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Appendix 2: National Cancer Work Plan - Implementation Framework
Foreword

The Council of Australian Governments (COAG) National Cancer Work Plan, endorsed in July 2012, provides a practical way forward to achieve better cancer care for all Australians. The Work Plan is a suite of high priority initiatives addressing significant gaps in provision of optimal cancer care. Governments agreed to the Work Plan’s implementation framework, which scopes key projects over a three to five year period. The Work Plan has been supported by seed funding for implementation, provided through the Australian Health Ministers’ Advisory Council ($200,000 in 2012-13).

All governments have provided valuable input to the development of this report, supported by expert cancer clinicians, the Cancer Council of Australia and consumers. The progress made in this first year of National Cancer Work Plan implementation demonstrates the community’s commitment to improving cancer outcomes.

The Work Plan focuses on providing appropriate, efficient and well-coordinated care for people affected by cancer and their families, from diagnosis through treatment and support to the management of follow-up care and survivorship. The Work Plan offers a national approach to removing some of the existing barriers to optimal cancer care, leveraging the existing work of State and Territory cancer plans and Commonwealth investments in infrastructure and programs.

This is the first progress report to the Standing Council on Health on the most effective cancer diagnosis, treatment and referral protocols, to be developed with expert clinical input.

The report places the Work Plan in the broader context of cancer control activity. Across Australia, all governments are working to provide excellent cancer programs and services. Outcomes for Australian cancer patients have improved dramatically over the past twenty years, with current survival rates equivalent to the best in the world. Despite this effort, there is still variation in cancer rates and outcomes which differ by Aboriginal and Torres Strait Islander status, remoteness area, socioeconomic status and health literacy. Some Australians have suboptimal outcomes or suffer delays in accurate diagnosis, excessive waiting times, inadequate or non-evidence based treatment, and care that is not well-coordinated. Evidence from consumers is that the emotional, physical, psychological and economic impact on people affected by cancer and their families often takes a great toll and effective support remains a major challenge for our community. Cancer is still the leading cause of burden of disease in Australia. The National Cancer Work Plan’s targeted approach seeks to improve cancer outcomes for all Australians.

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Part A: National Overview

This section of the report provides a summary of the National Cancer Work Plan, and places the Work Plan in context of related cancer reform activities across Australia.
Overview of the National Cancer Work Plan

Cancer is a leading cause of premature death in Australia, placing a significant ongoing burden across the entire Australian community. Over the past twenty years, considerable advances have been made to improve outcomes for people with cancer. However, much more remains to be done to reduce variation in cancer outcomes, and to improve the patient experience.

On 16 July 2012, the Council of Australian Governments (COAG) endorsed the National Cancer Work Plan.

The National Cancer Work Plan has been developed to address the needs of people affected by cancer. It includes the following agreed principles:

- Focus on actions that require national coordination rather than those that can be achieved by one level of government alone; build upon existing jurisdictional cancer plans and enhance the current investments made by all governments within reasonable timeframes.
- Be underpinned by best-practice cancer research and optimal, evidence-based cancer treatment and supportive care.
- Recognise the fiscal outlook facing all governments and the difficulty of funding significant new activity, and focus on high-impact and achievable actions.

The National Cancer Work Plan is a suite of initiatives, focused on providing appropriate, efficient and well-coordinated care for people affected by cancer and their families - from diagnosis through treatment and support to the management of follow-up care and survivorship.

These initiatives have been identified as being of the highest priority, addressing significant gaps in provision of optimal cancer care and most amenable to national gain. Effort in these areas fits with jurisdictional cancer plans and builds on the recent investments of all governments in cancer control.

A partnership approach underpins the plan with jurisdictional and health professional leadership on specific initiatives and consumer input and involvement at all stages to substantially improve cancer outcomes and enhance the quality of life of cancer patients, their families and carers.

Background

In April 2010, COAG agreed to several initiatives to build on the National Health and Hospitals Network, including the Improving Cancer Care measure.

While there has been recent investment to improve cancer infrastructure, the availability and affordability of diagnostic and treatment services, COAG agreed that more could be done to ensure cancer is diagnosed and treated in a consistent way based on best practice.

COAG agreed that Victoria and the Commonwealth would lead work, under the auspices of Health Ministers, to report back to COAG in 2011, on the most effective cancer diagnosis, treatment and referral protocols, to be developed with expert clinical input. In response, an inter-jurisdictional working group, the National Cancer Expert Reference Group (NCERG) was convened. The NCERG, jointly chaired by the Commonwealth and Victoria, developed the National Cancer Work Plan.

In 2012, COAG endorsed the National Cancer Work Plan and targeted implementation commenced.
National Cancer Work Plan Initiatives

Initiative 1 - Pathways of cancer care
Cancer is a complex disease with many different tumour types, requiring diagnostic and treatment services from a vast array of health professionals using different modalities across both the public and private sector. Patient-focused care can be improved with more efficient, nationally agreed cancer pathways, extending from suspicion of cancer to diagnosis, through to treatment and management, and then to follow-up care. This initiative addresses critical gaps in the patient journey and aims to achieve better integrated care through agreed evidence-based referral protocols and designated cancer patient management framework pathways. It will:

a) establish best-practice pathways of cancer care with agreed referral protocols (including post-treatment and survivorship) between GPs, cancer specialists and other allied health professionals
b) improve the practical support available to patients, their carers and families so that they can better navigate the complex cancer journey.

Initiative 2 - Efficient and effective cancer services
This initiative develops cancer service capability frameworks and effective health professional role delineation within networked services, to maximise efficiencies and reduce unwarranted variations in cancer outcomes. This will be achieved by working with consumers, jurisdictions and peak health professional bodies to establish:

a) the piloting of innovative use of the cancer workforce including service efficiencies, scope of practice, and new models of shared care for cancer treatment
b) agreed capability frameworks for cancer services with defined linkages to primary care, regional cancer services and specialist tertiary teaching hospitals, and the promotion of safe, high quality cancer care by agreed role delineation for cancer services, specific tumours and sub-specialties to optimise outcomes.

Initiative 3 - Evidence-based cancer treatment
Implementing new research findings and best-practice treatment protocols substantially improves cancer outcomes. This initiative will support consistent, evidence-based care for all people affected by cancer. It will promote:

a) better use of multidisciplinary initial assessment and treatment planning cancer teams across both the public and private sector. Tele-health technology will be used to support multidisciplinary care in regional areas where feasible
b) the implementation of new research findings, evidence-based treatment and care, commencing with the national adoption of the NSW Cancer Institute’s eviQ database as an easily accessible, consistent, on-line, point-of-care treatment resource for cancer health professionals.
Work plan in context

Cancer is a complex set of potentially life-threatening diseases, in which some of the body’s cells become defective and multiply out of control. It is the major cause of illness in Australia and places a great burden on our community.

One in two males and one in three females will be diagnosed with cancer by age 85. Cancer is primarily a disease of ageing and there are significantly more older Australians now as we live longer. As a result, we expect a 24 per cent increase in the number of new cancer cases by 2020.\(^1\)

Approximately 114,000 new registrable cases are diagnosed and 42,000 people die each year from cancer. It is estimated that in 2012, more than 120,700 Australians were diagnosed with cancer.\(^2\) The most commonly diagnosed cancers are prostate for men, bowel, breast cancer for women, melanoma of the skin and lung. This does not include non-melanoma skin cancer as registration of these cancers is not legally required. However, it is estimated that in 2012, 474,000 new cases of non-melanoma skin cancers would have been diagnosed.

Cancer is potentially one of the most preventable and treatable of all diseases. The World Health Organization has estimated that around 30 per cent of cancer deaths are due to tobacco use, being overweight and obesity, lack of physical exercise, diet and excessive alcohol consumption. Other risk factors include infectious disease, for example, the Human Papilloma Virus, exposure to ultraviolet radiation, other carcinogens, and genetic susceptibility.\(^3\)

Tobacco use is the largest preventable cause of cancer. In 2005, more than 11 per cent of new cancer cases and nearly 21 per cent of cancer deaths could be attributed to smoking. Three per cent of new cancer cases and 3.5 per cent of cancer deaths could be attributed to excessive alcohol consumption. Obesity levels are very high with more than 60 per cent of the adult Australian population being overweight or obese. The risk of many cancers can therefore be reduced by lifestyle changes, with the potential to have considerable impact on other chronic health conditions.

Cancer is the second most common cause of death in Australia. In 2010, 42,800 Australians died from cancer. However, death rates from cancer have been decreasing steadily with a 17 per cent fall since 1991.

Cancer survival has vastly improved over time in Australia. International comparisons suggest that Australians diagnosed with cancer generally have better survival prospects compared with people living in other countries and regions. In 2006-2010, the five-year relative survival rate was 66 per cent for all cancers combined – a significant increase from 47 per cent in 1982-1987.

Australia’s successes in cancer are, in part, due to advances in research that provide greater understanding of the disease, the development and availability of early detection and improvements in treatment and follow-up care. They are also a result of our overall excellent health care system, with universal coverage.

However, much more can be done to improve cancer care. Australians can experience cancer differently depending on geography and socioeconomic factors. For example, for the 30 per cent of Australians living in regional areas, the challenges of cancer care are increased by distance. People living in remote and very remote areas of Australia often have higher mortality rates for some cancers compared with those living in more urbanised areas.\(^4\)

Best practice cancer care means every patient getting the right treatment at the right time in the right place. A cancer patient’s journey is frequently challenging and exhausting. Cancer patients require highly specialised coordinated care delivered in a number of settings, often across both the public and private sector. Typically, multiple health professionals are involved in cancer care and patients have many different types of treatment. Navigating this complex system at a stressful time can be difficult for patients, their families and carers. Survival and quality of life depend on early and accurate detection, referral to an appropriate multidisciplinary team for diagnosis, and a best practice treatment plan accompanied by supportive care. It is important that cancer care and treatment be well-coordinated and tailored to each individual patient.

**Improving cancer care and national health reform**

The COAG-endorsed *National Cancer Work Plan* is part of several national health reform measures. National health reform will have positive benefits for cancer care across Australia. All governments are working together on a range of activities with wider application, which will have either a direct or a flow-on effect on best practice cancer care.

Key steps have been taken by the Commonwealth and States and Territories to reform primary care. For people affected by cancer, primary care is often where the first signs of cancer are detected. Primary care services have an essential role in the early assessment of symptoms, effective diagnostic work-up and the appropriate referral of patients with suspected cancer. The establishment of Medicare Locals to plan and fund extra health services in communities, is one way the Commonwealth aims to support the delivery of cancer care in the primary sector. Medicare Locals are required to report against the COAG-endorsed Performance and Accountability Framework on two cancer-specific indicators relating to cancer services in primary care.

