THE CONTEXT: Cancer is already a leading cause of premature death. Despite advances in screening, treatment and in survival rates it has been estimated that cancer will continue to be a leading contributor to the burden of disease as the population ages.

THE RESPONSE: ACT Health in collaboration with Southern NSW Local Health District (SNSW LHD) is developing a new strategic plan for the delivery of cancer related services to residents of the ACT and surrounding region of NSW. The draft ACT and Southern NSW Local Health District Cancer Services Plan sets out a vision for providing integrated, high quality cancer care and support services to residents of the ACT and surrounding region of New South Wales over the next five years.

WHY GET INVOLVED IN THE CONSULTATION: This consultation phase ensures that a broad range of stakeholders are targeted to provide input towards the strategic directions identified for cancer related services and consumers are able to participate more fully in decisions which affect the quality of health services that they or their family member receive through ACT Health and SNSW LHD. Reviewing the Draft Plan and providing feedback enhances service providers and service planners’ ability to understand the range of perspectives and expectations regarding the organisation and delivery of health care services.

Feedback is sought on the strategic directions and proposed high level actions identified to improve population health outcomes and systems and programmes.

SUMMARY PLAN: For a quick overview of the strategic directions, please refer to the Outcomes Framework on page 25.

Comments by 25 August 2014:
Via email: snswlhd.planning@gsahs.health.nsw.gov.au
Direct: Zoe Harris, Manager Health Service Planning, Eden Street Office, C/- Bega Hospital, PO Box 173, BEGA NSW 2550
ACT and Southern NSW Local Health District
Cancer Services Plan 2014 – 2018
Draft document for public consultation – July 2014
IMPORTANT NOTES
This is a draft document produced by the project team to support the process of development of the ACT and SNSW LHD Cancer Services Plan 2014-2018. The document is subject to review by the Project Steering Committee and other key stakeholders. The content may change significantly before the final plan is published in late 2014. There will be opportunities for discussion of the direction and content during the course of the consultation process.
If you have any particular concerns or would like to suggest amendments, please feel free to provide your comments to the relevant contact person below.

For further information please contact:
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We wish to thank the individuals and organisations that contributed their time, information and ideas to assist with the development of this plan.
Executive Summary

<Drafting note: To be completed when draft content is finalised>
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1 Introduction

1 Purpose and scope

The purpose of the *ACT and Southern New South Wales Local Health District Cancer Services Plan 2014-2018* (the Plan) is to articulate a vision for the provision of comprehensive, integrated, multi-disciplinary range of high quality cancer care and support services to people from the ACT and Southern New South Wales Local Health District (SNSW LHD), a total population of 566,000 people\(^1\),\(^2\). The planning horizon is 2014 – 2018.

A key focus of the Plan is to bring about the commitment made through the National Hospital and Health Reform (NHR), that is, to help improve access and support for cancer patients in regional and remote areas of Australia, and to help close the gap in cancer outcomes between these and urban areas.

To improve access to quality health care for the ACT and SNSW LHD communities, the ACT Health and NSW Ministry of Health Jurisdictional Departmental Committee was established in 2012. Its primary purpose is to develop collaborative frameworks and partnerships to address strategic issues requiring cross jurisdictional intervention. This Plan articulates how SNSW LHD and ACT Health will work together to:

- Offer a cohesive and readily accessible network of best practice and appropriate cancer services to patients of the ACT and SNSW LHD communities.
- Provide better care and better access to services for patients through increased collaboration and open communication arising from the establishment of the Canberra Region Cancer Centre.
- Implement a more transparent health care system where local solutions are worked on by teams of clinicians, acknowledging constraints of each organization/department and constructively seeking and negotiating solutions with patients for improved outcomes.
- Change the way cancer services are delivered, through better access to high quality integrated care designed around the needs of patients with a greater focus on prevention, early diagnosis and intervention and the provision of care outside the acute hospital sector.

The focus of this Plan is at strategic, rather than operational level. A number of strategic goals have been identified for the delivery of cancer services into the future.

The scope of the Plan is broad; it relates to all services across the continuum of care (from preventative services, screening, early diagnosis, diagnostic services, clinical treatment services, survivorship services and palliative care services) provided to the population.

\(^1\) 2011 Census

\(^2\) ACT Health also provides a small volume of service to residents of Murrumbidgee LHD. However, there is no formal service agreement and as such, planning for Murrumbidgee LHD is not covered within the scope of this plan.
Services that are publicly funded can be directly influenced in terms of how they are configured and delivered. However for services that are provided or funded privately, appropriate coordination and communication is essential, so as to achieve an effective and integrated way of working across geographic, organisational and professional boundaries.

The Plan is accompanied by a compendium of Annexes, which provide more detailed analysis and commentary.

