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Mapping progress: the evaluation and monitoring work of the Cancer Control Council of New Zealand 2005–2007

Mary Clare Tracey, Matt Soeberg, Tony Blakely

Abstract

The Cancer Control Council of New Zealand was established in 2005 to provide an independent, sustainable focus for cancer control. One of its key roles is to monitor and review implementation of the Cancer Control Strategy.

In early 2007, the Evaluation and Monitoring Working Group of the Council undertook a monitoring exercise on all Phase 1-designated milestones in the Cancer Control Strategy Action Plan 2005–2010. Phase 1 designates those actions to be undertaken in the first 1 to 2 years of the Action Plan i.e. 2005–2006. In addition, the Council commissioned an evaluation of the developing regional cancer networks.

The evaluation and monitoring report *Mapping Progress: The First Two Years of the Cancer Control Strategy 2005-2010* was launched in August 2007 and found that 71% of all Phase 1 milestones were either achieved or in progress. The Council noted that Goals 1 and 2 (of the Strategy) were proceeding most rapidly and thoroughly. However, while there were good achievements in certain areas of Goals 3, 4, 5, and 6, overall progress was less systematic. Phase 1 milestones that aim to address cancer-related inequalities were also assessed and found to have marginally better progress than the overall milestones, but did not reflect a systematic approach to addressing inequalities.

The Council is now undertaking a consultation phase to seek feedback on the evaluation and monitoring report and input into further monitoring activities.

Background

From 1999, a series of articles appeared in the *New Zealand Medical Journal* discussing the need for a concerted approach to cancer control in New Zealand.[1–5] In 2000, cancer control was prioritised in the *New Zealand Health Strategy*[6] where one of the 13 identified population health objectives was "to reduce the incidence and impact of cancer". This was followed by the publication of the *Cancer Control Strategy* (the Strategy) in 2003[7] and the *Cancer Control Strategy Action Plan* in 2005.[8]

The Cancer Control Council of New Zealand is an independent council appointed by and reporting directly to the Minister of Health. The Council was established in 2005 under section 11 of the New Zealand Public Health and Disability Act 2000 to provide an independent, sustainable focus for cancer control.

The Council's five key roles are to:

1. Monitor and review implementation of the Strategy.
2. Provide independent strategic advice to the Minister of Health, the Director-General of Health, district health boards, and non-government organisations on matters related to cancer control.
3. Foster collaboration and cooperation between bodies involved in cancer control.
4. Foster and support best practice in, and an evidence-based approach to, improvements in the effectiveness of cancer control.
5. Establish and maintain linkages with overseas cancer control agencies.

The purpose of this paper is to briefly describe the Council's evaluation and monitoring of the first 2 years of the Action Plan. A full report has been published elsewhere,[9] and provides more detail for the interested reader.

Evaluation and monitoring

Monitoring is needed to ensure the Strategy is achieving its dual aims of reducing the incidence and impact of cancer and reducing inequalities with respect to cancer. Ongoing monitoring and periodic review were identified as integral components of both the Strategy and the Action Plan and would "provide government and non-government stakeholders with clear and credible accountabilities against which the actual performance of the Action Plan and Strategy can be measured and reported".[7]

Regular monitoring will indicate whether the specific actions in the Action Plan are meeting their expected outcomes and the milestones for each action are being achieved. In addition, monitoring and new research can identify areas that can be improved.

The Council undertakes monitoring, evaluation and review at three different levels of the *Cancer Control Strategy*, and has developed an evaluation and monitoring framework to inform the Council's approach to these activities. The framework was developed in line with international research into monitoring of cancer control programmes[10] and emphasises the principles of:

- Being independent of providers and funders of services as far as possible.
- Using available data sources wherever possible, to maximise efficiency, to reduce duplication and to control compliance burden.
- Providing timely measurement of progress and outcomes of the implementation of the Cancer Control Strategy.

The full evaluation and monitoring framework is available on the Council's website: www.cancercontrolcouncil.govt.nz.

There have been two major foci of the Council's evaluation and monitoring work thus far:

- A high-level monitoring of Phase 1 activities and milestones as identified in the Action Plan[8]
- A more in-depth evaluation project of the establishment of regional cancer networks.