National reporting on cancer indicators is not limited to primary care, but extends to both private and public hospitals. The National Health Performance Authority (NHPA) provides consumers, clinicians, service providers and policy makers with access to nationally consistent, locally relevant and comparable information on hospitals and primary health care organisations. The NHPA reports on the performance of public and private hospitals and primary health care organisations based on the nearly 50 indicators set out in the Performance and Accountability Framework. As well as two cancer-specific indicators for Medicare Locals, there is a cancer-specific indicator for hospitals and Local Hospital Networks: *Cancer care pathway - waiting times for cancer care*. The NCERG has provided input to the NHPA on ways to improve the clinical relevance of data presented on the indicator for *Cancer care pathway – waiting times for cancer care*.

Also as part of national health reform and a COAG initiative, Health Workforce Australia (HWA) was established to meet the future health system challenges facing Australia, by providing a health workforce that responds to the needs of the Australian community. This is of particular importance to the cancer sector, as cancer treatment requires highly technical and specialised health professionals. Rural and regional areas have had particular difficulty in attracting and retaining

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\(^4\) See note 2.
sufficient specialist cancer health professionals. Throughout 2012-13, the NCERG provided comment and input to HWA on the development of HWA’s National Cancer Workforce Strategic Framework. HWA developed the National Cancer Workforce Strategic Framework in consultation with NCERG to address workforce issues for the cancer control sector and to identify innovations and reforms that can be adopted nationally. NCERG supports the document for consideration by Health Ministers as an important foundation for future implementation activity. The publication is available at HWA’s website: www.hwa.gov.au/sites/uploads/HWA-National-Cancer-Workforce-Strategy-Framework.pdf

National health reform includes investment by all governments in improving cancer infrastructure. Key investments include the Commonwealth’s commitment of around $1.5 billion to improving Australia’s cancer infrastructure, including two Integrated Cancer Centres in Sydney and Melbourne, and $672 million from the Health and Hospitals Fund for a network of new and enhanced Regional Cancer Centres and associated accommodation.

The establishment of Regional Cancer Centres will provide better support for people affected by cancer and their families living in rural, regional and remote communities. This will help to address the poorer outcomes experienced by some cancer patients outside metropolitan areas. Services will align with State and Territory cancer plans and provide high quality multidisciplinary care for patients.

Given Australia’s unique geography, its dispersed health services and the number of new infrastructure initiatives, NCERG has identified a strong need for nationally agreed service capability frameworks for all cancer treatments. Defined linkages to Regional Cancer Centres, primary care and specialist tertiary teaching hospitals are essential. Agreed protocols are also needed for role delineation and access to a workforce with appropriate cancer expertise to ensure safe and effective care and the rational use of scarce resources.

The National Cancer Work Plan recognises that it is important to clearly define standards of care and establish links between Regional Cancer Centres and designated specialised metropolitan care. This will ensure that the right treatment is given at the right place at the right time, depending on the type and complexity of the tumour, the available specialist skills and specific circumstances.

Strong links with regional and metropolitan cancer services and timely discharge summaries will help health professionals provide support and information to aid patients, their families and carers. For example, the Cancer Council Tasmania, in collaboration with Tasmanian Health and the Commonwealth via the Regional Cancer Centres program, has established the Northern Cancer Support Centre in Launceston. This centre provides practical support for patients, carers and families. The project supports improved continuity and co-ordination of care for patients, improved delivery of supportive care services and improved quality of life for people with cancer and their families. Services offered include transport to treatment; online, telephone and face to face support groups; education forums; financial assistance; and other practical services and assistance.

Building linkages between primary care and cancer treating hospitals/specialists is also vitally important. The Australian Capital Territory is developing a model of care for the new Canberra Regional Cancer Centre with a focus on patient-centred multidisciplinary care. This will include integration of hospital services with specialist ambulatory services. The Northern Territory includes key principles of multidisciplinary care and defined referral protocols in its cancer plan, to support linkages between Northern Territory cancer services and improve patient care.
As well as Regional Cancer Centres, many initiatives now exist to help provide patients with cancer care closer to home. For example, in Queensland, a Nurse Educator is working across the central Queensland geographical area to increase the skills, knowledge and confidence of nurses and allied health professionals in managing patients with cancer care needs. South Australia has made provision for safe cancer services closer to home a key priority. The foundation document: Standards for Chemotherapy in South Australia (SA Health, 2010) guides the continuous improvement of services by identifying and describing the minimum workforce, infrastructure and support services necessary to deliver high quality cancer services and the delivery of chemotherapy. South Australia is also establishing rural chemotherapy centres in fifteen health services to improve access and address poorer outcomes experienced by country people. Western Australia is developing a sustainable model for a rural out-reach program for visiting specialists, to improve delivery of cancer services closer to home for rural Australians.

A focus on effective treatment and management of cancer

The National Cancer Work Plan’s several initiatives are focused on improving the effectiveness of cancer treatment and management. The best opportunity for improvement in the management of cancer is by the standard application of evidence-based treatments.

There remain two key areas that require focused attention: better multidisciplinary cancer care and the implementation of best-practice cancer treatment and management through effective service delivery.

Multidisciplinary cancer care is a team-based approach that ensures that all relevant treatment options are considered in the development of an individual treatment plan. International and Australian evidence demonstrates that cancer patients whose care is considered by a multidisciplinary team receive higher quality care in line with best-practice standards and improved documentation of cancer stage.

The provision of equitable and efficiently delivered multidisciplinary care across all of Australia is a major challenge. Only around a third of Australia’s cancer-treating hospitals have an established multidisciplinary team, with rural hospitals less likely to have such teams. Among the many complexities of delivering optimal multidisciplinary cancer care is the need to involve both the public and private sector and the high level of cancer expertise required outside the major teaching hospitals. Across Australia, work is underway to improve multidisciplinary cancer care. For example, in Victoria several partnerships have been established between health services under the Victorian Integrated Cancer Services Program. These partnerships are funded to promote the development of a cohesive, integrated, coordinated, multidisciplinary approach to the provision of cancer services within specific geographical regions. Victoria encourages multidisciplinary meetings to determine the most appropriate treatment options for people with cancer. Another example can be found in Western Australia, where work is underway for specialist oncology road shows, aiming to network and educate the health workforce about rural and metropolitan specialist cancer care needs.

An essential component of good multidisciplinary care is effective communication between team members, which includes specialist and allied health care providers. Establishing dedicated multidisciplinary team meetings is often a particular barrier in rural and regional areas. Nevertheless, many cancer specialist teams are already making good use of information technology and telehealth facilities where they exist and the introduction of the National Broadband Network should increase access to virtual team-based care. The coordinated and programmatic introduction of the E-health patient record will also be a critical enabler for best-practice, coordinated cancer care and effective
data collection. Cancer Australia is leading NCERG work on improved multidisciplinary team
treatment planning and cancer care.

Across Australia, cancer health professionals are embracing information technology solutions to
improve consistent, evidence-based cancer care. For example, throughout Queensland, a web based
information management system has been implemented (Queensland Oncology On-Line). This
system is used by multidisciplinary teams and cancer services to refer patients for multidisciplinary
team review, staging and treatment planning – resulting in an increase in the number of cancer
patients benefiting from the combined expertise of a multidisciplinary team. In Tasmania, the
rollout of a state wide electronic health record for all cancer patients and a telehealth network will
enhance communication links between cancer services. South Australia Health’s new Enterprise
Patient Administration System is the foundation for delivering South Australia’s state wide electronic
health record. South Australia’s Cancer Clinical Network is actively engaged in supporting the
integration of cancer information systems into the Enterprise Patient Administration System,
including specific clinical decision making support tools built to improve consistent health care for
cancer patients. The Australian Capital Territory has developed an online directory of cancer services
for consumers and health providers in the region, as well as strengthening multidisciplinary care and
improving referral pathways via a suite of measures.

Improving the uptake of evidence into practice and reducing inappropriate variations in cancer
outcomes is a key focus of the National Cancer Work Plan. New South Wales is leading NCERG work
on national uptake of a point-of-care, on-line resource for cancer health professionals – eviQ. eviQ is
a point-of-care information system designed to provide evidence-based information enabling
clinicians to deliver treatments to people with cancer. eviQ improves patient outcomes and reduces
variations in cancer treatment. In addition to the national adoption of eviQ, there are a number of
State-based initiatives seeking to improve the uptake of evidence into practice for cancer care. For
example, in Queensland, clinicians are leading practice change for gastric cancer surgery through
analysis of cancer outcomes data.

The consistent application of best-practice cancer care, agreed national referral protocols, cancer
management guidelines, agreed standards and key performance outcomes will help optimise the use
of health resources across Australia. Given the complexity of cancer, with multiple treatments and
services needed by those affected, often in many different locations, a major barrier to optimal
cancer care is ensuring effective pathways of care. Cancer Australia and a number of jurisdictions
have made significant progress on mapping pathways of care to improve the quality and provision of
cancer services. For example, Tasmania has developed patient management frameworks to improve
the pathway of care for eight types of tumour.

Under the National Cancer Work Plan, Cancer Australia is leading work on evidence-based pathways
and treatment and better patient navigation. Significant work has been completed on shared
follow-up care for early breast cancer. Drawing on guides and principles developed by
Cancer Australia, the Australian Capital Territory plans to roll out shared follow-up care for early
breast cancer within the region. Work is also underway in Victoria to pilot innovative models of
shared follow-up cancer care and care for cancer survivors, including five projects seeking to
introduce shared care models with the primary care sector. In Western Australia, a state wide cancer
nurse coordination service aims to provide care coordination for those patients with more complex
needs.

Efficient and well-coordinated cancer care goes across both the public and private sectors, primary
and tertiary settings and all treatment modalities. Optimal patient-centred care relies on improved
practical support to patients, their families and carers and assistance in navigating the cancer patient pathway.
Part B: Implementation

On 10 August 2012, the Standing Council on Health approved a budget of $200,000, to be sourced from the Australian Health Ministers’ Advisory Council (AHMAC) cost-shared budget, to support the implementation of the National Cancer Work Plan in 2012-13.

During 2012-13, specific projects were undertaken using AHMAC funds, based on the agreed principles that underpin the National Cancer Work Plan, to:

- **Focus on actions that require national coordination rather than those that can be achieved by one level of government alone, build upon existing jurisdictional cancer plans and enhance the current investments made by all governments within reasonable timeframes.**

- **Be underpinned by best-practice cancer research and optimal, evidence-based cancer treatment and supportive care.**

- **Recognise the fiscal outlook facing all governments and the difficulty of funding significant new activity, and focus on high-impact and achievable actions.**

In 2012-13, each specific project leveraged off existing jurisdictional, health professional and non-government work already being undertaken in the area. Each project was led by a jurisdiction or cancer agency already undertaking significant work in the project area.
Implementation progress

Initiative 1: Pathways of cancer care

Development of referral protocols and designated cancer patient management framework pathways initially for a select number of tumour streams

Victoria led work in 2012-13 on establishing best-practice pathways of cancer care with agreed referral protocols (including post-treatment and survivorship) between GPs, cancer specialists and other allied health professionals. The project is expected to be completed by December 2014. The project aims to reduce barriers to optimal care through the identification of optimal pathways of care from initial suspicious symptoms to assessment and accurate diagnosis.