2 Vision for the future

Vision for the population

"People from the ACT and SNSW LHD have equitable and timely access to an appropriate range of high quality preventative, early diagnosis, cancer care and support services, leading to improved experience and health outcomes in relation to cancer."

Strategic service goals

"Cancer services provided in the ACT and SNSW LHD form a leading regional service of excellence, built on a strong foundation of research that is translated into evidence-based practice. It supports an integrated, multi-disciplinary network of providers in delivering seamless services along the cancer pathway."

3 Bridging the continuum of care

A key focus is changing ways of working to better meet the needs of the ACT and SNSW LHD communities, to address the challenges facing cancer services and, in particular, to respond to increasing demand in an efficient and sustainable way.

The model of service delivery focuses on coordination of care and linkages between services. How services are organised and delivered is characterised by four pillars:

- **Integration**: Fostering a multi-disciplinary, integrated, collaborative way of working across the region with appropriate systems/infrastructure to support the provision of seamless care and efficient/effective services.
- **Person-centred**: Promoting a person centred approach that respects and supports the choices of individuals, their families and carers; and provides care as close to home as possible when appropriate and safe.
- **Access**: Providing equitable/timely access to an appropriate range of safe and high quality services across the continuum of care (consistent with size of the population and sustainable within available resources).
- **Excellence**: Striving for a culture of excellence, with staff supported to develop and learn and services built on a strong foundation of research that is translated into evidence-based practice.
2 Context

The Plan builds on and aligns with existing international, national and state jurisdictional evidence, plans and policy directions, as illustrated in Figure 1.

2 Cross border collaboration

The ACT and NSW Governments recognise the importance of closer working relationships, having signed a Memorandum of Understanding (MoU) on Regional Collaboration in 2011, in which the health sector is noted as a priority area.

The ACT Health and NSW Ministry of Health Joint Departmental Committee’s Work Plan identifies development and implementation of a long term framework for delivering coordinated regional health services to the residents of the ACT and SNSW residents living in the areas surrounding the ACT.

In addition to Government-to-Government policy and funding initiatives, work is underway on opportunities for cross-border collaboration at a service level.

The Plan advances these established cooperative relationships by coordinating strategies and service delivery in the region. Key tenets of the Plan are understanding the role of each facility/service and seeking opportunities to enhance service delivery and self sufficiency.
Figure 1: Cancer Services Policy and Planning Context

National

- Health policy
  - National Health Reform Agreement & National Partnership Agreement on Improving Public Hospitals 2011
  - National Safety and Quality Health Service Standards 2011
  - Taking Preventative Action DOHA 2010
  - Review of Australian Government Health Workforce Programs (Mason Review) 2013
  - National Palliative Care Strategy 2011

- Cancer policy
  - Cancer Australia – National Cancer Priorities
  - National Service Improvement Framework for Cancer 2005
  - Delivering Better Cancer Care 2010
  - Cancer Council Australia – National Cancer Prevention Policy
  - Health Workforce Australia – National Cancer Workforce Strategy 2013
  - Cancer Voices Australia – National Framework for Consumer Involvement in Cancer Control 2011
  - BreastScreen Australia National Policy Statement 2010
  - National Cervical Screening Programme Policy Statement 2011

ACT

- Strategic Asset Management Plan and Capital Asset Development Plan
- Health Directorate Workforce Plan 2013-2018
- eHealth Vision and Strategy 2012
- Safety and Quality Framework 2010-2015
- Shared Care Guidelines with General Practice
- Consumer and Carer Participation Framework 2011
- The Health of Aboriginal and Torres Strait Islander People in the ACT 2006-2011

NSW

- NSW Cancer Plan 2011-2015 Lessening the Impact of Cancer
- Draft SNSW Health Care Services Plan 2013-2018
- NSW Health (2010) Selected specialty and state-wide service plans
- Radiotherapy Services in NSW Strategic Plan to 2016
- Eurobodalla Cancer Care Service Plan 2012

ACT and SNSW LHD Cancer Services Plan 2014 - 2018
2 Regional planning and policy context

Southern New South Wales Local Health District

Eight metropolitan and seven rural and regional Local Health Districts (LHDs) are responsible for providing NSW publicly funded health services in a variety of settings from primary care to tertiary hospitals. These are supported by specialty health networks including the Sydney Children’s Hospital Network.

SNSW LHD is located in the south east of NSW between the metropolitan South Western Sydney and Illawarra Shoalhaven LHDs and rural Victoria. It shares a substantial part of the ACT border (with the exception of the ACT’s western border which is shared with Murrumbidgee LHD).

The SNSW LHD Health Care Services Plan 2014-2018 identifies the priorities and directions for public health care in the district. This includes the significance of ACT public hospitals as the closest tertiary referral hospital to many SNSW residents and the need to enable SNSW LHD services to grow with the increasing and ageing population whilst reducing flows to ACT services.