These two foci are summarised below.

Monitoring of Phase 1 activities

The Action Plan, covering the 5 years from 2005–2010, identifies priority actions to be undertaken in the first 1 to 2 years (Phase 1) and longer-term actions which will generally occur within 3 to 5 years (Phase 2). These actions are listed under the six goals of the strategy. Under the actions are specific milestones for monitoring—of which 152 milestones were listed as Phase 1 priorities.

Methodology—The Evaluation and Monitoring Working Group of the Council undertook to provide a monitoring report on all Phase 1-designated milestones in the Action Plan. March 2007 was the nominal end of Phase 1—i.e. the first two years of the Action Plan. However, the Working Group recognised that actions described in the Action Plan may have had a long lead-in time and may therefore not have had a full 2 years to be fully achieved. The Working Group took this into account when assessing progress.

For this first evaluation and monitoring report, a decision was made to provide comment on every Phase 1 milestone in the Action Plan, in a 'tick the box' manner.

Due to time constraints it was not considered possible to approach every stakeholder organisation listed in the Action Plan. A subset of key stakeholders was chosen by examining each Action Plan outcome, based on one or more of the following criteria:

- Stakeholder is involved in cancer control activities for this outcome.
- Stakeholder has a direct interest in this outcome.
- Stakeholder is well-defined and contactable.

A final contact list of 56 stakeholders was produced, which included Ministry of Health directorates, government ministries/agencies, district health boards, the University of Otago, cancer charities, professional bodies, special interest committees, and other non-governmental agencies.

Stakeholders were approached through communication to their chief executive officers, with a request to provide information on their organisation's contribution to progress against the Action Plan. Reporting templates were specifically tailored to each organisation, depending on their areas of responsibility or interest, as listed in the Action Plan. Stakeholders were also invited to provide comments on their perceptions of progress in implementing the Strategy.

A month was allowed for responses. This timeframe was chosen in line with similar requests from other monitoring agencies. However, the Council acknowledges that timing this request towards the end of the financial year, without a longer notification

period, may have added to an already busy and stressful time. The Council will consider moving its reporting timeframe to a less busy time of year for further iterations of this monitoring report.

Non-responding stakeholders were followed up with a further email, telephone calls, and finally a letter to the chief executive officer, noting the Council's official role in monitoring of the Action Plan and requesting that information be made available.

Analysis—For analysis and assessment of progress, the Working Group relied on responses from stakeholders and published information made available to it.

Care was taken to specifically assess the 152 milestones designated as Phase 1, not the overlying actions or objectives.

Four levels of assessment were assigned:

- "Achieved"—a defined milestone was completed.
- "In progress"—a very wide-ranging category, ranging from projects nearing completion through to projects recently initiated and longer-term projects that may not have a clear end date.
- "Delayed"—no activity specific to the milestone.
- "Insufficient information available"—either no information was received, or the information was insufficient to determine progress.

For ease of reading and to maintain the familiarity which stakeholders have developed over the first 2 years of the Action Plan, a format was chosen for the evaluation and monitoring report which echoed the layout of the printed Action Plan. For each of the six goals of the Strategy, overall progress was assessed, stakeholder comments were collated and the Council provided an overview of commendations, recommendations, and comments.

Issues arising from the Action Plan—During the analysis and assessment stages of producing the evaluation and monitoring report, it became apparent that there are aspects of the Action Plan which are not well adapted to the need for monitoring of progress. These included poor definition of some stakeholder groups, no lead stakeholder identified as responsible for implementation of each action, milestones not always sufficiently defined or inconsistent and areas where stakeholder or milestone information was missing. These issues will be addressed by the Council, in consultation with the cancer control community, as they look towards the implementation of Phase 2 of the current Action Plan and the production of the next Action Plan (2010-2015).

Results

The evaluation and monitoring report *Mapping progress: The First Two Years of the Cancer Control Strategy Action Plan 2005–2010* was launched on 23 August 2007.

The Action Plan lists 101 named stakeholder groups or organisations as "key stakeholders". In addition, less defined groups such as "PHOs", "Maori health providers", "research funders", "employer organisations", and "consumer groups" are also listed as "key stakeholders".