A project steering committee has been established, a project plan set in place and a series of focus groups with key stakeholders and target groups planned. Referral Patient Management Framework pathways will be developed for select tumour streams, with the initial pilot tumour streams being lung and colorectal cancer.

Improved practical support for Aboriginal and Torres Strait Islander women with early breast cancer, their carers and families so that they can better navigate the cancer journey

Cancer Australia led work in 2012-13 to develop a culturally appropriate navigational aid to inform and support Aboriginal and Torres Strait Islander women with early breast cancer through their treatment and care

The project aims to improve the culturally appropriate information available to patients, their carers and families, so that they can better navigate the complex cancer journey. This project also aims to support people affected by cancer and their families to have increased involvement in their cancer treatment and care and be able to make better informed decisions.

Consultation on the navigational aid was undertaken with Aboriginal and Torres Strait Islander women and their families in the Northern Territory, New South Wales and Victoria to ensure cultural appropriateness. It is anticipated that the navigational aid will be released in August 2013.

Initiative 2: Efficient and effective cancer services

Development of a national framework for shared follow-up care initially for early breast cancer

In 2012-13, Cancer Australia led work to extend the implementation and evaluation of shared follow-up care between specialists and general practitioners for women with early breast cancer at three hospitals that provide specialist breast cancer services. The project aims to promote the uptake of best practice cancer care by improving the management of follow-up care for women with early breast cancer and optimising the use of the specialist workforce.
The project builds on Cancer Australia’s *Shared care demonstration project* which found shared follow-up care for early breast cancer to be feasible and acceptable to both patients and health professionals.

**Scoping study to map service capability models, gaps and opportunities for best practice**

In 2012-13, Victoria led work on a scoping study to map cancer service capability models, gaps and opportunities for best practice.

The rationale for this project is to ensure that cancer treatment is given at the most appropriate location, depending on the type and complexity of the tumour, the available specialist skills and specific circumstances.

The project is expected to be completed in July 2013. It will deliver a scoping document which maps existing service capability models and gaps, and makes recommendations for a harmonised national framework.

**Initiative 3: Evidence-based cancer treatment**

**Improved multidisciplinary team treatment planning and cancer care**

Cancer Australia led work in 2012-13 to develop an online multidisciplinary care information hub. The new hub will provide a single point of access to tailored, evidence-based information and resources for health professionals to support the uptake of multidisciplinary cancer in regional and metropolitan centres.

The Multidisciplinary Care Information Hub was completed in July 2013 and a promotion and dissemination strategy for the new website is currently being developed.

**Investigation of inter-operability between eviQ and cancer medical information systems**

In 2012-13, the Cancer Institute NSW led work on promoting national adoption of its *eviQ* database as a resource for cancer health professionals. The project aims to improve cancer care by supporting consistent, evidence-based care for all people affected by cancer by providing an initial, easily accessible, on-line, point-of-care treatment resource for cancer health professionals.

The project is expected to be completed by June 2015. National governance structures are being developed which will facilitate *eviQ*’s adoption into practice, ensure inter-operability between *eviQ* and cancer medical information systems, and underpin potential national reporting and benchmarking. To date a Memorandum of Understanding to this effect has been signed between New South Wales and each of Victoria, Western Australia, the Australian Capital Territory, Tasmania and Queensland.

A national advisory group is being established by NSW which will provide advice on the national priorities for the *eviQ* program of work. Key participants and draft terms of reference are currently being developed with the first meeting due to be held later in 2013.
A national environmental scan on the Oncology Management Information System with States and Territories who are part of the eviQ national program is also in progress.
Jurisdictional Reports on Progress of Individual Cancer Plans

The National Cancer Work Plan leverages existing work where possible. During 2012-13, significant work was undertaken in each jurisdiction that aligns with the National Cancer Work Plan. This part of the report presents summary information prepared by each jurisdiction.

Some of the key activities that are occurring at the jurisdictional level include:

- development and review of patient based referral pathways for some cancer types
- significant progress addressing critical gaps in the patient journey
- review of existing patient navigational aids, and collaboration across the cancer sector (e.g. non-government organisations and health professionals)
- implementation of online directories (e.g. for supportive care), cancer information management and referral systems for health professionals
- use of primary care coordinator roles to enhance clinical support and care of cancer patients;
- work on innovative shared care models
- discussions about benchmarking best practice in cancer care taking place within and across jurisdictions
- capacity building and consolidation of investment in multidisciplinary care teams
- use of an evidence-based cancer database (eviQ) to provide accurate, current, relevant and evidence based information for clinicians at the point of care.

Australian Government

In recent years, the Australian Government has committed over $4 billion in infrastructure, medicines, screening and research to improve the detection and treatment of cancer. All cancer patients, their families and carers, our doctors, nurses and allied health professionals, have benefited or will benefit from this significant investment, regardless of the type of cancer, who the patients are, or where they live and work in Australia.

Investment in cancer infrastructure

The Australian Government has invested about $1.5 billion in cancer-related infrastructure and facilities, including two Integrated Cancer Centres being established in Sydney and Melbourne to provide world-leading treatment and research. The Government has increased access to services for cancer patients from regional and rural areas through a $672 million investment in 25 Regional Cancer Centres and patient accommodation. The completion of this network of centres will help provide high quality medical care and enable patients to have as much of their diagnostic tests and cancer treatment as close to home as is safe and appropriate. The Government has also invested $120 million in digital mammography equipment to provide faster transfer of images and quicker results for women. These services are operational from more than 600 fixed and mobile locations across the nation.

These investments expand cancer service capability and effectiveness of cancer service delivery across Australia, including in regional areas. This aligns with the National Cancer Work Plan initiative of evidence-based cancer treatment.
Cancer Australia
The Government’s national cancer control agency, Cancer Australia, was established to benefit all
Australians who are diagnosed with cancer, their families and carers. Cancer Australia works across
all cancer types and is committed to improving and reducing variations in cancer outcomes.

Cancer Australia’s work aligns with the *National Cancer Work Plan*.

Investment in cancer research
Recent Australian Government investment in cancer research includes:

- $1.5 billion committed to cancer research by the National Health and Medical Research Council
  since 2003
- $33.5 million allocated to the three Australian Prostate Cancer Research Centres – Epworth
  Hospital in Melbourne, Princess Alexandra hospital in Brisbane, and the Kinghorn Cancer Centre
  in Sydney. This funding will improve collaboration between the centres and improve detection,
  diagnosis and treatment
- $38.4 million through Cancer Australia to support Australia’s National Cooperative Cancer Clinical
  Trials Groups to develop and support cancer clinical trials
- Cancer Australia has also received $41.1 million in funding for cancer research, through the
  Priority-driven Collaborative Cancer Research Scheme – a research grants program.

Investment in cancer research aligns with the *National Cancer Work Plan* initiative of evidence-based

cancer treatment.

Investment in cancer treatment and support services
In recent years, the Australian Government has funded 36 new or amended listings on the
Pharmaceutical Benefits Scheme to treat more than 17 types of cancer. The Government has also
funded a range of cancer treatment and support services, including:

- $33.2 million to the Youth Cancer Networks program, which provides specialised support and
  care for young people with cancer
- $32.1 million for the Breast Care Nurses initiative to support women with breast cancer, bringing
  the number of McGrath Foundation specialist breast care nurse positions funded by the
  Government to 57
- $7 million for up to 13 new specialist prostate cancer nurses to support men with prostate
  cancer.

Implementing new research findings and supporting people with cancer aligns with the *National

Cancer Work Plan* initiatives of improving pathways of cancer care and evidence-based cancer

treatment.

Investment in cancer prevention
The Australian Government is committed to reducing the national adult daily smoking rate to
10 per cent by 2018 and halving the smoking rate among Aboriginal and Torres Strait Islander people
within the same period. To achieve this, the Government has implemented a comprehensive suite of

tobacco control measures, including implementing the world-first plain packaging legislation and

new, larger graphic health warnings on tobacco product packaging.
Infections can also cause cancer and we know now that the Human Papilloma Virus (HPV) is one such infection, for which we have a vaccination. In April 2007, Australia became the first country to implement a fully funded national HPV vaccination program. In 2013, the school-based National HPV Vaccination Program was extended to males aged 12-13 years, with a catch-up program for 14-15 year old males in 2013 and 2014. Since the program began in early 2007, evidence indicates a fall in infection rates in both males and females. Vaccinating males helps to protect them from a range of HPV-related cancers and genital warts, and will continue to help reduce rates of cervical cancer among females.
Australian Capital Territory

Cancer Service Networks National Program (CanNET) ACT

The CanNET program’s strategic goals included strengthening the coordination of cancer care in the region, improving access to best practice multidisciplinary care, and reducing disparities in patient outcomes through information, supportive care pathways and improving service linkage. The project ran from 29 June 2010 to 30 June 2012 in the Australian Capital Territory (ACT).

Deliverables included:

• developing a directory of services for consumers and providers in the region
• implementing measures to improve referral pathways
• strengthening multidisciplinary care arrangements for patients
• introducing a Non-Tumour Specific Nurse Care Coordinator position
• introducing a multidisciplinary team meeting administrative support position.

Outcomes

Online service directory information and the detailed Guide to Patient Support and Regional Cancer Services were well received and seen as credible and useful information.

The above products filled a need, helping support services, providers and consumers navigate services, help others, know more about their areas and identify where they could obtain assistance. Significant numbers of patients were able to source services supplied by the new Non-Tumour Specific Nurse Care Coordinator across:

• gynaecological cancers
• brain and central nervous system cancers
• musculoskeletal cancers (including bone cancers and sarcomas)
• melanoma.

Patients reported strong levels of satisfaction with the care coordination and assistance provided, complimenting the existing services in this area. Multidisciplinary team members reported satisfaction with the new administrative support functions. Multidisciplinary team meetings are now underpinned by systems support and governance arrangements.

Enablers for referral pathways and multidisciplinary care were delivered including:

• a testicular cancer referral guideline
• links with other gynaecological treatment centres
• regional communication channels
• technical improvements in videoconferencing and secure email.

The project aligns with the following National Cancer Work Plan initiatives:

• 1a) Nationally agreed evidence-based referral protocols and designated cancer patient pathways
• 1b) Better navigational aids, coordinated care and psychosocial support for patients, their carers and families
• 3a) Improved multidisciplinary team treatment planning and cancer care.

**Shared care for follow-up for early breast cancer**

This project will utilise work done by Cancer Australia to establish appropriate pathways for the management of women who have completed initial treatment for breast cancer and reduce the burden and cost of follow-up care in acute services, both for medical specialists and women with breast cancer.

