Churchill Fellowship Report

Approaches Taken in Australia to Optimise Models of Care That Support the Wellbeing and Survivorship Needs of People Living With and Beyond Breast Cancer

Insights Applied to the Creation of the myHT Guide Programme for Wāhine/Women in Aotearoa New Zealand

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Executive Summary

This Winston Churchill Fellowship enabled a structured programme of clinical and academic observerships across leading cancer and academic centres in Adelaide and Melbourne, Australia. The purpose of the fellowship was to explore established models of wellbeing and survivorship care for people affected by breast cancer, with a specific focus on supporting wāhine/women in Aotearoa New Zealand who are taking long-term hormone (endocrine) therapy.

Across all centres visited, strong themes emerged: the integration of wellbeing and supportive care within oncology; the importance of exercise and physical activity; the role of digital health tools; shared-care approaches with primary care; culturally informed models of support; and proactive management of long-term treatment effects. Additional learnings included the value of complementary therapies, social prescribing, and innovative lymphoedema prevention models.

Engagement with First Nations leadership, provided meaningful parallels between Aboriginal and Torres Strait Islander experiences of cancer care and those of Māori in Aotearoa New Zealand. This highlighted the importance of cultural identity, whānau/family, connection to land/place, and culturally safe pathways in improving cancer outcomes and supporting survivorship.

Insights gathered during the fellowship identified key opportunities to strengthen survivorship care in Aotearoa New Zealand. These findings informed clear recommendations for enhancing person-centred, culturally grounded survivorship support through the myHT Guide Programme, with the aim of improving hormone (endocrine) therapy adherence, reducing inequities, and strengthening the long-term wellbeing of wāhine/women affected by breast cancer.

This report presents the key learnings from the fellowship, highlights themes that emerged across the centres visited, and considers how these insights could inform the development of a model of care for Aotearoa New Zealand. The overarching aim is to support wāhine/women taking hormone (endocrine) therapy by promoting wellbeing, addressing barriers to adherence, and strengthening long-term survivorship outcomes.

Introduction

The Winston Churchill Fellowship provided an invaluable opportunity to travel to Australia to explore innovative approaches to wellbeing and survivorship care for people impacted by breast cancer. Breast cancer remains one of the most common cancers affecting wāhine/women in Aotearoa New Zealand, and while advances in treatment have improved survival, the long-term impacts of therapy particularly hormone (endocrine) therapy continue to pose significant challenges. Adherence to endocrine therapy is essential for reducing recurrence and improving outcomes, yet many women experience side effects, psychosocial stressors, and barriers that can compromise their ability to remain on treatment.

This fellowship sought to investigate how well-established models of wellbeing and survivorship care in Australia support patients throughout breast cancer treatment and into survivorship. The focus was on understanding how these services operate in practice, the principles that underpin them, and the ways in which they enhance patient experience, quality of life, and treatment adherence. Observing these models firsthand offered an opportunity to identify elements of care that could be adapted to the Aotearoa New Zealand context, with particular attention to cultural safety, equity, and the specific needs of wāhine Māori and other priority groups such as Pasifika women.

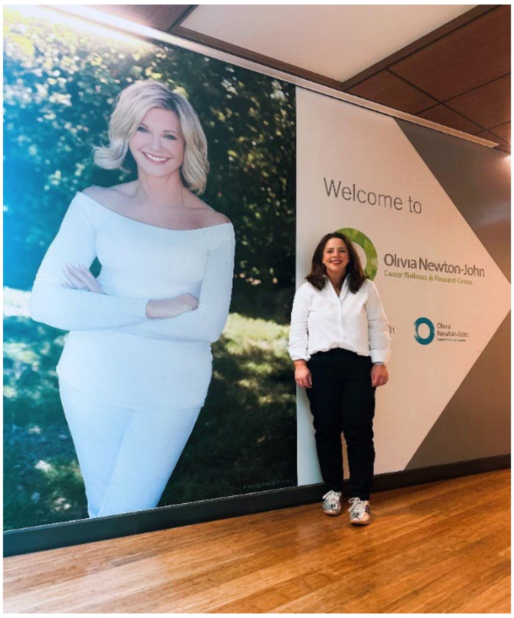
Centres were selected based on the strength and maturity of their wellbeing and survivorship services, and their demonstrated commitment to person-centred, and holistic care. Each site offered unique insights into multidisciplinary practice, integration of supportive care, and systems designed to empower individuals and their whānau/family navigating both early and advanced breast cancer.