New South Wales’ cancer control strategy is led by the Cancer Institute NSW, a statutory body of the NSW State Government dedicated to the control and cure of cancer through prevention, detection, innovation, research and information. The NSW Cancer Plan 2011-2015, Lessening the impact of cancer in NSW is framed around the following goals:

- To reduce the incidence of cancer (through improving modifiable risk factors);
- To improve the survival of people with cancer; and
- To improve the quality of life for people with cancer and their carers.

Australian Capital Territory

The ACT Local Hospital Network (LHN) was established under the NHR to improve the networking and coordination of health services across the ACT. The ACT LHN consists of a networked system that holds service contracts with ACT Health and comprises Canberra Hospital, Calvary Public Hospital, Clare Holland House (CHH) and the Queen Elizabeth II Family Centre (QEII).

Primary health care is crucial to the health and wellbeing of the community and the overall functioning of the health system. The ACT Primary Health Care Strategy 2011-2014 provides a road map for current and future policy, planning and practice in the ACT primary health care sector. The Southern NSW and ACT Medicare Local are independent organisations that coordinate primary health care delivery, tackle local health care needs and ensure services are better tailored to meet the local needs.

The draft ACT Clinical Services Plan (CSP) 2013-2017 provides strategic guidance to the development of publicly funded clinical services in the ACT and within the surrounding region of NSW. The development of the Cancer Services Plan is one of the strategic priorities in the CSP and the planning of cancer services have been underpinned by the ACT clinical service development principles.

Recent achievements for Cancer Services since June 2010 against key performance indicators include:

- Under ‘Reduce Risk’, the ACT Government passed the Smoking in Cars with Children (Prohibition) Act in 2011, launched the Future Directions for Tobacco Reduction in the
ACT 2013-2016, and developed a social marketing campaign promoting smoking cessation and uptake of healthy lifestyles in the Aboriginal and Torres Strait Islander community;

• Under ‘Find Cancer Early’, BreastScreen ACT became a single entity in July 2011, resulting in increased capacity to screen and assess women residents in the ACT and reduce waiting time for a screening appointment. The Australian Institute of Health and Welfare (AIHW) identified the ACT as being within the top three jurisdictions for participation in the Cervical Screening Program;

• Under ‘Management and Support during Active Treatment’, extended hours for radiation therapy were implemented from November 2011, a fourth linear accelerator was incorporated into the Radiation Oncology Department, and 12 full time staff were recruited to the Radiation Oncology Department;

• Under ‘Management and Support between periods of Active Treatment’ the Canberra Region Cancer Centre introduced a new model of care for the delivery of outreach services in February 2011, enabling greater access for patients requiring cancer services in the community;

• Under ‘Care at End of Life if Cancer is not Curable’ in 2011 the Medical Oncology ward at the Canberra Hospital opened 4 new beds, and the Palliative Care Nurse Practitioner position was established;

• The Canberra Region Cancer Centre (CRCC) will be delivered in 2014.

2 Population demographics

Canberra is the major health referral centre for the region due to its geographic positioning. The principal referral hospital is located in Canberra. ACT Health partners with Calvary Hospital and SNSW LHD to plan, manage and deliver public sector health services to both ACT residents and residents in the surrounding NSW surrounding region. The total catchment population was 617,071 persons, as at June 2012.

Australian Capital Territory

The ACT’s population of approximately 357,200 (June 2011), is expected to grow to 395,300 by 2017.

The proportion of population aged 65 years and over (11%) is lower than Australia as a whole (14%) and the second lowest of all states and territories after the Northern Territory (5.5%).

In the 2011 Census, about 5,185 residents (1.4%) identified as Aboriginal and/or Torres Strait Islander. Over 102,000 residents (28.6%) stated that they were born overseas, and three quarters of these migrants were born in a predominantly non-English speaking country (22.2% of the ACT population).
Southern New South Wales LHD

SNSW LHD has a population of approximately 196,000 (June 2011) and is expected to grow to around 220,000 by 2017.

Figure 2: Map of ACT region

There is a high proportion of adults aged over 65 years (17%) and this is the fastest growing age group.

In the 2011 Census, about 5,500 residents (2.9%) identified as Aboriginal and/or Torres Strait Islander. Nearly 25,000 residents (12.6%) stated that they were born overseas, and about half of these migrants were born in a predominantly non-English speaking country (6.4% of the LHD population).

Figure 3: Map of SNSW LHD

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3 Current cancer service provision

3 Configuration of services

Range of services

Services are required to meet the needs of patients from across the continuum of care, from preventative and screening services, diagnostic and treatment services, pharmacy and psychosocial services, and as required, survivorship services and palliative care (Figure 4).

As people diagnosed with cancer require access to many types of services during their journey; some may be clearly identified as being an oncology or cancer service cancer services, while others may have a more general profile and are referred to as ‘other related health services’ in the Plan.