A part-time project resource will be dedicated to the implementation of this project whose responsibilities will include:

• development of a Shared Care Guideline for women with breast cancer, potentially including a shared record
• establishment of a database of follow-up care for women treated for breast cancer in the ACT public system
• acting as a point of contact for health professionals and women participating in shared care arrangements.

**Outcomes**

Many women in the follow-up phase of breast cancer are receiving ongoing review by specialists in outpatient clinics. These women could be safely managed in general practice, and would often prefer that model of care. This would relieve the pressure on acute services and also improve access for those requiring acute care.

ACT Health Breast Care Nurses are well placed to be part of many aspects of follow-up care. Principles and guidelines for shared follow-up care for breast cancer already exist and the ACT’s adoption of these will improve the standard and consistency of care provided.

The project aligns with the *National Cancer Work Plan* initiative of shared models of care where cancer specialists and general practitioners partner to provide patient care.

**Model of Care for the new Canberra Region Cancer Centre (CRCC)**

The CRCC is being built around the recently expanded and refurbished radiation oncology facility on the Canberra Hospital campus. It will integrate these services with those of medical oncology, clinical haematology, immunology, and specialist ambulatory services. The services will provide a comprehensive range of screening, assessment, diagnostic, treatment and palliative care services to the metropolitan population of the ACT and patients within the surrounding region of NSW.

New models of service are being developed for the CRCC based on the principles of person/family focussed care, multidisciplinary care, partnerships with primary care, and the evaluation of care outcomes for ongoing improvement.

Construction of the CRCC commenced on 21 November 2011 and it is anticipated that construction will be complete by September 2013, with the centre commissioned and operational by November 2013.

**Outcomes**

New models of care outline methods for providing enhanced services to patients with cancer with a focus on patient-centred multidisciplinary care.
The project aligns with the following *National Cancer Work Plan* initiatives:

- 1b) Better navigational aids, coordinated care and psychosocial support for patients, their carers and families
- 2a) Shared models of care where cancer specialists and general practitioners partner to provide patient care
- 3a) Improved multidisciplinary team treatment planning and cancer care.

**ACT participation in Building a Sustainable National Model for eviQ**

The purpose of the project is to use *eviQ* as a clinical resource that provides contemporary cancer treatment information for use by clinicians at the point of care. *eviQ* provides evidence-based, best practice cancer treatment protocols and works within the bounds of the Commonwealth of Australia’s regulatory and reimbursement process for drug marketing (TGA) and subsidy (PBS). Additionally, *eviQ* has a pivotal role in supporting the National Medicines Policy and the Commonwealth Medicines Policy.

ACT Health signed a Memorandum of Understanding with the Cancer Institute of NSW for Building a Sustainable National Model for *eviQ* on 11 April 2013.

**Outcomes:**

- endorsement of *eviQ* as an evidence-based source of cancer treatment oncology protocols for the ACT
- commitment to the release of clinicians to participate in the protocol critical appraisal process
- unlimited access to the *eviQ* website
- commitment to participate in the implementation of *eviQ*’s national benchmarking and evaluation framework by identifying non-*eviQ* protocols.

The project aligns with the *National Cancer Work Plan* initiative of National implementation of an existing evidence-based cancer treatment database.

**ACT regional Cancer Services Plan**

The ACT is currently developing a regional Cancer Services Plan in conjunction with Southern NSW. The plan will provide a strategic framework for the delivery of comprehensive, integrated, multidisciplinary range of high quality cancer and support services to people from ACT and Southern New South Wales Local Health District.

The scope of coverage for the plan relates to all public health services across the continuum of care (from preventative services, screening, diagnostic services, clinical treatment services, survivorship services and palliative care services) provided to the population. The draft plan will be released for consultation in the second half of 2013.
New South Wales

Evidence-based treatment database

This project will promote the timely implementation of new research findings, evidence-based treatment and care, commencing with the national adoption of the New South Wales (NSW) Cancer Institute's eviQ database as a resource for cancer health professionals.

This project aims to improve cancer care by supporting consistent, evidence-based care for all people affected by cancer by providing an initial, easily accessible, on-line, point-of-care treatment resource for cancer health professionals.

National governance structures are being developed which will facilitate eviQ’s adoption into practice, ensure inter-operability between eviQ and cancer medical information systems, and underpin potential national reporting and benchmarking. To date a Memorandum of Understanding to this effect has been signed between NSW and each of Victoria, Western Australia, the Australian Capital Territory, Tasmania and Queensland.

A national advisory group is being established which will provide advice on the national priorities for the eviQ program of work. Key participants and draft terms of reference are currently being developed with the first meeting due to be held later this year.

A national environmental scan on the Oncology Management Information System with States and Territories who are part of the eviQ national program is also in progress.

Initiative 3 of the National Cancer Work Plan is focused on an evidence-based treatment database.

Inter jurisdictional meeting on reporting cancer outcomes

The Cancer Institute NSW in collaboration with States and Territories is undertaking a project to look at cancer outcomes and benchmarking cancer surgical data as inter-jurisdictional collaboration. The collaboration will produce comparable data across jurisdictions with the intent to review and understand variations in outcomes.

This project is an important initiative in improving cancer outcomes and care within Australia. States and Territories have been conducting preliminary analyses on surgical outcomes and the collaboration will result in a formal agreement to report on outcome measures to develop improved outcomes across Australian which will benchmark data against International outcomes.

This initiative contributes to the work of the National Cancer Work Plan by enhancing collaboration between States and Territories. The partnership approach will develop an agreed work plan and technical report to guide a national analysis of cancer outcome data. Building on the work and data already collected in States and Territories, this activity will provide a national approached to understanding variations in cancer outcomes.

NSW Cancer Plan 2011-15

The NSW Cancer Plan 2011-15 reflects an integrated and collaborative approach to reducing the burden of cancer in NSW. The plan sets out the most important principles and actions that need to take place to improve cancer outcomes. The NSW Cancer Plan 2011-15 was guided by the goals of the Cancer Institute NSW.
A full copy of the NSW Cancer Plan 2011-15 can be found at [NSW Cancer Plan 2011-15](#).

Our goals are:

- to increase the survival rate for people diagnosed with cancer
- to reduce the incidence of cancer in the community
- to improve the quality of life of people diagnosed with cancer and their carers
- to operate as a source of expertise on cancer control for the government, health service providers, medical researchers and the general community.

The NSW Cancer Plan 2011-15 consists of three goals. Each goal has objectives and strategies to attain these objectives. Lead agencies and key collaborators have been identified for each strategy and clear measures are articulated to identify progress over the course of the NSW Cancer Plan 2011-15. The goals are:

- Goal 1: To reduce the incidence of cancer (through improving modifiable risk factors)
- Goal 2: Improving the survival of people with cancer
- Goal 3: Improving the quality of life of people with cancer and their carers.

There are seven cross cutting issues that encompass the continuum of cancer care and do not naturally fall under a particular goal but rather are threaded throughout the objectives and priorities of this plan. The cross cutting issues are:

- Cross cutting issue 1: Monitoring and evaluating cancer control activities
- Cross cutting issue 2: Strategic research investment
- Cross cutting issue 3: Improve cancer outcomes for Aboriginal people
- Cross cutting issue 4: Improve cancer outcomes for rural and remote populations
- Cross cutting issue 5: Improve cancer outcomes for culturally and linguistically diverse communities
- Cross cutting issue 6: Improve cancer outcomes for people who are socioeconomically disadvantaged
- Cross cutting issue 7: Enhance the role of primary and community care in cancer control
Northern Territory

Northern Territory (NT) Cancer Plan
Cancer places a heavy burden on both the people diagnosed with this disease and their families and carers. The NT Cancer Plan is intended to minimise this burden by guiding developments and improvements in cancer services in the Northern Territory. This Plan includes the key elements of a cancer service network and the underpinning principles, as well as identifying priority action areas for each of these elements in the Northern Territory.

The NT Cancer Plan provides a focus for people and organisations involved in cancer prevention, detection, treatment, care and support to work together to improve health outcomes for Territorians. Developing a Cancer Plan for the Northern Territory was a key initiative of the CanNET NT project. The Cancer Plan informs planning and service development and will take into account both current and projected demographics and service provision requirements.

The Cancer Plan will:
- actively involve consumers to identify ways in which the cancer journey for patients can be improved
- focus on prevention, early detection and management of cancer with the aim of improving access and quality of care in terms of drugs and treatment as close to home as feasible, in order to reduce the burden of disease
- be responsive to the needs of Aboriginal and Torres Strait Islander people living in remote communities, incorporating strategies to address current health inequities
- support the development of a multidisciplinary team approach to cancer care
- develop a cost-effective, sustainable and evidence-based Model of Cancer Care
- address workforce capacity issues and identify projected workforce requirements and training needs
- support better utilisation of existing data and client information systems.

Top Priority areas for 2012-15:
- improving point-of-diagnosis consumer education and information (particularly through more culturally secure resources and communication)
- further developing and supporting multidisciplinary team discussion and care
- establishing a formal multidisciplinary clinical leadership within a structured NT Cancer Service
- further developing allied health services to support the development of cancer services in the Northern Territory
- developing integrated data capture systems to inform quality improvement strategies
- building cancer care coordination capacity within the health system and its providers.

The NT Cancer Plan can be accessed at the following link:
Cancer in Queensland: A Statistical Overview 2012

This project provided a comprehensive epidemiological report of cancer incidence and survival in Queensland. The report includes a detailed analysis of cancer incidence and mortality for the period 2000-2008, and provides cancer projections for 2012.

This project provides data to inform cancer care decision making and future planning, which aligns with the National Cancer Work Plan initiative of evidence-based cancer treatment.

Queensland Oncology On-Line

Queensland Oncology On-Line (QOOL) is a web based information management system that has been implemented across Queensland. This system provides an online platform that is used by multidisciplinary teams and cancer services to refer patients for multidisciplinary team review, staging and treatment planning. Clinical information is captured in electronic form to create an online ‘cancer profile’. Expansion of the system to include the capacity to view information on surgery, chemotherapy and radiotherapy received by patients is planned. The data obtained from QOOL is housed in a data repository and now has a rich source of data.

The QOOL system increases the number of cancer patients who benefit from the combined expertise of a multidisciplinary team and provides a comprehensive source of patient, clinical and outcomes data for multidisciplinary teams. Local safety and quality audits can also be conducted using this data. This project aligns with the National Cancer Work Plan initiative of evidence-based cancer treatment.

Access to Education resources

A Nurse Educator from the Central Integrated Regional Cancer Services (CIRCS) provides education across the central Queensland geographical area. This education is for:

- nurses and allied health professionals who are new to cancer care and from generalist areas such as inpatients, emergency, medical imaging and general practice. Training topics include: safe handling of cytotoxic medications and related waste, what is cancer, the process of carcinogenesis, overview of cancer treatments, management of cancer treatment adverse effects, psychological impact of cancer and cancer care resources.

