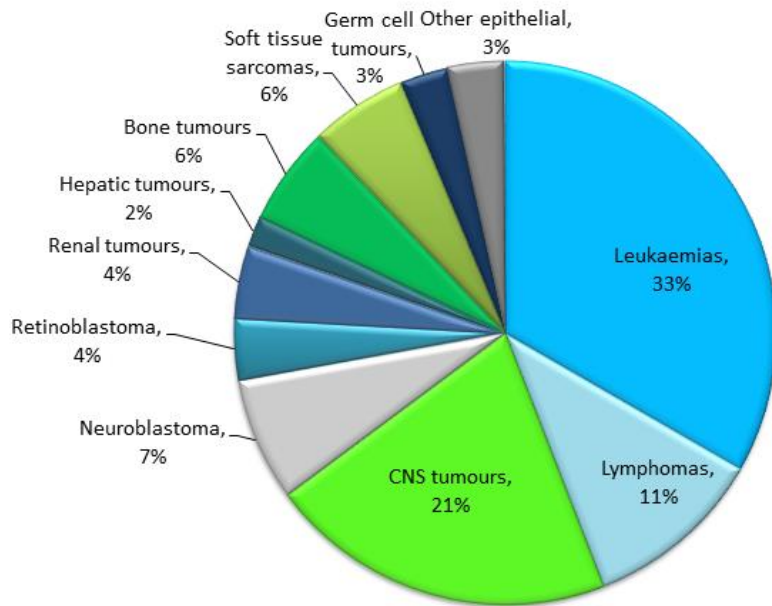
Latest analysis:

764 NZ children diagnosed with cancer from 2010-2014
(with follow-up to 31 December 2017)

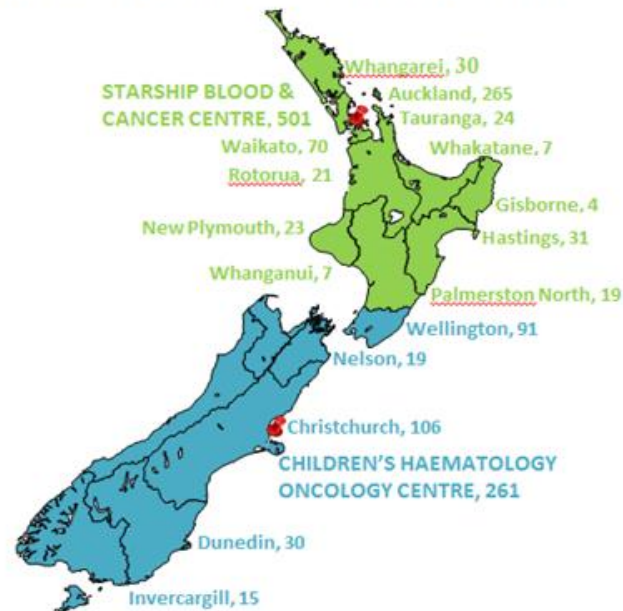


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NZ childhood cancer by diagnostic group



New childhood cancers diagnosed by shared care centre



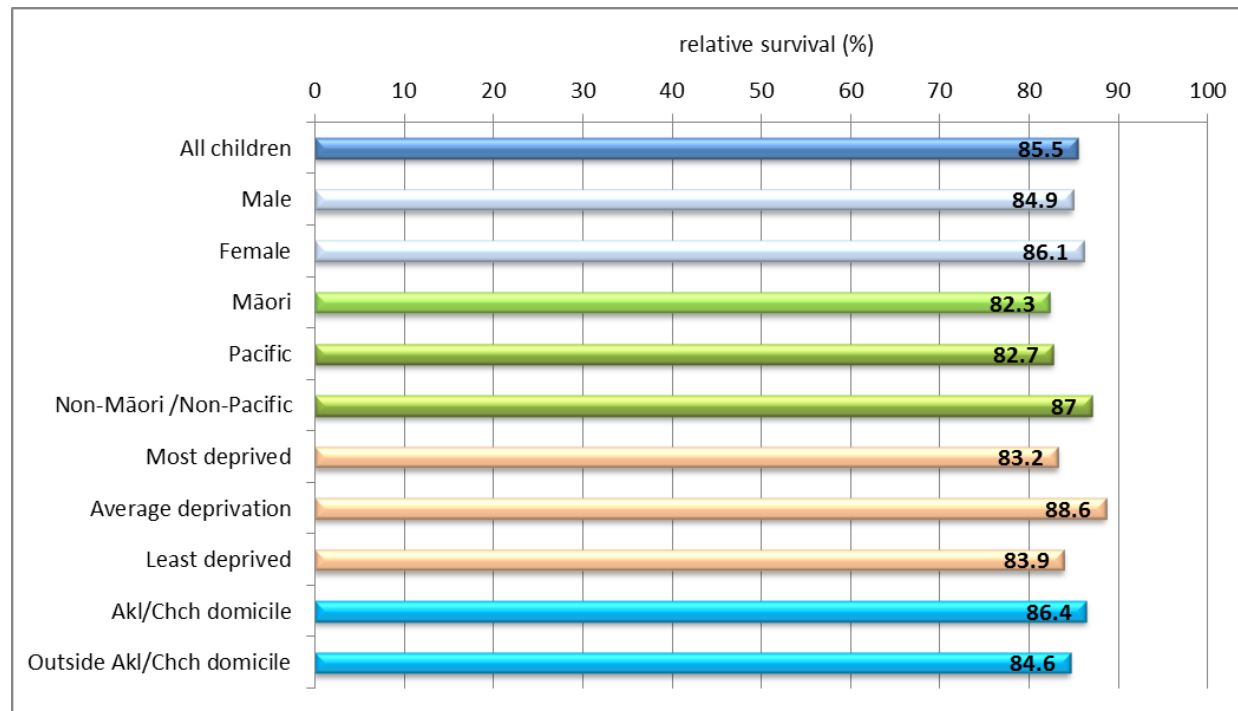
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Three-year survival by demographic indicators



Sex

Ethnicity

Socioeconomic status

Domicile

NB: All 95% confidence intervals overlap

How has this been achieved?

- National Child Cancer Plan (Ministry of Health, 2010)
- National Child Cancer Network
 - Dedicated National Clinical Lead, Programme Manager and Data Manager
 - Financially supported by Ministry of Health
- Governance
 - Reference Group of sector representatives and Ministry of Health Cancer Team
- Established working groups dealing with specific issues
- Collaborative activity with NGOs
 - Aspects of service delivery and research driven and partially funded by NGOs
- Data capture by NZCCR cross referenced with NZCR, regularly reported and available for research activity



How has this been achieved? (ctd)



- Nationally consistent protocols and guidelines
 - Evidence-based patient care which minimises variability
- Trials-driven care
 - Rigorously audited COG membership
 - Formal affiliations with other international trials organisations
- Shared care model
 - Two specialist cancer centres and 14 shared care centres with agreed responsibilities and standards of delivery
 - Who does what, to whom, when and where, and who pays
 - Monitored on a three-year cycle which results in agreed service agreements between the partners

Summary



- Child cancer survival in NZ is comparable with our usual benchmark health systems
- There is no difference in survival for the usually accepted differentiators of ethnicity, urban/rural, socioeconomic status
- Child cancer offers a potential model for other specialty services

“Treatment as close to home as safely possible”