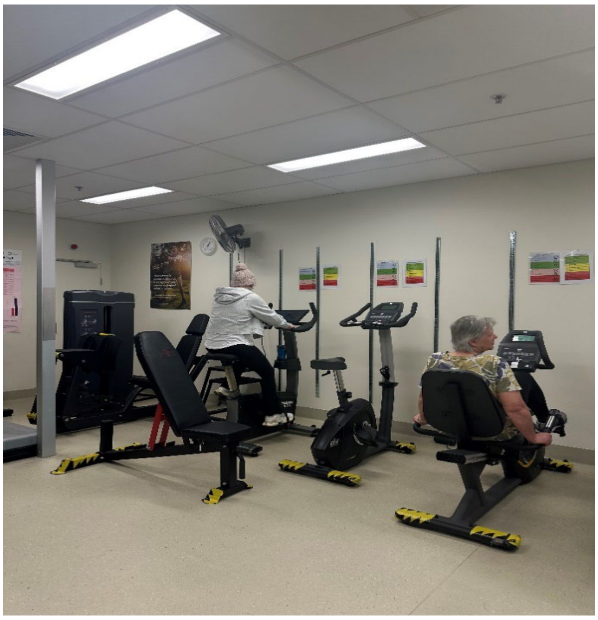
The travel fellowship to Australia was undertaken in two blocks and included clinical and academic observerships:

Block One – Adelaide, South Australia
- *Flinders Medical Centre* – Cancer Survivorship Program
- *Flinders University* – Cancer Survivorship Research, Clinical Psychology, Exercise Physiology

Block Two – Melbourne, Victoria

- *Olivia Newton-John Cancer Wellness & Research Centre, Austin Health*
- *The Australian Cancer Survivorship Centre at Peter MacCallum Cancer Centre*
- *The Wellbeing Centre at Peter MacCallum Cancer Centre*
- *Monash Hospital* – Nurse-led Advanced Breast Cancer Clinic





Websites of Centres Visited

Aboriginal and Torris Strait Islander Health - https://www.petermac.org
Cancer Survivorship Program - https://www.flinders.edu.au
Finding my Way - Early and Advanced Breast Cancer - https://www.flinders.edu.au
Flinders Cancer Wellness Centre - https://flindersfoundation.org.au
Olivia Newton-John Cancer & Wellness Centre -https://www.onjcancercentre.org
The Australia Cancer Survivorship Centre - https://www.petermac.org
The Wellbeing Centre at Peter MacCallum Cancer Centre - https://www.petermac.org

Key Themes and Findings

Common themes emerged across all centres visited, demonstrating consistent principles that underpin effective survivorship and wellbeing care. These insights provide direction for strengthening survivorship models in Aotearoa New Zealand, particularly for wāhine/women on long-term endocrine therapy and those living with advanced breast cancer.

- **Integrating Wellness with Clinical Care**
  Across the centres, wellbeing was positioned as a core component of cancer care. Services routinely included psychological support, nutrition, exercise physiology, complementary therapies, and peer support programs. This holistic approach helped patients manage the emotional, physical, and social impacts of breast cancer and its treatment.

- **The Importance of Exercise and Physical Activity**
  Exercise was consistently emphasised as a critical component of survivorship. Evidence from multiple centres demonstrated that regular, structured physical activity can:

  - Reduce treatment-related side effects
  - Improve fatigue, sleep, mood, and overall quality of life
  - Support adherence to endocrine therapy by alleviating musculoskeletal and menopausal symptoms.
  - Reduce the risk of cancer recurrence in early breast cancer
  - Maintain function and wellbeing for those living with advanced breast cancer.