- registered nurses in inpatient, outpatient, emergency and/or community units. Training topics include: Central Venous Access Devices, fundamental principles, management and trouble shooting.

This education enables patients to receive care closer to home, provided by staff with the increased skills, knowledge and confidence to manage patients with cancer care needs, and aligns with the National Cancer Work Plan initiative of efficient and effective cancer services.

Clinical Services Capability Framework (CSCF) mapping

In this project, the CIRCS collaborated with each facility that provides cancer care treatment in the Metro North, Sunshine Coast, Wide Bay and Central Queensland Hospital and Health Services to identify their capability under the Queensland CSCF and to identify the support services required to enable safe, quality service delivery for cancer patients.
This project aligns with the *National Cancer Work Plan* initiative pathways of cancer care. Outcomes of this work has informed development of a service profile for each facility and will be used to guide the growth, capital investment, workforce planning, recruitment and retention necessary to meet cancer treatment needs in the relevant Hospital and Health Service.

**Several other significant cancer activities are occurring in Queensland (listed below).**

**Allied Health Staffing in Queensland Health Cancer Care Services**

The Queensland Health Allied Health Professions’ Office of Queensland is developing a workforce profile of allied health professionals (AHP) providing specialist cancer care across Queensland. A profile of staffing levels and any identified recommendations are intended to inform workforce planning for AHP cancer care services.

Outcomes of this project will inform and assist AHP workforce planning and future cancer services and aligns with the *National Cancer Work Plan* initiative of efficient and effective cancer services.

**Queensland Oesophago-Gastric Cancer Collaborative**

The Multidisciplinary Queensland Oesophago-Gastric Cancer Collaborative has been established to lead practice change across Queensland for gastric cancer surgery through analysis of outcomes data. Clinicians in the collaborative are from regional and metropolitan cancer services.

Clinicians in this collaborative compare gastric cancer surgery outcome for their service to see if these are the same as other cancer services. This collaborative provides a working example of how clinicians can use outcomes based data to lead practice change across Queensland. This clinician-led service improvement collaborative aligns with the initiative evidence based cancer treatment.

**Standardisation of cancer care coordination roles**

In response to variation in the implementation of the cancer care coordination (CCC) role across regional settings (associated with professional isolation and the absence of collegial relationships) the CIRCS holds half yearly CCC forums. This forum provides an opportunity to clarify the core functions of CCCs, reduce variation in services delivered, enable a forum to share ideas, problem solve and identify opportunities for service improvement.

This project improves knowledge and understanding of CCC role and function and provides a supportive network for CCCs. This forum also facilitates reduced variation in service delivery of CCC and can lead to more time to provide clinical advice directly to patients, general practitioners and health professionals across regional and tertiary facilities. This project aligns with the *National Cancer Work Plan* initiatives of pathways of cancer care and efficient and effective cancer services.

**Regional Cancer Centres**

This project aims to improve access to essential cancer services for as many people as possible living in rural, regional and remote areas, to help close the gap in cancer outcomes between city and country. Construction of Regional Cancer Centres (RCCs) at six sites across Queensland has been funded through the National Partnership Agreement on Health Infrastructure, Health and Hospitals Fund. Construction of the Toowoomba RCC and Mt Isa RCC is complete, the Rockhampton RCC and Townsville RCC are under construction, and Hervey Bay RCC and Bundaberg RCC are in design phase.

This project expands cancer service capability and effectiveness of cancer service delivery in regional Queensland areas. This project aligns with the *National Cancer Work Plan* initiative of evidence-based cancer treatment.
Queensland cancer plan

The Queensland Department of Health is undertaking state wide health service planning to guide improvements and provide future directions over the next 10 years for cancer care services. The strategy is expected to be completed in early 2014.
South Australia

Standards for chemotherapy services in South Australia

South Australia (SA) has made provision for safe cancer services closer to home a key priority and supported this through the release of a number of state wide foundation documents: State wide Cancer Control Plan 2011-2015 (2011), the Aboriginal and Torres Strait Islander Companion Document to the State wide Cancer Control Plan (2011) and the Standards for Chemotherapy in South Australia (SA Health, 2010).

The standards for Chemotherapy Services in South Australia guide the continuous improvement of services by identifying and describing the minimum workforce, infrastructure and support services necessary to deliver, high quality cancer services and the delivery of chemotherapy.

A Performance Indicator Framework (PIF) was developed, measuring quality within eight key areas: cancer and patient pathway, consumer centeredness, governance safety, effectiveness, appropriateness, access and efficiently. A methodology for repeat collection, analysis on the significance of the results for SA was developed. Indicators which can be met and measured by Local Health Networks (LHNs) are being managed through a self-evaluation framework. A Quality Improvement plan provides the basis for implementation of state wide standards and a framework for annual evaluation.

Two audits have been undertaken using a self-evaluation and implementation matrix, by the five LHNs in 2011 and 2012. Of the ten standards evaluated, there is a range of self-reported compliance rates, ranging from total compliance to non-compliance recorded. The next reporting time line to South Australia Cancer Service (SACS) is December 2013, the target for total compliance with the standards has been set.

This project aligns with the National Cancer Work Plan’s National Shared Care and Service Capability Frameworks initiatives.

Enterprise Patient Administration System (EPAS)

SA Health’s new Enterprise Patient Administration System (EPAS) is the foundation for delivering South Australia’s state wide electronic health record (EHR). EPAS will connect metropolitan hospitals associated health services, GP Plus Health Care Centres and GP Plus Super Clinics, SA Ambulance Service headquarters and nominated country hospitals. EPAS will be activated in the 15 nominated Country Chemotherapy Units.

EPAS funding was prioritised to undertake an extensive consultation and design planning process with clinicians and users. It was identified during the tendering process that EPAS had the capability to address the safe prescribing, supply and administration of chemotherapy requirements of a Cancer Information System. The Cancer Clinical Network is actively engaged with the SA Health EPAS team supporting the integration of Cancer Information Systems into EPAS. Specialist services such as Radiation Oncology, Chemotherapy and Transfusion have had additional clinical decision making support tools built to improve health care for cancer patients. Haematology and Oncology clinicians have designed components in the system to be used by their colleagues, for example the skin toxicity and new patient assessments for Radiotherapy has been purpose built by Radiation Oncology nurses and doctors.

In order to meet international and national safety standards with chemotherapy, clinicians have made decisions about additional features and customised prescribing functionality in EPAS.
improve chemotherapy prescribing and support workflow in both the outpatient and inpatient settings.

EPAS will support consistent treatment across the state, with 120 chemotherapy protocols built as ordersets into the system. Clinicians from specialty tumour groups have standardised treatment for their patients. In addition, legible prescriptions, transparent ordering and information sharing between disciplines will reduce the risk of prescribing and administration errors associated with chemotherapy.

This project aligns with the National Cancer Work Plan’s National Evidence-based treatment database and Shared care initiatives.

Rural Chemotherapy Centres
Historically chemotherapy has been provided sporadically in a range of health services across rural South Australia, inclusive of hospitals, doctor surgeries and day centres. The purpose of establishing rural chemotherapy centres is to improve access and address poorer outcomes experienced by country people. In order to meet state wide and national safety standards chemotherapy will be delivered within fifteen designated health services. A Country Health Cancer Services Project team has been established to work and support the designated sites: Whyalla, Mt Gambier, Port Pirie, Port Lincoln, Berri, South Coast District Hospital, Gawler, Clare, Port Augusta, Mt Barker, Murray Bridge, Wallaroo, Kangaroo Island, Ceduna and Naracoorte. Redevelopment of the chemotherapy units and staff training is currently underway. In addition to the components of the state wide chemotherapy training provided for nurses, the comprehensive rural program includes clinical placement, training in Central Venous Access Devices (CVADs), cannulation and clinical assessment and credentialing.

Chemotherapy units will be opening through a staged approach over the coming 18 months. Each unit will be affiliated with a tertiary metropolitan cancer service for clinical supervision. Chemotherapy will be prescribed by a SA Health oncologist/haematologist from an affiliated tertiary metropolitan hospital and patient will be managed by that tertiary centre for the duration of their chemotherapy at the rural unit. A model for Pharmacy services has been developed and specialist pharmacist appointed to implement the model in collaboration with SA Pharmacy. Over 50 procedures have been created to support range of treatments and procedures. A detailed communication and consultation process has occurred and includes regular staff and GP newsletters.

This project aligns with the National Cancer Work Plan’s National Shared Care and Service Capability Frameworks initiatives.

Telehealth
Telehealth facilities have been available for some time in SA, however the SA Government and Commonwealth Digital Regions Initiative funding has improved access for patients with over 100 new video conferencing units running in over 80 health service sites, providing access to mental health and soon cancer care services in rural and remote South Australia.

Cancer assessments, reviews and clinics will be undertaken using Telehealth, allowing more consumers to remain close to their supports while receiving care. Procedures and guidelines have been developed to support staff and consumers use of telehealth. The newest teleconferencing involves a much larger digital monitor and a much improved sound system and the quality and clarity of both image and sound is like being in the same room. A telemedicine machine will be located in each unit identified as an official regional chemotherapy site. Specialists are able to receive Medicare
incentives for performing telehealth clinics and consultations with patients who are more than 15km away. Two types of payments available in addition to the standard Medicare clinic item rebate.

This project aligns with the *National Cancer Work Plan’s* National Shared Care and Service Capability Frameworks initiatives.

**Cancer Pathways**

A comprehensive cancer pathway model was developed by the state wide Cancer Clinical Network, with the aim of improving and standardising cancer care for all South Australians, based on available evidence and clinical expertise, with a strong emphasis on clinical and supportive care within the local SA context.

The model was developed by multidisciplinary working parties of specialist cancer clinicians, general practitioners, non-government organisations and consumers. The pathways aim to standardise cancer care for all South Australians regardless of location, origin, age or financial status. The pathways include timeliness benchmarks for care provision and recommend suitable key performance indicators. Essential cancer services identified within the SA cancer pathways include; early detection/screening, diagnosis and staging, multidisciplinary team review, treatment (supportive care, surgery, radiotherapy, chemotherapy and palliative care), surveillance and survivorship.

Three pathways: Adolescent Young Adult, Lymphoma and Upper Gastro intestinal cancer were published in 2011. Subsequently pathways have been developed for Gynaecological Cancer, Lung Cancer, Head and Neck, Hepatocellular Cancer, Neuroendocrine Tumours together with an Aboriginal and Torres Strait Islander Companion Document. Paediatric Cancer Care Pathways have also been developed for Retinoblastoma, Radiation treatment guidelines, Central Nervous System Tumour, Sarcoma and Bone Marrow Transplant. The next phase of work will prioritise implementation of the pathways and evaluation of their use.