Key organisations and service locations

The population covered by this plan accesses services from a range of different providers (both public and private) in a variety of geographic locations. General Practitioners (GPs) are currently involved in the initial phase of detection, complementing existing screening processes such as breast and cervical screening. Through GPs and diagnostic services within the region, patients are referred to a specialist or to hospital based services. These discrete areas work together in providing comprehensive cancer diagnosis and treatment in the region (Figure 5).

Service providers work to deliver care in a range of settings, including hospitals, hospices, residential aged care facilities, general practice, community health centres and patients' homes.
Figure 5: Map of cancer services (and other support services) currently (?) provided to the ACT and Southern New South Wales population

ACT Health services

Cancer Services

- Calvary Health Care Services ACT
- Capital Region Cancer Service (CRCS), Canberra Hospital and Health Services

SNSW LHD services

- Outreach outpatient cancer services
- SNSW LHD cancer services

Other related ACT Health services

Other related SNSW LHD services

Tertiary services from providers from outside the ACT

Other non ACT Health and SNSW LHD providers from within the region(s)

---

Calvary Health Care Services ACT

Services provided from the public hospital in North Canberra and Clare Holland House (hospice).

CRCC, Canberra Hospital and Health Services

Cancer services provided from the Canberra Hospital, the region’s tertiary public hospital. The new Canberra Region Cancer Centre (CRCC) will be opened in 2014.

Other related ACT Health and SNSW LHD health services

Other related health services that have an important role along the cancer pathway.

Outreach outpatient cancer services

Outpatient cancer services in SNSW LHD in Bega, Goulburn and Moruya (generally Visiting Medical Officer arrangements managed by SNSW LHD).

Other non ACT Health/SNSW LHD providers

Services along the cancer pathway including: private services (hospital; outpatient clinics diagnostic; pathology); GP/Community based services; and Non-Government Organisations.

Services from outside providers from the ACT/SNSW LHD

Established relationships with services managed outside of the region to support ACT cancer services.
2 Service utilisation

 Complexity of services

The provision of acute services is categorised by a system of role delineation according to the complexity of care available at each facility, with level 6 representing the highest acuity of services.

• Canberra Hospital operates as the regional tertiary centre for cancer services providing:
  - level 6 services in haematology; and
  - level 5 in medical oncology and radiation oncology services.\(^4\)

• Calvary Hospital operates as a satellite cancer centre providing:
  - level 4 for medical oncology services; and
  - level 4 in haematology services.

• SNSW LHD:
  - operates 14 hospitals including 3 Multipurpose Services (MPS) as well as community health, telehealth, Aboriginal health, health protection and other services;
  - In terms of outpatient services, the medical oncology service operates at level 2/3, supported by some level 4 radiation oncology services.\(^5\)

Key messages from the service utilisation data

There is a significant level of demand for cancer services and for other services provided to patients with cancer:

- The demand is largely met from within ACT and SNSW LHD, indicating a good level of public sector self-sufficiency in the ACT but not for SNSW;
- Services have responded to increasing demand reflecting a general shift in the model of care towards outpatient based activity;
- The bulk of cancer care services are delivered on a non-admitted basis;
- The majority of public services are delivered by Canberra Hospital; and
- Overnight cancer services provided to SNSW LHD residents at Canberra Hospital has grown by over 30 per cent.

Cancer screening services

Screening services fulfil an indispensable link in the cancer care continuum as they enhance the chance of early detection and treatment and therefore can lead to higher survival rates.

Screening can facilitate “the identification of apparently healthy persons at elevated risk of disease, who may benefit from follow-up investigation and care”.\(^6\)

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\(^4\) In the life of this plan, the radiation oncology service will be working towards achieving a level 6 role delineation

\(^5\) There is no radiotherapy modality in the SNSW LHD

\(^6\) Australian Capital Territory Chief Health Officer’s Report 2012, p.43
The screening programs endorsed by the National Health and Medical Research Council include:

- Breast screening (Mammography)
- Cervical screening
- Bowel screening (Colorectal)

**Genetic testing**

Since 2002, the ACT Genetics Service has provided a cancer genetics risk assessment and surveillance recommendation service to the people of the ACT and surrounding regions. As research and the body of knowledge regarding the genetic component of cancer increases, so too has the need for support and advice from genetic counsellors and specialists. Increasing referrals to the genetics service in the ACT are placing pressure on these services. The service is based with the Women, Youth and Children Division and has strong links with the Pathology service. Currently pathology costs are not medicare rebatable which impacts on the clinic’s ability to operate ‘high risk’ clinics for people who are at greater risk of developing cancer due to being a gene carrier.

SNSW LHD has a visiting genetic service.

**Cancer treatment services**

The most recent year of consolidated and comparable inpatient and outpatient data is available for the financial year 2010-11. Overnight episodes have increased in ACT hospitals at an average of 3% per year over six years and in SNSW LHD hospitals at an average of 4% per year over three years.