  Exercise physiologists played a central role in several services, providing personalised assessments and safe, tailored activity programs. These findings highlight the importance of integrating and prescribing physical activity as a standard component of survivorship pathways.

- **Social Prescribing to Support Social Wellbeing**
  Many centres highlighted the value of social prescribing, linking patients with community-based activities, support networks, and wellbeing services that address social isolation and enhance quality of life. Social prescribing was used to:

  - Build social connection and reduce loneliness
  - Support mental health and emotional wellbeing
  - Encourage community engagement
  - Assist people in re-establishing meaningful roles and routines after treatment.

  This approach aligns strongly with holistic, person-centred models suitable for Aotearoa New Zealand, particularly in communities where connection and belonging are fundamental to wellbeing.

- **Digital Health and Online Support Platforms**
  Digital platforms are a significant component of survivorship support, offering accessible and flexible options for patients across different stages of care. A key example observed during the fellowship was *Finding My Way*—online programs for early and advanced breast cancer developed by Associate Professor Lisa Beatty and her team at Flinders University. These evidence-based programs:

  - Provide psychological support and self-management strategies.
  - Help women navigate fear of recurrence, fatigue, emotional distress, and treatment impacts.
  - Offer accessible support for those unable to attend in-person services.
  - Complement traditional survivorship pathways.

  Digital solutions such as *Finding My Way* hold considerable potential for Aotearoa New Zealand, particularly for rural and remote communities, by expanding reach and supporting equitable survivorship care.

- **Shared-Care Models with Primary Care**

Models of shared care between oncology services and primary care - an area of significant research led by Professor Raymond Chan and colleagues at Flinders University were highlighted as an effective approach to survivorship. These models promote:

- Continuity of care across the cancer journey
- Proactive management of long-term treatment effects and side effects
- Early identification of issues that may affect adherence
- Improved access and reduced burden on specialist services
- Stronger integration of survivorship into routine healthcare

Shared-care pathways were shown to be particularly beneficial for individuals on long-term endocrine therapy, creating a sustainable, patient-centred follow-up model.

- **Early Identification and Management of Lymphoedema**
  An area of innovation observed at Flinders Medical Centre was the lymphoedema program developed by Professor Bogda Koczwara and her multidisciplinary team. This program highlights the importance of early detection, preventative strategies, and proactive management of lymphoedema for people treated for breast cancer. Key features of the program included:

  - Systematic screening and early assessment for lymphoedema risk
  - Patient education on self-monitoring and risk reduction strategies
  - Integration of physiotherapy and specialised lymphoedema therapy
  - Use of evidence-based protocols to support early intervention
  - Pathways linking surgical, oncology, nursing, and allied health teams

  The model demonstrated how structured lymphoedema services can reduce long-term complications, support functional wellbeing, and empower patients to recognise and manage symptoms early. This approach has clear relevance for Aotearoa New Zealand, where access to lymphoedema services is variable and often limited.

- **Complementary Therapies Supporting Wellbeing**
  Many centres, particularly the Olivia Newton-John Cancer Wellness & Research Centre, demonstrated the safe, evidence-informed integration of complementary therapies alongside conventional cancer treatment. These included:

  - Mindfulness, meditation, and relaxation therapies
  - Acupuncture for symptom management
  - Gentle movement practices such as yoga, tai chi, and qigong
  - Massage therapy and touch-based care
  - Art therapy and music therapy

  Complementary therapies were used to support emotional wellbeing, reduce anxiety, manage pain, improve sleep, and foster a sense of control and engagement. Importantly, they were positioned in conjunction with - not as alternatives to conventional treatment. This approach could be highly relevant to Aotearoa New Zealand, where holistic models align strongly with Māori and Pasifika worldviews of health.