This project aligns with the *National Cancer Work Plan’s* National Referral Protocols and Navigational Aids initiative.

**State wide chemotherapy education and assessment program 2011-2013**

The project’s goal is to implement a minimum consistent standard of competency for nurses in safe handling and administration of chemotherapy administration in all SA cancer services. The program provide direction for safe workforce learning, capability development in relation to chemotherapy and offer standardised training programs for the administration and handling of cytotoxic drugs by Registered Nurses. The Program promotes transferability of chemotherapy knowledge, skills and understanding across health settings in SA and defines chemotherapy education and assessment responsibility for individual health units within an integrated health care system.

The SA chemotherapy framework is based on the sequential logical education and assessment competencies which prioritise safety and practical clinical point of care needs in an integrated health care model. The program consists of:

- an eight module *eviQEd* e-learning Antineoplastic Drugs Administration course (ADAC)
- a one day clinical workshop
- facilitated clinical learning and competency assessment activities.
Of the approximately 320 metropolitan and country nurses 240 have completed the online component and 90 have completed all elements of the program. Once the program has been implemented the Local Health Networks will assume responsibility for ongoing chemotherapy training, monitoring and reporting.

This project aligns with the National Cancer Work Plan’s National Shared Care and Service Capability Frameworks initiatives.

Aboriginal and Torres Strait Islander Project Suite

The Cancer Clinical Network identified Aboriginal and Torres Strait Islander (ATSI) Cancer control highest priority for 2013. The work of the committee builds upon Aboriginal and Torres Strait Islander Companion Document developed for the State wide Cancer Control Plan (2011–2015) and the Cancer Care Pathways. The Network’s ATSI committee employs a broad range of strategies with significant Aboriginal stakeholder input, to develop plans, collaborative research proposals and pilot initiatives. Their advocacy work identified where CanNET SA and Closing the Gap funds were prioritised, to demonstrate SA’s commitment to improved Aboriginal cancer control.

This project aligns with the National Cancer Work Plan’s National Shared Care and Service Capability Frameworks initiatives.

CANCER CARE COORDINATORS: An ATSI Cancer Care Coordination program was established to test the impact of dedicated roles on cancer treatment outcomes for ATSI cancer population at a tertiary referral site. The two roles aimed to increase the support for individual cancer care coordination and develop system wide approach for recording ethnicity and culturally appropriate cancer care education. A networking day was held to link the various Aboriginal health staff involved in the care of Aboriginal people with cancer. The roles are currently being evaluated and redesigned to provide greater equity of access and risk stratification of Aboriginal cancer support across sites.

Development of a National Accredited Cancer Education Program: Partnering with the Aboriginal Health Council SA and the Cancer Council, the Cancer Clinical Network developed an effective and culturally appropriate program to provide cancer education and cancer prevention awareness to Aboriginal health workers. The program was piloted in April 2012 and subsequently gained national accreditation; it sits as an elective in the certificate IV in the Aboriginal and Torres Strait Islander Primary Health Care curriculum. A course facilitator and learners guide has been completed in April 2013; these resources will be publically available on the government training website.

ABORIGINAL AND TORRES STRAIT ISLANDER RESEARCH: The Cancer Network ATSI Committee has assisted in the development of regional health services and advised on priority actions to address the needs of Aboriginal people along the cancer pathway. The committee has a collaborative partnership with SAHMRI, University of SA, Cancer Council SA and the Aboriginal Health Council SA and has a data linkage research proposal in its final stages of development, due for submission in April 2013. A significant SA contingent attended the first round table at the National Indigenous Cancer Network (NICaN) led by Professor Gail Garvey which connected workers and interested people with relevant activities and research projects on a national scale. The Centre of Research Excellence in Discovering Indigenous Strategies to improve Cancer Outcomes Via Engagement, Research Translation and Training (DISCOVER-TT) was launched at NICaN. SA member David Copley is a member of the DISCOVER-TT Advisory Board.
**Multidisciplinary teams (MDT)**

The Cancer Clinical Network developed a Multidisciplinary Team Meeting Planning Tool in 2011 to provide a framework for planning patient discussions and to guide an integrated and coordinated approach to their care. This approach encourages medical, nursing and allied health contributions to relevant treatment and care options in collaboration and supports the development of a treatment plan based on individual need.

The MDT guideline together with the utilisation of a summary within the Open Architecture Clinical Information System (OACIS) was implemented in 2011. 39 services from across 45 SA cancer MDTs are currently using the process. OACIS enhanced communication and data systems to span traditional organisational boundaries, provide more accurate and timely information about patient care and treatment, and enhance continuity of care for patients. Summary templates were determined for each clinical specialty to best manage information and need. OACIS clinical summaries embed the MDT meeting into existing structure ensuring readiness and ease of transition to EPAS.

The successful implementation of the Mount Gambier Rural Cancer MDT provided a sound model on which to base the development of a second rural MDT service at Whyalla. The Network in partnership with CanNET and SA Health enabled the continuation of the rural cancer MDT coordinator role to provide essential information for rural patients to ensure access to timely and appropriate cancer care closer to home. Two Cancer Care/MDT Coordinator positions have been created for the services and build referrals locally. Fortnightly rural MDT meetings commenced July 2011 and the dedicated Cancer Care/MDT Coordinator roles identify improvements for rural patients from across the region. The OACIS clinical summaries allow each MDT Chair to produce and disseminate care plan recommendations for patients in a one-step electronic process on the day of the meeting.

This project aligns with the *National Cancer Work Plan’s* Multidisciplinary Teams initiative.

**Radiation Oncology Reform**

The COAG funded SA Better Access to Radiation Oncology (BARO) project commenced in September 2012. The purpose of the project is to increase workforce capacity to enable improved access to radiation treatment in SA.

The project has three interrelated elements that are designed to achieve standardised, disease specific radiation schema for patients during and following radiation treatment across SA. On treatment review and follow up protocols will be reviewed, using a gap analysis with results incorporated into evidence based multidisciplinary management plans. Plans will be applied to patient reviews and post treatment summaries in a multisite collaboration. A standardised structure for assessment, intervention, management and escalation of care is currently being developed following review of current processes together with completion of the GAP analysis. A pilot clinic will be established to evaluate the new model of patient review from a patient and workforce efficiency perspective.

This project aligns with the *National Cancer Work Plan’s* National Shared Care and Service Capability Frameworks initiatives.
**Youth Cancer Service**

The SA Youth Cancer Service (YCS) was established for adolescents and young adults aged 15 to 25 years who have recently been diagnosed with cancer. The state wide service is available to all patients across the public and private sectors. The service is located across three sites; Women’s and Children’s Hospital (WCH), the Royal Adelaide Hospital (RAH), and Hampstead hospital. The innovative service has established a communication network to support their mobile work spaces thus improving their ability to be flexible and support patients wherever they are treated. The YCS Master patient list supports patient information together with excel report which provides improved information regarding referral, interventions and outcomes.

The YCS established psychosocial MDT meeting held on alternative fortnights at the Women’s and Children’s Hospital and the Royal Adelaide Hospital. This means that young people being treated anywhere in SA and NT are able to be presented for discussion of their psychosocial need. Following each of these MDTs, the YCS staff meets to discuss new patients, existing patients and other issues relevant to the team. New patients are allocated to key YCS staff - this is a team discussion based on needs identified through an initial screen and assessment.

A YCS transition clinic has commenced with a twofold purpose transitioning paediatric cancer survivors from a paediatric setting to an adult setting and providing for the ongoing survivorship needs of this population through disease surveillance and addressing late effects of treatment. A paediatric Oncologist/Haematologist has been engaged to provide these clinics. These clinics are currently held fortnightly and include a comprehensive summary of treatment and ongoing surveillance needs.

Development of SA Health website Cancer information: The YCS Consumer Advisory Group has contributed greatly to content being developed for the SA Health website for consumers. Contributions have included creating videos where consumers have discussed various aspects of their treatment, showing others what they can expect of cancer diagnosis and treatment and offering key questions to ask in seeking further support and linking with a library of established credible resources

This project aligns with the *National Cancer Work Plan’s* Multidisciplinary Teams initiative.

**South Australia State wide Cancer Control Plan 2011-2015**

The SA Cancer Control Plan was produced as a collaborative effort between Cancer Council SA and the SA Cancer Clinical Network. Its development and the achievements in cancer control to date respect the value of the partnership between SA Health and Cancer Council SA in achieving cancer prevention and better outcomes for people with cancer. This partnership will continue in response to the directions outlined in this plan and as new opportunities arise.

The State wide Cancer Control Plan 2011-2015 was developed to guide the provision of cancer control and care in South Australia. Implementation of the plan has moved from high level, aspirational direction to operational actions and targets designed to prevent lifestyle-attributed cancers and to improve the cancer journey for people diagnosed with cancer.

The State wide Cancer Control Plan 2011-2015, provides the basis of the Cancer Clinical Network work. The outcomes to be achieved and the motivation behind the SA Cancer Control Plan remain consistent;

- to reduce the incidence of cancer occurring in SA’s population
- improve the cancer journey for those diagnosed with cancer
As a companion document to the State wide Cancer Control Plan 2011-2015, a South Australian Radiotherapy Service Plan 2013-2015 has been developed to:

- provide the direction required for improving access to radiotherapy services to achieve the latest evidence-based access benchmark
- guide the expansion of radiotherapy services to ensure access to this treatment modality is equitable for all South Australians.

This document is currently in draft pending the final approval of the radiotherapy utilisation rates for South Australia.

The collaborative relationship between SA Health and the Federal Government in advancing cancer care is acknowledged. Cancer service development in SA has been supported with funding secured from both state and federal sources. SA has been the beneficiary of a series of significant Federal investments including:

- funding to expand and develop cancer services across country SA
- funding, in partnership with CanTeen, to establish a Youth Cancer Service
- project funding through Cancer Australia supporting development of the cancer network and development of evidence based pathways and protocols.

It is recognised that the nature of the relationship between the Federal Government will continue to evolve, and SA will continue to work with its national and jurisdictional partners to maximise opportunities to improve cancer care.

The South Australian State Wide Cancer Control Plan 2011-2015 is available on the Cancer Clinical Network webpage, per the following link:

South Australian State Wide Cancer Control Plan 2001-2015
The Tasmanian cancer projects listed below align with the National Cancer Work Plan in that they will:

- enable improved continuity and co-ordination of care
- enable consistent care to be delivered on a state wide basis across service streams
- improve service delivery and health outcomes for Tasmanian cancer patients.

**Implementation of a state wide Oncology Electronic Medical Record (Information System)**

The overarching objective of the Aria Oncology State Wide Electronic Medical Record project is to continue the transition to a single state wide electronic medical record for oncology patients, through the implementation of a medical oncology system, and supporting business processes at THO-South, THO-North and THO-North West, extension of current medical oncology functionality at the Launceston General Hospital and extension of current radiation oncology functionality at the Launceston General and Royal Hobart Hospitals. This objective is to be achieved at all sites by December 2013. This system will provide a Tasmanian electronic health record for all cancer patients and provide a telehealth network to enhance communication links between cancer services.