ACT outpatient occasions of service (OOS) have increased at an average annual rate of 5% per year (9% excluding radiation oncology that accounts for 56% of all OOS).

**Radiation Oncology**

Radiation Oncology is located at Canberra Hospital and provides a comprehensive, multidisciplinary service to patients diagnosed with solid tumour cancer and for some malignant haematological disorders. The Radiation Oncology Department is equipped with 4 linear Accelerators and provides an estimated 1,745 new consultations per year.

The following services are provided in the Radiation Oncology Department:

- External Beam Radiation Therapy;
- High Dose Rate Brachytherapy;
- Superficial Radiation Therapy;
- Stereotactic Radiotherapy;
- CT based planning with close links to diagnostic imaging centres offering PET and MRI;
- Patient education; and
- Wound management and review.

**Medical Oncology**

Calvary Hospital and Canberra Hospital both provide outpatient services, Canberra Hospital at the Medical Oncology Unit and Calvary at the Zita Mary Clinic. Inpatient oncology services are provided in the Haematology/Oncology Ward at Canberra Hospital.

The range of treatments/procedures provided in the Haematology/
Unit at Canberra Hospital is vast – from intrathecal chemotherapy, bone marrow biopsy, blood collection and blood product transfusions including palliative support transfusions to patient, carer and staff education.

Chemotherapy services are provided in the region at centres in Young (Murrumbidgee LHD), Cooma, Goulburn, Moruya and Bega.

*Paediatric services*

At present, children diagnosed with cancer are referred to Sydney Children’s Hospital (SCH) for initial assessment and management because there is not an appropriate level of demand to support such a service in the ACT and surrounding region.

However some follow up treatments are administered in the ACT under the direction of the service based at Sydney Children’s Hospital, and some outreach clinics are provided in Canberra by SCH staff.

*Cancer Surgery*

Surgical services are not a formal component of the Capital Region Cancer Service; however surgery is one of the main treatment modalities for many types of cancer and associated issues. In general there is a high level of demand for surgery associated with the most common types of cancer, especially skin, colorectal and breast cancers.

Surgeries are conducted at Canberra and Calvary Hospitals in the ACT. The elective surgery waiting list is managed to ensure patients are treated equitably within clinically appropriate timeframes and with priority given to patients with an urgent clinical need. The scheduling of surgery is undertaken in consideration of available capacity.

The categorisation of patients on the waiting list is a clinical decision and the treating surgeon will always maintain the responsibility for the allocation of clinical categorisation. Since 2012, cancer surgery waiting times for public ACT hospitals can be accessed on My Hospitals website.

The bulk of surgery in the SNSW LHD is performed at Bega, Goulburn and Moruya and Cooma.

*Rehabilitation Services*

Demand for rehabilitation services will grow. Due to advancements in cancer care, patients will live longer, and sometimes experience multiple episodes of cancer during their lifespan. This combined with an ageing population, will change the characteristics of the rehabilitation period after a cancer episode. The rehabilitation trajectory may be complicated by other (pre-existing) chronic conditions.

*Palliative Care Services*

ACT Health provides palliative care services for the population of the ACT plus a tertiary inpatient service for parts of the surrounding SNSW LHD. Specialist palliative care services are provided from Clare Holland House, the Canberra and Calvary Hospitals, the Home Based Palliative Care team and Palliative Care ACT which trains and supports volunteers. “The incidence of cancer in the ACT and SNSW is increasing at a rate of between 3-4% per annum which will have a cumulative impact of around a 20% increase in the population demand for a diagnosis that currently accounts for
around 75-80% of total demand for palliative care services in the ACT\textsuperscript{7}.

SNSW LHD promotes a community based model of palliative care service delivery. Although there are palliative care beds identified in the SNSW LHD hospitals, concerns have been expressed regarding coordinated support and input for patients requiring palliative care services. The level of support is variable across the region.

\textit{Clinical support services}

Cancer services are supported by diagnostic, psychosocial, allied health and other services. These services are provided both in the public and private sector and may include pharmacy, pathology, medical imaging services and allied health related services such as social work, nutrition, occupational therapy, physiotherapy, speech pathology and psychology. As demand for public cancer services continues to grow and the model of multidisciplinary care planning and service delivery evolves within the region, the demand for clinical support services will increase. Work has begun on establishing effective networks with and between the various clinical support services.

\textit{Complementary therapies}

Complementary therapies are a group of diverse medical and healthcare systems, practices and products used to diagnose, treat and/or prevent illness. Cancer in Australia is conventionally treated by surgery, radiotherapy, chemotherapy and other drug therapy or combinations of these. Many people with cancer choose to use complementary therapies. Complementary therapies are taken in conjunction with conventional treatments, while alternative therapies are used instead of conventional treatments.