- **Cultural Safety and First Nations Insights**
  Discussions with Andrea Casey, First Nations Officer at Peter MacCallum, offered valuable insights into culturally grounded cancer care for Aboriginal patients. Themes shared that resonate closely with Māori experiences included:

  - The centrality of identity, whakapapa/genealogy, and belonging
  - The importance of whānau/family and community in care
  - The need for culturally safe spaces and staff
  - Continuity and trust-based relationships across the cancer journey
  - Recognition of historical trauma, mistrust of institutions, and inequitable access to care.
  - The significance of holistic wellbeing models
  - Navigation support to bridge communication, understanding, and healthcare complexity.

  These insights affirm the necessity for survivorship models in Aotearoa New Zealand to be culturally anchored, co-designed with Māori, and reflective of Te Ao Māori concepts of wellbeing.

- **Structured Survivorship Pathways and Planning**
  Survivorship care plans, nurse-led follow-up, and clearly defined pathways were essential in supporting smooth transitions from active treatment into survivorship. These structures enabled patients to:

  - Understand what to expect
  - Manage long-term and late effects
  - Build confidence in self-management

  In doing so, they strengthened patients' sense of control, promoted wellbeing, and supported more sustainable engagement throughout their survivorship journey.

- **The Central Role of Specialist Nursing**

  Specialist nurse-led clinics - such as the endocrine therapy clinic for early breast cancer at Flinders Medical Centre (Michael Fitzgerald, Nurse Practitioner), the Olivia Newton-John Centre/Austin Health (Kathryn Wallace, Nurse Consultant), and the advanced breast cancer clinic at Monash Hospital (Gillian Kruss, Nurse Practitioner) highlighted the critical contribution of advanced nursing roles to survivorship care.

  These advanced nursing roles provided continuity, psychosocial support, and proactive management of symptoms, ensuring timely identification of issues that affect wellbeing and quality of life. Their leadership in patient navigation and care coordination was central to supporting survivors throughout their journey.

- **Multidisciplinary and Collaborative Care**

  All centres emphasised team-based approaches involving oncology, surgery, allied health, psychology, primary care, and community organisations. This integrated model improved communication, reduced fragmentation, and ensured more comprehensive support throughout the survivorship pathway.

  At the heart of these efforts is a commitment to person-centred, value-based care, viewing care through the survivor's perspective and prioritising what matters most to them - their wellbeing and quality of life. This approach recognises that a person's lived experiences and overall wellbeing are as important as conventional clinical measures.

- **System-Level Enablers for Survivorship Care**

  Education programs, national guidelines, supportive care standards, and dedicated survivorship teams were identified as crucial to embedding survivorship consistently across cancer services. The Australian Cancer Survivorship Centre at Peter MacCallum is a prime example, demonstrating how a centralised resource can drive best-practice models, support workforce capability, and facilitate the integration of survivorship principles into routine care.

  Its role in developing practical tools, coordinating training, and fostering cross-sector collaboration highlights the importance of system-level infrastructure in ensuring that survivorship care is implemented consistently and sustainably across diverse clinical settings.

Recommendations for Aotearoa New Zealand

Insights gathered through the Winston Churchill Fellowship have directly informed the development and direction of the myHT Guide Programme, which is currently in a test phase with wāhine/women at one hospital site in Aotearoa New Zealand. These recommendations reflect both the fellowship learnings and the emerging findings from early implementation, with an emphasis on continuous improvement, cultural grounding, and co-design to ensure the programme remains relevant, effective, and equitable.

Recommendations

1. **Sustain Māori-Led Co-Design and Ensure Cultural Safety Throughout Programme Evolution**

- Maintain active Māori governance and design partnership throughout programme refinement.
- Embed Te Ao Māori frameworks (e.g., *Te Whare Tapa Whā*) across all content.
- Support culturally grounded delivery modes, narrative storytelling, and whānau-inclusive approaches.
- Ensure Pasifika co-design is embedded to uphold equity across priority populations.

2. **Strengthen Support for Exercise and Physical Activity as a Core Therapeutic Component**

- Integrate symptom-informed movement programmes tailored for women on endocrine therapy.
- Provide guided exercise videos, activity tracking, and clear referral pathways.
- Incorporate culturally relevant movement and community-based physical activity options.

