The Bridge to Health Programme

Cancer Survivorship in New Zealand:

Bridge to Health
The Otago Southland Cancer Society Survivorship Programme

Cancer Society of New Zealand, Otago and Southland Division

The Development Group Bridge to Health
Dunedin School of Medicine
Oncology Department Southern District Health Board
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Executive Summary
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This paper summarized a report on the development, implementation, and audit of a pilot cancer survivorship program. Bridge to Health is a novel program developed in the Otago/Southland region of New Zealand by a multi-disciplinary group consisting of oncology, University of Otago academic and Cancer Society health professionals, and a consumer representative. It provides support and education on cancer survivorship as well as encouraging cancer survivors to be active in their own rehabilitation and to make the best use of their Primary Care Provider (PCP).1 This report includes the audit of the pilot, but it is much more – it describes the literature that underpins survivor needs, support and programmes; and the discussion below brings together the findings from the literature, the audit and lead facilitator’s (Dr Sue Walthert) experience of the process. The discussion is framed using experiential learning cycle standards, used to evaluate programmes like Bridge to Health, access, adoption, implementation, maintenance and effectiveness (1).

The impact of cancer in our growing and ageing population, poses new challenges for individual patients and the New Zealand health system. New Zealand cancer patients are surviving longer with an estimated 61% surviving at least 5 years (2). However, international and New Zealand research (3) shows cancer survivors (CSs) are not always surviving well with recognised challenges in physical and psycho-socio-spiritual well-being, specifically increased lifetime risks of developing new cancers, recurrence of the original cancer (4, 5), cardiovascular disease (6), diabetes (7), osteoporosis (8), functional decline (4) and multiple psychological challenges (9) (10).

Cancer care has received increased focus in New Zealand since the development of the New Zealand Cancer Control Strategy 2003 (11). This lists alongside excellence in oncological management, support and rehabilitation to improve the quality of life for those with cancer, their family and whanau. The subsequently developed 2005-2010 Strategy Action Plan (12) informed the Southern District Health Board’s Local Cancer Plan 2010-2012. Both documents highlighted the need for services to support the patient’s journey, provide cancer survivorship services and education for health professionals about cancer survivorship (13).

1 PCPs in NZ are mostly General Practice oriented that provide a population with GP and Practice Nurses. Some PCPs are ethnically based health providers, such as Māori Health Providers.
Development of a survivorship program in the New Zealand setting must be cognisant of the Treaty of Waitangi, consult with local Māori and use culturally sensitive ways of addressing the inequalities that make a cancer illness less survivable and the survivorship more challenging for Māori cancer patients (14).

The *Bridge to Health* programme aims:

- To provide support for cancer survivors and their supporters at the end of their treatment or at a time when they require it following a cancer episode. (not suitable for people on a palliative pathway)
- To encourage change in health related behaviours known to impact cancer risk, cancer recurrence and cancer treatment's side effects
- To increase participants’ cancer survivorship knowledge
- To support and encourage the Primary Care Provider-Patient relationship
- To support the education of Primary Care Providers about cancer survivorship
- Research, programme audit, and gain knowledge of New Zealand cancer survivorship

**Programme Structure**

GPs, Surgeons, Oncologists, Oncology Nurses, GP, and Practice Nurses refer participants to the programme. The initial seminar covers information about current cancer survivorship knowledge, helps participants ‘normalise the awful’, invites them to attend the four workshops included within the programme and gives them information about Cancer Society services. Participants are encouraged to work closely with their Primary Care Provider.

The information is presented using the domains within Te Whare Tapa Wha: physical health, tinana; socio-relational health, whanau; psychological health, hinengaro; and spiritual health, wairua.