3 \hspace{1em} Future demand for cancer services

Demand for services appears to be increasing, and there are issues and challenges facing services as outlined in the next chapter. Hence there is a strong imperative to explore new ways of working in order to meet this increasing demand and continue to provide high quality cancer care and support services to people of the ACT and SNSW region.

4 \hspace{1em} Drivers of change in cancer care

4.1 \hspace{1em} Key issues with provision of current services

Analysis of the key issues and challenges in relation to how services are currently provided was informed by discussions and information gathered through the stakeholder engagement process. There was a high degree of congruence in the issues identified by stakeholders, as summarised in Table 1.

<table>
<thead>
<tr>
<th>Themes</th>
<th>There is a need to:</th>
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<tr>
<td>Model of service delivery</td>
<td>\hspace{1em} Change ways of working to increase efficiency</td>
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<tr>
<td></td>
<td>\hspace{1em} Improve coordination of services along the patient pathway and across the region</td>
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### Workforce

The cancer workforce encompasses a broad range of disciplines. The National Cancer Workforce Strategy, Cancer Workforce Planning Data Inventory, Health Workforce Australia (HWA) identifies 56 occupational categories in 5 professional groups: medical officers, nurses, technologists/technicians, allied health practitioners and health education. Many of these occupations do not work primarily in cancer services but may provide cancer services within their scope of practice, for example GPs may provide referrals and ongoing general health care and Gastroenterologists and Pharmacists may provide consulting services.

Cancer Services are supported by hospital wide services such as Ward Services, Food Services, Clinical Coders, Security, Environmental Services and emerging roles such as volunteers, carers and peer support workers. Workforce issues in any of these occupational groups may affect cancer service provision in the future.

The ACT and surrounding regions have a limited workforce pool due to a combination of a lack of local University courses, limited University places and limited clinical training places. The development of an ACT and SNSW Region Cancer Services Workforce Plan is a key priority for this Plan. The workforce plan will consider all occupations in or supporting Cancer Services and include a recruitment and retention gap analysis to identify the priority occupations for immediate action.
Health Workforce Australia has initiated strategic workforce planning for specific professional groups across which services can be benchmarked\(^8\).

### 4 New and emerging technologies

Significant improvements in cancer outcomes have been achieved with improvements to cancer treatment. However, while further breakthroughs facilitated by research are anticipated, there are concerns around the increasing costs of care\(^9\). Overseas trends indicate that health care systems of the future will utilise more technology. ACT Health and the SNSW LHD need to leverage the introduction of new technologies with their strategic and operational processes.

The following health goals have been identified to increase the efficiency, productivity and sustainability of resources within ACT and SNSW LHD region:

- Provide consumers with greater access to a broad range of health information to improve their involvement in the management of their own healthcare and their overall consumer experience;
- Facilitate seamless, secure and timely access to health information so that care providers will have the information required to make appropriate and timely clinical decisions;
- Improve the quality, safety and outcomes delivered within the health care environment; and
- Implement technologies to support new models of care and service delivery planned in the Health Infrastructure Program.

ACT Health has commenced a clinical technology mapping process which will provide a technology ‘roadmap’ to identify where investments in biomedical technology and procedures should be prioritised to support existing and new services. Roadmaps for radiation oncology technology and genetics technology are being developed to provide information necessary for planning new services and facilities.

A technology disinvestment process will be developed to identify potentially ineffective practices and technologies and inform decisions about resource allocation.

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\(^8\) Health Workforce Australia to 2025 - Medical specialties perceived to currently be in shortage included Medical Oncology and Radiation Oncology; Radiation oncology are particularly at risk because of their existing workforce position (perceived shortage), with the projections indicating this will worsen by 2025; HWA projected shortages for Nurses across all sectors if strategies to addressing retention issues or reduce demand are not implemented; In the Health Workforce Australia 2012-13 Work Plan, HWA plans to undertake supply and demand modelling for selected allied health professionals to 2025.

4 Cancer research and education

The importance of clinical research

A recent strategic review of health and medical research in Australia\(^\text{10}\) emphasises the crucial contribution that health and medical research can make to increasing longevity and quality of life for individuals and to supporting economic prosperity. Indeed, over recent decades, sustained research has helped to make significant improvements in cancer detection and treatment of cancer, leading to reductions in mortality rates. Today, more than half the new cases of cancer diagnosed will be successfully treated, with survival rates for many common cancers having increased by more than 30 per cent in the past two decades, due to treatment improvements and new interventions facilitated by research.

Over the next 20 years, further breakthroughs are anticipated with potential, for example, for cancers to be treated with vaccines or gene-based technologies\(^\text{11}\). As understanding of cancer biology develops, so does the availability and affordability of technologies for comprehensive molecular characterisation of tumours as well as the genetic make-up of individuals\(^\text{12}\).