**CanNet II projects have delivered Patient Management Frameworks in eight tumour streams and a Model of Care**

As part of work to develop the Patient Management Frameworks, a Model of Care for Tasmania was also developed. The Model of Care provides the underlying principles and structure upon which the current and any future patient management frameworks are based. CanNET II Tasmania developed eight patient management frameworks or pathways for individual tumour streams. These were chosen by a group of stakeholders from the Tasmanian cancer community and included lung; colorectal; breast; head and neck; prostate; malignant glioma; non-Hodgkin lymphoma; and acute myeloid leukaemia. The frameworks represent a consensus statement from the cancer community about clear guidelines for consistency of good practice as well as offering some challenges for health professionals and organisations to further improve the quality and provision of cancer services.

**CanNet II projects have delivered a Patient Logbook**

The project team and a working group of multidisciplinary health professionals and consumer members developed and trialled a logbook with the aim of increasing patient ownership of their cancer care and treatment. The log book is an individual hand held record for people with a cancer diagnosis to record information about their care. The logbook also provides information about cancer and cancer treatment centres in Tasmania. Findings from the trial will be used to improve the book which is now being considered by Cancer Council Tasmania for use both locally and nationally.

**CanNet II projects have delivered a Cancer Services Directory**

In collaboration with Cancer Council Tasmania, the project named CanNET II has developed a directory of cancer services for Tasmania. The directory allows Tasmanians with cancer and their treating health professionals to locate cancer treatment centres and individual clinicians, as well as support services such as transport and accommodation, in one convenient online location. The directory also sets out the key steps for the provision of optimal cancer care through the use of the patient management frameworks developed by the CanNET II project. For each step in the frameworks, patients and health professionals can search for appropriate services and information to aid in making decisions about cancer care. The directory will be maintained and further developed by Cancer Council Tasmania.
Northern Cancer Support Centre

The Northern Cancer Support Centre development has been led by the Cancer Council Tasmania (CCT) in collaboration with the Tasmanian State Government and the Commonwealth Government through the Regional Cancer Centre initiative. The Centre is a purpose built, standalone facility located in Launceston. It has been designed to create an inspiring and welcoming non clinical environment with relaxing lounge areas and quiet reflective gardens. The Centre offers support programs, and provides access to information, practical services and assistance not only to cancer patients but their families and support team as well. Services offered include:

- Transport to Treatment to and from home & hospital primarily on the North West Coast
- online, telephone and face to face support groups, incl. cancer connect
- Living With Cancer education forums
- financial assistance
- survivorship issues
- Look Good Feel Better.

The model of service delivery includes psychosocial and psycho-educational services which include practical, physical, educational, spiritual and emotional support. The program structure includes therapies which are complementary as opposed to alternatives to medical treatment and over the course of 2013, CCT plans to add services and programs such as: access to sexual health practitioners, nurse specialists, dietician/nutrition services and exercise, relaxation and creative programs – including fatigue workshops, meditation/mindfulness programs and art therapies which will enable those who have been affected by cancer to gain the confidence to improve and increase activity after cancer treatment. These programs are being developed with the support of a Clinical Advisory Group. The Centre also provides a number of support services including allied health sessions, work space for the cancer care coordinators from the Launceston General Hospital and office space for some of the cancer sector NGOs based in Hobart including the David Collins Leukaemia Foundation and CanTeen.

This project aligns with the National Cancer Work Plan through providing practical support for patients, carers and families. The project supports improved continuity and coordination of care for patients, improved delivery of supportive care services and improved quality of life for people with cancer and their families.

Tasmania’s Cancer Framework and Strategic Cancer Plan 2010-13

The development of the Cancer Framework and associated strategic cancer plan for Tasmania for 2010-13 was supported through the CanNET program, a Cancer Australia initiative. It was guided by the Department of Health and Human Service’s document Strategic Directions 09-12, which places patients and clients at the centre of the service system.

The Cancer Framework and Strategic Cancer Plan incorporates the structure and key design elements of Tasmania’s cancer care system (the Framework) and the vision, mission, objectives, strategies and actions that need to be taken to achieve the best possible outcomes for Tasmanians affected by cancer (the Strategic Cancer Plan).

Cancer Framework and Strategic Cancer Plan
**Tasmania’s Cancer Framework**

Three key elements make up Tasmania’s Cancer Framework: a service system designed in accordance with best evidence, a contemporary model of care and strong governance systems. The following principles which were developed in consultation with a broad range of stakeholders, take into consideration the National Service Improvement Framework for Cancer and represent guiding values and beliefs that underpin the Framework.

- **Principle 1 – A multidisciplinary approach**
- **Principle 2 – Integrated, quality care that meets the needs of consumers**
- **Principle 3 – Access, equity and diversity**
- **Principle 4 – A skilled and supported workforce**
- **Principle 5 – Research and innovation**
- **Principle 6 – Data and information to support decision-making**
- **Principle 7 – An engaged and educated community**
- **Principle 8 – A planned, flexible and adaptable system**
- **Principle 9 – Accountable and responsible stewardship and use of resources**

**Tasmania’s Strategic Cancer Plan**

**Vision**

To reduce the impact of cancer on Tasmanians at risk of or affected by cancer

**Mission**

To provide high quality cancer services across the continuum of care, from prevention through to treatment, survivorship and palliative care for all Tasmanians

**Objectives**

- Improving cancer prevention
- Detecting cancers earlier
- Creating an integrated and sustainable system
- Providing a contemporary model of care
- Ensuring a well-governed system

The Cancer Framework defines the desired elements of Tasmania’s system for cancer prevention and care. The analysis and consultation for this plan resulted in agreement on a vision, mission, objectives, strategies and actions to be completed over the three years of the plan to develop Tasmania’s cancer services so that they incorporate all of the framework elements and support service delivery in accordance with the framework principles. The plan is due for review in 2013 and this will inform development of the 2013-16 cancer plan.
Victoria

Development of optimal cancer care pathways by tumour stream
Between 2006 and 2009 Victoria developed 15 tumour stream based Patient Management Frameworks (PMFs). PMFs provide a clear description of the cancer care pathway, identifying critical points on the pathway and the optimal model of care required at each point. In contrast to clinical practice guidelines the PMFs are intended to improve consumer outcomes by facilitating consistent care and appropriate referral pathways based on evidence and best practice.

In partnership with the Cancer Council Victoria, and in consultation with a range of stakeholders nationally, Victoria has commenced renewal of the PMFs to provide optimal cancer care pathways (OCCPs) to inform the health system and support local referral pathway development. Consumer versions of each of the OCCPs will be developed in parallel. Initial work is focussed on the development of colorectal and lung cancer pathways by April 2014 to help refine the methodology and method of presentation. Additional tumour streams will be developed during the latter half of 2014.

Victoria is leading this project to deliver against the National Cancer Work Plan initiative on Referral Protocols.

It is also hoped that the Consumer versions of the OCCPs will serve as high level navigational aids for people with cancer and their carers (Work Plan Project 1b). The project is utilising the Cancer Council’s networks to ensure input from consumers which will support the OCCPs in meeting their needs in relation to informing them about what to expect following a cancer diagnosis.

Scoping service capability frameworks for cancer
Victoria appointed a consultant to undertake a project entitled, ‘A Review of Service Capability Frameworks (SCF) relating to Cancer’. The project involved consultation with all jurisdictions to elicit views and obtain copies of any relevant documents. The consultant reviewed, evaluated and documented the full range of current Australian jurisdictional work in this area, and has proposed some guiding principles, a definition and purpose and proposed content and format for a harmonised Cancer Service Capability Framework, including draft examples for medical and radiation oncology.

A draft final report has been delivered and will form the basis of discussion around the next stage of work.

Victoria is leading this project to deliver against the National Cancer Work Plan item on Service Capability Frameworks.

Victorian Cancer Survivorship Program
The Department of Health Victoria has funded six health services to pilot innovative models of follow up and survivorship care through the Victorian Cancer Survivorship Program. These projects focus on adolescents, breast cancer, melanoma and colorectal patients, bone marrow transplant survivors; and a regional model is being trialled at Barwon Health. Five of these pilot projects are actively seeking to introduce shared care models for low risk patients, with the patient’s GP taking on an active role in their surveillance and ongoing management including referral to local allied health services under chronic disease care plans. This program has been supported by active education
targeting the primary care sector, in particular, practice nurses. The pilot projects are due to deliver their final reports by March 2014.

This project aligns with the National Cancer Work Plan item 2a: Shared Care focused on the post active treatment phase.

**Multidisciplinary care**

In 2007, the Department launched Achieving best practice cancer care: a guide for implementing multidisciplinary care, to promote the development of a multidisciplinary approach in health services providing care to people with cancer, and linkage of multidisciplinary teams to other teams and to individual practitioners within and between the ICS. The 2008 Victorian Cancer Action Plan outlined support for multidisciplinary care as a priority and set a target to encourage the majority of patients to have their care discussed at a Multidisciplinary Meeting (MDM) to determine the most appropriate treatment option.

A state wide survey was undertaken in 2010 showed that in 2010 there were 117 MDMs in Victoria with an increase over the prior survey of tumour specific MDMs particularly in the streams of upper gastrointestinal and urological cancers. The Integrated Cancer Services (ICS) have been instrumental in supporting MDMs through the provision of enabling infrastructure, coordination and practical administrative support. This ICS also support MDMs through auditing to monitor the impact of MDMs and for local quality improvement activities. In 2011 the ICS audited the medical records of 3,430 newly diagnosed cancer patients and found that 60 per cent had evidence of a MDM discussion and treatment recommendation.

In 2012 the ICS developed a MDM toolkit to provide state wide consistency in the development of new MDMs and to support existing MDMs.

The Department of Health is currently preparing a tender for a regional MDM software solution for implementation to support the efficient operation of MDMs data collection consistent with the state wide consensus dataset. This project is being funded by the Australian Government through the Health and Hospitals Fund.

The regional MDM software solution will deliver ready access to shared clinical information and support the National Cancer Work Plan item on shared care.

**Integrated Cancer Services (ICS) program**

Cancer service provision in Victoria has undergone major reform in accordance with the recommendations of A Cancer Services Framework for Victoria (2003), which outlined an integrated service model for metropolitan and rural cancer services. The Victorian ICS Program vision statement is “Connecting cancer care, driving best practice and improving patient outcomes”.

ICS are partnerships between health services for the purpose of planning and service improvement across a specific geographic area, to ensure consumer access to high quality, integrated cancer care in line with best practice. There are three metropolitan, five regional and one state wide paediatric ICS.