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2 See Appendix 4 for Te Whare Tapa Wha model of Health
**Bridge to Health** is currently facilitated by Dr Sue Walthert GP/Medical Educator and Jo Scott-Weir EN, Counselor and Support Programs Developer Cancer Society Dunedin. The four workshops are: Food for Health and Wellbeing (Sue MacDonell Dietician); Shifting Ground Shifting Horizons, Coming to grips with the emotional and spiritual impact of cancer (Sandra Turner Psychotherapist/Psycho-dramatist); Sexuality and Intimacy after Cancer (Clare Greensmith Psychotherapist); and Exercise for Health and Wellbeing (Dr Lynnette Jones, Exercise Scientist).

**Pilot Audit Method**

The audit aimed to assess: the initial education seminar; the workshops; the effectiveness of advice to visit the Primary Care Provider; and the use of other services provided to cancer survivors. The audit consisted of an electronic questionnaire (Oct/Nov 2011) about the initial seminar and an in depth telephone interview (June/July 2012) about the workshops and the programme in general. Ten patients at the end of their cancer treatment agreed to participate in the pilot group and the subsequent audit. This audit was given expedited ethical approval. Dr Richard Egan conducted the online survey and interviews.

**Pilot Audit Results**

The participants were not representative of the general population; however, there were even numbers of males and females and a wide range of ages and cancer types. Based on the questionnaire (N=8), the seminar was very successful, in the participant’s words “brilliant” and “excellent”. All participants chose excellent or very good for the teaching style, speaker’s knowledge, structure, length and usefulness of information. 90% of participants chose excellent or very
good regarding expectations met, the presentation quality, ease of interaction and the cartoon figure ‘Charlie’ who was used to represent a cancer survivor in the presentation. Open-ended questions offered suggestions for improvement such as expanding the information on other cancer types and one participant suggested the seminar be “slightly shorter”. All participants affirmed the need for a healthcare plan with their GP and most were very interested in the workshops and other support services on offer.

All participants interviewed (n=9) found all or most of the aspects of the four workshops very good or excellent, including the prior information, venue, time, and food. The exceptions were a comment about the food (it could be improved) and the time not being suitable for someone with young children. Five participants attended the following workshops: Nutrition, Physical Activity (and one-on-one sessions), Emotional and Spiritual; and three attended the Sexuality and Intimacy workshop. Four people had developed healthcare plans with their GP.

When asked about Cancer Society support available, a number of participants had used the massage, meditation and driver services. Of note from these interviews is that three of the four men did not attend the workshops because they were “just getting on with it”, felt it they got enough out of the initial seminar or the timing was not right.

The limitations are important; while nine out of the ten participants contributed to this evaluation, the results and any generalizations need to be made with care as this is a small homogenous group, particularly the workshop numbers. The results are useful when considered alongside of this discussion document detailing the wider cancer survivorship issues and the development of Bridge to Health. Further, the strength of the audit was the in-depth interviews and the opportunity for participant feedback at two points in time – soon after the initial seminar and then after the workshops.

**Recommendations**

1. Continue with Bridge to Health
2. Refine the definition of who can participate in the programme.
3. Increase awareness of B2H: health professionals, public and media
4. Referral process: streamline the referral process for health professionals.
5. Improve access to information
6. Work with Māori and Pacific Health organisations to consider how B2H might meet their needs.
7. Engage with the Southern PHO and Primary Care Providers to establish resources for PCPs to use when working with cancer survivors.
8. Establish the voucher system for free visits to PCPs using the Well Dunedin Funding Grant. Develop the research component to accompany this voucher system
10. Engage with PHO and DHB for wider physical activity resources for cancer patients and cancer survivors.
11. Prepare B2H to be used in other areas, Central Otago and Southland (Southland preliminary discussions already undertaken) and a potential pilot in two CSNZ Divisions.
12. Continue to attract publicity and funds for B2H.

There are few NZ programmes available that address the specific needs of a new cancer survivor at the end of their intensive cancer treatment and there are no programmes that rely on clinician referral and involve Primary Care as an essential and integral partner in on-going after cancer treatment care. *Bridge to Health* (B2H) is a novel programme aiming to fill these gaps.

Written by

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