The Council decided to draw up its list of stakeholders to approach for information from the 101 named stakeholders, using the criteria listed in the Methodology section above. Table 1 shows the response rates of the chosen key stakeholders. Overall, the response rate was 85.6% of the chosen total of 56, or 48/101 = 47.5% of all named stakeholders in the Action Plan.

Table 1. Response rates of different groups of key stakeholders to request for monitoring information

	Information request from Council	Initial response provided by stakeholder	Outcome/ milestone information provided by stakeholder	Did not respond or provide data for information request
Directorates at the Ministry of Health	4	4	4	0
District health boards	21	21	19	2
University	1	1	1	0
Government ministries/agencies	7	6	5	2
Non-government organisations	14	14	11	3
Professional bodies	6	6	5	1
Committees	3	3	3	0
TOTAL	**56**	**55 (98.2%)**	**48 (85.7%)**	**8 (14.3%)**

Table 2 details the implementation status of all 152 Phase 1-designated milestones, as determined by the Council:

Table 2. Implementation status of Phase 1-designated milestones by goal

	MONITORING AGAINST ALL MILESTONES				
	Achieved	In progress	Delayed	Insufficient information available for monitoring	Goal total
Goal 1 **Primary prevention of cancer**	9	29	4	3	**45**
Goal 2 **Effective screening and early detection**	4	3	3	-	**10**
Goal 3 **Effective diagnosis and treatment**	4	18	5	4	**31**
Goal 4 **Improve the quality of life for those with cancer**	4	14	10	–	**28**
Goal 5 **Improve the delivery of cancer control services**	1	15	11	2	**29**
Goal 6 **Cancer control research and surveillance**	1	6	–	2	**9**
TOTAL	**23 (15%)**	**85 (56%)**	**33 (22%)**	**11 (7%)**	**152**

Overall, 15% of Phase 1 milestones have been achieved, supported by a further 56% of Phase 1 milestones in progress; 22% of Phase 1 milestones were assessed as delayed, while insufficient information was available to assess the remaining 7%. For more specific detail on the progress of Phase 1 actions, the full report is available at www.cancercontrolcouncil.govt.nz

The Council also identified specific actions and milestones in Phase 1 that aim to address cancer-specific inequalities, such as ethnicity, socioeconomic status, and rurality. Overall, 15% of these inequality-related milestones have been achieved and a further 64% are in progress. 9% milestones were delayed, and the Council was unable to assess the remaining 13% due to insufficient information. While progress appears satisfactory, much of this progress relates to specific activities at a district or regional level rather than a systematic approach to addressing inequalities.

Evaluation of the development of the regional cancer networks—The establishment of regional cancer networks was the very first of the Phase 1 overall priorities, as identified in the Action Plan. The establishment of these networks is still at an early stage. In 2007 the Council commissioned a formative evaluation of the implementation stage of the four regional cancer networks. A summary report is included in the *Mapping Progress* report.

The formative evaluation found that the four networks are in the early stages of development, with each having started at considerably different points and each having a different structure. Each network has understood the need to actively involve consumers and NGOs, but has interpreted this requirement in different ways. The review also suggested a lack of clarity within the New Zealand cancer control community regarding the respective roles of the Council and the Ministry of Health.

The evaluation report contains sixteen recommendations for the Council, the Ministry of Health and the regional cancer networks. The Council is currently assessing and prioritising these recommendations for implementation.

Discussion

Strengths/limitations of methodology—By selecting a subset of the stakeholders listed in the Action Plan, the Council was able to ensure that this subset represented the entire range of stakeholders and identified key implementers of specified outcomes. Practically, it also ensured that a sufficiently wide range of responses was obtained, without generating so much information that it could not be analysed within the required timeframe. However, this may have meant that smaller, but still important, stakeholders were not consulted. The Council has noted all responses to the *Mapping Progress* report and will ensure that interested stakeholders are included in future monitoring and evaluation consultation.

This methodology uses a “tick-the-box” approach, targetting each specified milestone designated for completion in Phase 1. This approach has given a very clear point-in-time picture of the state of implementation of the Action Plan. However, by virtue of this approach, it may have sometimes not captured the complexity and interaction of certain programmes or actions. The Council is considering its approach to future monitoring and evaluation activities.