The ICS are funded by the Department to promote the development of a cohesive, integrated, coordinated, multidisciplinary approach to the provision of cancer services within their geographic region that draws on the best available evidence and builds on state, national and international
experience of success. Funds are specifically provided for the development, implementation and evaluation of cancer service improvement activities and service development.

The ICS have also had a significant role in delivery of state wide objectives and in data capture to monitor progress against targets such as documentation of multidisciplinary team meeting recommendations, documentation of disease stage and supportive care screening.

This project aligns best with the National Cancer Work Plan initiatives on Multidisciplinary Teams and Referral Pathways.

**Patient experience survey – Department of Health Victoria and Cancer Council Victoria**

The Department understands the benefits of measuring patient experience of cancer services across Victoria. To assess the patient experience across their care pathway the Department has partnered with the Cancer Council Victoria to develop a survey tool which helps elicit this information. The survey tool was based on a review of the literature combined with an extensive consultation with consumers and clinicians. A pilot of the survey tool was undertaken late 2012 and the results are currently being collated and prepared in a report form for user acceptance testing. Assessment of the survey tool will also be conducted to determine the final version that will be used on a state wide basis from 2014.

This project aligns best with the National Cancer Work Plan item on Multidisciplinary Teams and item 1a Referral Pathways as it should provide information on patients’ experience of impact and delivery.

**International Cancer Benchmarking Partnership (ICBP) – Department of Health Victoria and Cancer Council Victoria**

The ICBP is working to identify the root causes of survival differences between countries/jurisdictions with comparable health care systems and high quality cancer data. The program arose out of concerns within the Department of Health (UK) about observed poor mortality outcomes for cancer patients in the UK. Participating member countries of the ICBP include: UK (Northern Ireland, Wales, England), Canada (Ontario, British Columbia, Manitoba, Alberta), Denmark, Norway, Sweden and Australia (Victoria and New South Wales). In Victoria, the Department of Health has partnered with the Cancer Council Victoria to further the work of the ICBP.

The program involves five modules of work to explore any underlying reasons for delays in diagnosis and treatment and differences in the quality of treatment across the partnership. The five modules are as follows:

**Module 1:** comparing updated, routinely available data from cancer registries and clinical databases relating to cancer across the partnership

**Module 2:** exploring differences in population awareness, attitudes and beliefs about cancer

**Module 3:** exploring differences in primary care systems, the interface with secondary care, and general practitioner awareness and behaviours

**Module 4:** exploring relative contributions of different factors to diagnostic delays

**Module 5:** exploring reasons for survival differences based on data from module 1 and the extent to which variation in the application of evidence-based treatments influence survival rate differences

Modules 1 through 3 have been completed or are nearing completion. Module 4 is currently underway with data collection commenced. Module 5 is in the planning stages.
This project aligns best with the *National Cancer Work Plan* initiative on Referral Pathways as it will help us understand where these pathways are sub-optimal and how they compare to other similar jurisdictions.

**Cancer Malnutrition – Department of Health Victoria and Peter MacCallum Cancer Centre (PMCC)**

Phase I of this project undertaken in 2012 was entitled *The Investigating Practices Relating to Malnutrition in Victorian Cancer Services* included a malnutrition prevalence study. This prevalence study involved Dietitians at the 15 participating health services consenting, screening and assessing malnutrition prevalence in their cancer patients \((n = 1,693)\) over the common data collection period. This cross-sectional data was then pooled for analysis. The second part of the project involved organisational and multidisciplinary clinician surveys to assess existing systems and practices that support nutritional care for cancer patients within the participating health services. This self-reported information was then correlated to the findings of the prevalence study. A final report was developed which includes results, a series of resources and toolkits for health professionals, a consumer information booklet as well as a number of recommendations for further improvement work.

Phase II of this initiative has been funded in 2013/14 and will support some state wide initiatives and local improvement work led by a multidisciplinary team to help address the recommendations identified in Phase I.

This project aligns best with the *National Cancer Work Plan* initiative on Multidisciplinary Teams.

**Victorian Cancer Agency Program**

The Victorian Cancer Agency (VCA) has been established to sustain and enhance Victoria’s excellent track record in cancer research. Through VCA the Victorian Government has invested in projects and initiatives that will rapidly translate research into treatments and approaches to improve clinical practice and care of cancer patients. Fostering collaborations across institutions to deliver innovative, collaborative and multidisciplinary approaches to research has been a key achievement of the VCA, with a number of multidisciplinary cross-institution tumour stream projects supported.

This project aligns best with the *National Cancer Work Plan* initiative on Multidisciplinary Teams.

**International Cancer Benchmarking Partnership (ICBP)**

The Department of Health Victoria has funded eight health services to conduct chemotherapy day unit (CDU) redesign projects aimed at improving CDU and pharmacy efficiency, chair utilisation rates and patient experience through reduced waits. Four of these projects are within metropolitan Melbourne and four are based in the regions. This program has been supported by active engagement with redesigning care units and a state wide community of practice which has also attracted participation from services additional to the formally nominated project sites. The projects have all submitted their diagnostic reports and are currently implementing interventions.

This project aligns best with the *National Cancer Work Plan* initiative on Multidisciplinary Teams.

**Victoria’s Cancer Action Plan 2008 - 2011**

Since 2008, Victoria’s cancer control agenda has been guided by *Victoria’s Cancer Action Plan* (VCAP). VCAP has been successful in focussing Victoria’s cancer control and reform efforts around clearly defined targets across four action areas of prevention, research, treatment and support, and has provided a strong sense of direction for the Victorian Government, cancer prevention and treatment
services, researchers and the broader cancer community. This approach has delivered a broad range of achievements in cancer control across each of the action areas.

**Victoria’s Cancer Action Plan 2008 - 2011**

The Victorian Government is currently developing an approach to its next phase of cancer reform, to build on its significant achievements and investments to date.

Priorities are likely to include: strengthening and integrating prevention and early detection; developing a systems approach to cancer services, research and workforce development; considering mechanisms to facilitate data linkage as an essential component of monitoring cancer outcomes, and focusing on groups that may be at risk of poorer cancer outcomes including the elderly, rural patients, ATSI and CALD communities.
Western Australia
Western Australia (WA) is undertaking the following three programs which are well-aligned with the National Cancer Work Plan. These programs are patient focused and address critical gaps in the patient journey aiming to achieve better integrated care through known referral protocols, care planning and education.

Referral pathway development
Clear guidelines for referral by general practitioners into specialist cancer services will be available and utilised. This referral process will be progressed across multiple services.

Consumer engagement programs
Resources will be available that are patient led, culturally appropriate and informative so that patients are able to make informed decisions about their care. Development of specific information to assist in the navigation of cancer services for the patient.

Specialist oncology road shows
Specialist oncology road shows – the health care workforce will become well networked and educated in rural and metro specialist cancer care needs with the delivery of a systematic state wide education program delivered in the regions by a team of cancer specialists. Clear referral pathways and models of care will be refined during this process.

WA is also undertaking a number of other significant cancer activities, detailed below. These initiatives provide the agreed capability frameworks for cancer services within WA with linkages to primary care, regional cancer services and specialist tertiary teaching hospitals; and the promotion of safe high quality cancer care to optimise outcomes.

Cancer multidisciplinary team (MDT) development program
A sustainable MDT process that will ensure that each person with a diagnosis of cancer in WA has a MDT care plan, which is available within the MMex program (Cancer Network Database). This MDT process will standardise processes for all MDTs in WA and will standardise patient care planning, integrating telehealth.

Rural out-reach program
Delivery of cancer services closer to home to facilitate visiting specialists to work in rural health care settings. WA Health is collaborating with the WA Country Health Service (WACHS) to develop a sustainable model.

Working in partnership with Medicare locals
Coordinated care will be delivered between primary care and specialist oncology providers to ensure that the patient experiences a seamless service.

Cancer Nurse Coordinators – Developing strategic direction
The state wide Cancer Nurse Coordination (CNC) team has been constantly evolving since inception in 2006 providing coordination services to cancer patients from diagnosis onwards. It is recognised that not every person diagnosed with cancer in WA will receive direct care coordination due to work force limitations.

The CNC service strategically plans education, instigates and partners in research and audit; maps service needs and works alongside all partners in health care to ensure that information, access and
education is available to health care professionals, carers and cancer patients. This will enhance the system’s ability to meet less complex coordination needs and enable the CNC service to address those patients with more complex needs.

WA Cancer Plan 2012-2017
The WA Cancer Plan 2012-2017 builds on the progress made since the publication of the WA Health Services Framework in 2005. The Plan sets a clear direction for cancer services for the next five years.

The WA Cancer Plan 2012-2017 provides a cohesive, integrated, state-wide approach to cancer control that is founded on the best available evidence, reflects national and state directions and utilises international benchmarks of effectiveness. It makes recommendations to improve cancer outcomes under five broad priority areas. The strategic activities listed under each of these five priority areas will assist in improving cancer control across Western Australia.

Priority 1. To reduce cancer incidence in WA through effective prevention initiatives
Priority 2. To improve survival in WA through screening and early detection
Priority 3. To improve outcomes and reduce morbidity for people affected by cancer in WA through equitable access to best practice and through the cancer journey
Priority 4. To promote innovation and measure progress in cancer control in WA through research and evaluation
Priority 5. To ensure the sustainability, efficiency and effectiveness of cancer control activities in WA through appropriate planning and use of resources

All activities undertaken to meet the objectives of the WA Cancer Plan 2012-2017 are evidence-based, sustainable and implemented through a systematic and integrated approach.

The WA Cancer Plan can be accessed at the following link: [WA Cancer Plan 2012-2017](#)
Acknowledgements

This document was developed by the National Cancer Expert Reference Group. The Expert Reference Group is jointly Chaired by Professor Chris Baggoley and Professor Robert Thomas, and the members are as follows:

- Dr Dinesh K Arya
- Ms Rhonda Coleman
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- Professor David Currow
- Ms Elise Davies
- Dr Cameron Hunter
- Ms Colleen Jen
- Dr Narayan Karanth
- Professor Dorothy Keefe
- Dr Liz Kenny
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- Professor Bruce Mann
- Ms Kathy Meleady
- Ms Sinead O’Brien
- Professor Ian Olver
- Associate Professor Sandro Porceddu
- Professor Robin Stuart-Harris
- Dr Ian Roos
- Ms Julie Tate
- Dr Euan Walpole
- Dr Craig White
- Ms Kathryn Whitfield
- Professor Helen Zorbas
Appendix 1: Implementation Strategy Funding Allocations

On 10 August 2012, the Standing Council on Health (ScoH) approved a budget of $200,000, to be sourced from the Australian Health Ministers’ Advisory Council (AHMAC) cost-shared budget, to support the implementation of the National Cancer Work Plan in 2012-13. A break-down of the funding allocation against implementation projects is below.

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<tr>
<th>National Cancer Work Plan initiatives</th>
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