3. **Integrate Complementary Therapies as Evidence-Informed Support Options**

- Include safe, evidence-based information on mindfulness, yoga, meditation, acupuncture, massage, Rongoā Māori, and other supportive therapies.
- Promote these options as complementary—not alternatives—to endocrine therapy.
- Provide accessible, practical introductory resources to support survivors in exploring these therapies safely and confidently.

4. **Enhance Digital Support and Psychological Wellbeing Resources**

- Include digital self-management strategies for fear of recurrence, anxiety, distress, and post-treatment adjustment.
- Continue developing online bundles that support coping and emotional resilience.
- Ensure accessibility for rural, remote, and underserved communities.

5. **Build Shared-Care Pathways with Primary Care into the Programme**

- Strengthen linkages between oncology, primary care, and myHT Guide users.
- Provide downloadable follow-up plans, symptom checklists, and GP communication templates.
- Support primary care involvement in the long-term management of endocrine therapy.

6. **Maintain a Strong Role for Specialist Nursing within Programme Delivery**

- Retain specialist nursing input into programme education, content, and refinement.
- Explore the role of nurse-led check-ins, virtual support, and symptom navigation for participants struggling with therapy adherence.

7. **Prioritise Continuous Improvement, Ongoing Co-Design, and Iterative Refinement**

- Maintain a structured feedback process with participants, clinicians, navigators, and Māori and Pasifika partners.
- Use early insights to refine content clarity, cultural resonance, usability, and clinical relevance.
- Establish a cyclical evaluation approach reviewing:
  - endocrine therapy adherence
  - symptom burden
  - quality of life
  - cultural safety and equity outcomes
  - patient engagement and digital usability

Ensure refinements remain guided by lived experience and real-world usage.

8. **Strengthen Community and Whānau Connection Through Social Prescribing**

- Provide links to local community resources, support groups, exercise classes, navigation services, and peer networks.
- Encourage whānau-inclusive participation as a protective factor for wellbeing and adherence.

9. **Ensure a Sustainable System Enabler Framework for Long-Term Programme Delivery**

- Embed programme structures that support sustainability beyond the pilot phase.
- Build partnerships with Māori health providers, PHOs, Te Whatu Ora services, and community organisations.

Dissemination of Fellowship Learnings

The insights and reflections from this fellowship have been shared to support sector learning and awareness. Dissemination activities have included:

- Reporting outcomes through Breast Cancer Foundation NZ (BCFNZ)

- Sharing learnings through professional forums, including presentations and discussions.
- Posting reflections and key insights via LinkedIn and other professional networks to broaden engagement.
- Informal knowledge sharing across clinical, community, and academic teams involved in breast cancer care.

This dissemination has ensured that the benefits of the fellowship extend beyond this report and contribute to wider conversations on survivorship and supportive care in Aotearoa New Zealand.

Acknowledgements

I would like to acknowledge Breast Cancer Foundation New Zealand (BCFNZ) for their support in enabling this fellowship opportunity and for their ongoing commitment to improving outcomes for people affected by breast cancer in Aotearoa New Zealand.

My heartfelt thanks go to my husband and daughter, whose encouragement, understanding, and support made it possible for me to travel to Australia and undertake this important work.

I am deeply grateful to the clinical nurse specialists, clinicians, researchers, wellbeing teams, and First Nations leaders across Adelaide and Melbourne who generously shared their time, expertise, and insights throughout the fellowship.

Biography

Melissa joined Breast Cancer Foundation NZ (BCFNZ) in April 2018 as a Nurse Consultant. She is part of the BCFNZ specialist nurses’ team, where she helps shape and influence the direction of breast cancer nursing in New Zealand. Her work is focused on improving the health and wellbeing of people affected by breast cancer.

In November 2024, Melissa was appointed Nurse Lead for the myHT Guide Programme at BCFNZ. This important national programme supports New Zealanders prescribed hormone (endocrine) therapy for hormone receptor–positive breast cancer, with a strong focus on improving medication adherence and patient outcomes.