Overall progress in Action Plan goal areas—Goal 1 (primary prevention of cancer) and Goal 2 (screening and early detection of cancer) have shown the most rapid and thorough progress, drawing on the long-standing programmes of tobacco control and the National Screening Unit and the intensive efforts to develop strategies on Healthy Eating Healthy Action in the past 2 years (see Table 2).

Within Goals 3–6 (effective diagnosis and treatment, support, rehabilitation and palliative care, improved delivery of services and research and surveillance), there have been good achievements, notably in adolescent oncology, the Late Effects Assessment Programme, the establishment of the New Zealand Cancer Treatment Working Party, investigatory projects into cancer patient journeys, a stocktake of cancer information resources, a cancer workforce stocktake and a research funders forum. However, overall progress in these goals has been uneven, with a disproportionate number of milestones delayed compared to milestones achieved (see Table 2).

Activities within Goals 3, 4, and 5 will be advanced through the establishment of the regional cancer networks and the recent establishment of a supportive care expert advisory group. Goal 5, which cuts across all other goals of the Strategy, includes major issues of the health workforce, initiatives with Maori and consumer representation, which are now underway. Under Goal 6, the Council is now deciding how to draft a strategic approach to cancer research in New Zealand.

The Council also states that improving the New Zealand Cancer Registry and developing a National Cancer Management Dataview are both critical to the long-term success of the Strategy.

Delays of concern to the Council—Within the 33 milestones (22% of the total of Phase 1 milestones) which were assessed as delayed, the Council noted particular concern at the lack of progress in the following areas:

- *Goal 2*—delays in assessing the extent to which early detection and diagnosis are contributing to New Zealand's high cancer mortality rates and identifying interventions that could reduce inequalities in cancer mortality and morbidity.
- *Goal 3*—a delay in the establishment of a Supportive Care Expert Advisory Group (as per outcome 62), which has led to delays in consecutive outcomes and milestones. This group has now been established (July 2007) and will need to address plans for the achievement of Phase 1 milestones.
- *Goal 4*—delays in the establishment of a national leadership body for palliative care, which has contributed to difficulties in assessing and standardising palliative care provision across all DHB areas. The Council notes that progress has recently been made (July 2007) towards the establishment of such a leadership body and looks forward to its contribution towards achieving milestones within palliative care.
- *Goal 5—d*elays in developing a coordinated national cancer workforce strategy. The Council was pleased to receive a copy of the Ministry of Health's report *Cancer Control Workforce: Stocktake and Needs Assessment*, but comments that this report may have underrepresented some of the gaps in workforce across the spectrum of cancer control. The Council will work

towards identifying lead implementer stakeholders for areas of delay within this goal.

Recommendations for ongoing work on Phase 1 milestones—Phase 1 activities will be continuing over the next year, particularly for the 23 Phase 1 milestones also designated for action in Phase 2 (2007–2010). Areas of action which may benefit from more concerted emphasis include the delays identified above and the overall priority areas for Phase 1 implementation which were included in the Action Plan. As yet, no complementary list of prioritised actions for Phase 2 has been developed, but the Council has consulted with the cancer control community and is considering collating a list of suggested priority areas.

Conclusion

The Council recognises that the processes it undertook in obtaining information for this first evaluation and monitoring report may not have been optimal, may have lead to additional workload on some stakeholders and may have not enabled all relevant information to be obtained. The Council welcomes feedback on all aspects of its work programme and of the evaluation and monitoring report.

Since the launch of the report, the Council has begun a process of formal consultation with the cancer control community to assess progress to date, plan further monitoring processes and seek input into longer-term projects such as the upcoming review of the Action Plan. The Council will also undertake further work to investigate the progress made on the outcomes and actions relating to cancer-related inequalities.

Competing interests: None known.

Author information: Mary Clare Tracey, Senior Analyst; Matt Soeberg, Senior Analyst; Tony Blakely, Chair, Evaluation and Monitoring Working Group; Cancer Control Council of New Zealand.

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Correspondence: Mary Clare Tracey, Cancer Control Council of New Zealand, PO Box 5013, Wellington, New Zealand. Fax: +64 (0)4 4962343; email: maryclare_tracey@cancercontrolcouncil.govt.nz

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