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\(^{10}\) Australian Government Department of Health and Ageing, Strategic Review of Health and Medical Research Final Report (February 2013)


Personalised molecular medicine has been signalled by clinicians as a key area of research that is moving into clinical practice. At present, Canberra Hospital employs high resolution genetic screening of tumours by Massively Parallel Sequencing (MPS) to direct treatment modalities. In the future, Next Generation Sequencing will allow assessment of risk markers along the genomic care continuum (from prevention, to therapy and survivorship).

As a tertiary, regional cancer service, it is essential that cancer services in the ACT and SNSW LHD play an active and integral part in the development and application of the cancer research agenda. To this end, key strategies are to ensure an increased focus on translational research that directly improves the diagnostic and treatment modalities and services available to patients, and a greater emphasis on research that can be readily applied to evidence-based practice. Greater collaboration between health professionals and researchers is critical and should be fostered to deliver research with greater impact.

Existing research activity

The Medical Oncology Research Unit at Canberra Hospital is involved in conducting clinical trials with cancer patients. These trials are aimed at exploring new agents and methods of treating malignancies. Details on the research programs, including the work of the Haematology clinical trials unit, the Radiation oncology clinical trials and projects such as the Breast Cancer Treatment Quality Assurance Project, Psychosocial Profile of Primary Carers in Palliative Care in an Inpatient Setting and the Nurse Care Coordinators Project can be accessed from staff.
**Support for research and teaching**

There is an existing relationship with the Australian National University Medical School and its Rural Clinical School in relation to research and teaching. This link is strengthened by a constant roster of registrars and interns rotating through the Canberra Region Cancer Services. Staff have access to extensive professional development programs enabling them to broaden and extend their clinical skills.

The ACT Government has created a new Centenary Chair in Cancer Research who will oversee a coordinated hub for cancer programs involving researchers, clinicians and students.

**ACT and NSW Cancer Registries**

All cancers (apart from non-melanocytic skin cancer) are notifiable diseases. In the ACT it is a legal requirement for pathology laboratories, public and private hospitals and nursing homes to notify all newly diagnosed cancers. However, day procedure centres also provide notifications.

In NSW it is a legal requirement for public and private hospitals, departments of radiation oncology, nursing homes, pathology laboratories, outpatient departments and day procedure centres.

Reports are produced on the incidence of new cases and cancer deaths. The NSW Central Cancer Registry is managed by the Cancer Institute NSW; the ACT Cancer Registry is managed by ACT Health. Data can be requested from the ACT Cancer Registry and the NSW Central Cancer Registry for research purposes according to each Registry’s own data release policies.

**Tissue and tumour bank**

ACT Pathology maintains a tissue and tumour bank to support cancer research. This bank enables researchers to examine the potential linkages between biological studies and clinical trials. In general the biological studies attempt to correlate clinical outcomes with markers that might predict a response to treatment.

**5 Other strategic directions**

**Integrated care**

Effective coordination of multi-disciplinary care is essential as is partnering with consumers in service planning.

Clinical networks can support improved integration, multi-disciplinary working and outcomes for consumers and providers.

**Regional satellite services around centres of excellence**

Increasingly in developed countries there is a move towards centrally organised cancer care, a policy promoted in Australia.

**Survivorship and post-acute care**

Improvements in treatment mean people live longer with and after cancer, leading to changing service and support needs for patients.

Tailored support is required to enable the early recognition of and preparation for consequences of treatment, as well as early recognition of the signs and symptoms of further disease.
5 Direction for the future

A key emphasis of the strategic direction is to improve patient care and experience by ensuring an effective regional cancer service.

5 What makes an effective regional service?

The key features of an effective regional service from the perspectives of patients and service providers/policy makers are:

For patients

- Recognise that prevention is better than cure for certain personal activities such as smoking;
- Acknowledge that there are ongoing advances in cancer services that lead to better targeted treatment that can make it challenging for service providers to provide a tailored support service that caters to individual patient needs;
- Ensure that information is available regarding the role of health facilities and service providers in the delivery of cancer services; and
- Provide local services where possible that are safe and effective.

For service providers and policy makers

- Develop a clear understanding and communication about the role of each service;
- Enhance cross disciplinary collaboration and cooperation for the benefit of patients;
- Acknowledge where there are differing priorities and perspectives and work with them;
- Establish strong clinical networks to facilitate joint governance and planning and the development of plans, systems, policies and business rules that apply across organisations and jurisdictions;
- Collectively define priorities that support cost effective configurations of services;
- Address barriers that prevent clinically appropriate flows and make best use of available local resources;
- Maximise the use of technological advances to provide timely care, efficiently transmit health information, accurately collect data and effectively allocate human resources;
- Work to improve timeliness and equity of access to services to all of the population (both ACT and SNSW LHD residents), with the aim of standardising the consistency of quality and level of service available to all;
- Establish a patient flow process that aligns to the continuum of care;
- Maximise the use of the range of locally available services and streamline access pathways to reduce the need for patients to travel long distances;
- Develop an innovation culture to maximise the benefits of having an integrated regional centre; and
- Facilitate the translation of evidence from research findings to implementation.
This is not to say that all available therapies and technologies can be provided within the region and in all locations. The four pillars of the service delivery model converge from each service to deliver patient centred care. We need to be fiscally responsible, making sure that decisions are based on evidence regarding cost effectiveness and clinical and financial sustainability of services.

2 An outcomes framework for the regional service

In response to the drivers of change and issues facing the delivery of cancer related services, a range of long-term outcomes have been identified. These are changes in populations, communities or systems that may take 5-10 years to influence. While these timeframes may sit beyond the immediate planning horizon (to 2018) part of the evaluation strategy is to monitor progress towards their achievement.

The outcomes focus on two key areas: improved population health outcomes in relation to cancer and reduced disparity in outcomes between population sub-groups; and improved systems and programs.

As illustrated in Figure , specific categories of outcomes have been identified where improvements are being sought..
Figure 7: ACT and Southern NSW LHD Cancer Services Outcomes Framework

<table>
<thead>
<tr>
<th>VISION FOR THE POPULATION</th>
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<tbody>
<tr>
<td>People from the ACT and SNSW LHD region have equitable and timely access to an appropriate range of high quality preventative, early diagnosis, cancer care and support services leading to improved experience and health outcomes in relation to cancer.</td>
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<thead>
<tr>
<th>STRATEGIC SERVICE GOALS</th>
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<tbody>
<tr>
<td>Cancer services provided in the ACT and SNSW LHD region are a leading regional service of excellence, built on a strong foundation of research that is translated into evidence-based practice. It supports an integrated, multi-disciplinary network of providers in delivering seamless services along the cancer pathway, including: prevention – screening – diagnosis – treatment – support services - palliative care services - research</td>
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<table>
<thead>
<tr>
<th>OUTCOME AREAS</th>
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<tr>
<td>Improved population health outcomes in relation to cancer and reduced disparity in outcomes between population sub-groups</td>
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<tr>
<th>MODEL OF SERVICE DELIVERY</th>
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<tbody>
<tr>
<td>A. Integration: We will foster a multi-disciplinary, integrated, collaborative way of working across the region with appropriate systems/infrastructure to support the provision of seamless care and efficient/effective services.</td>
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<table>
<thead>
<tr>
<th>STRATEGIC DEVELOPMENT THEMES (KEY ENABLERS)</th>
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<tr>
<td>A1: Strengthen clinical network arrangements.</td>
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<tr>
<td>A2: Develop strategies to support delivery of an effective regional service.</td>
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<tr>
<td>A3: Improve continuity and coordination of care.</td>
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<tr>
<td>A4: Improve ICT systems to better support integrated care and sharing of information.</td>
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| B. Access: We will provide equitable/timely access to an appropriate range of safe and high quality services across the continuum of care (consistent with size of the population/nd sustainable within available resources). |

| C. Person-centred: We will promote a person centred approach that respects and supports the choices of individuals, their families and carers. |

| D. Excellence: We will strive for a culture of excellence, with staff supported to develop and learn and services built on a strong foundation of research that is translated into evidence-based practice. |

<table>
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<tr>
<th>Improved systems and programmes</th>
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<tr>
<td>Improved quality of life for patients e.g. support, survivorship/palliative care services and patient experience feedback</td>
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</tbody>
</table>

| Improved access to an appropriate range of high quality services |

| Improved efficiency through effective coordination and integration across services and organisations |

| Improved recruitment and retention of an appropriately skilled workforce |

| Implementation of best practice e.g. translation of research into training/clinical practice, effective quality assurance processes etc. |

| ACT and SNSW LHD cancer services plan – 2014-2018 |

| Reduced incidence of cancer through primary prevention |
| Reduced incidence and mortality from cancer through effective screening and early detection |
| Reduced cancer mortality/mortality through effective diagnosis and treatment |
| Improved quality of life for patients e.g. support, survivorship/palliative care services and patient experience feedback |
| Improved access to an appropriate range of high quality services |
| Improved efficiency through effective coordination and integration across services and organisations |
| Improved recruitment and retention of an appropriately skilled workforce |

| A1: Ensure the provision of high quality and safe services along the continuum of care (supported by quality assurance). |
| B1: Ensure access to an appropriate range of services to meet population needs within available resources. |
| B2: Respond to growing demand by adapting our ways of working. |
| C1: Partner with consumers, families, carers |
| C2: Promote the delivery of seamless care and support patient choice |
| C3: Support GPs and cancer patients to navigate the patient journey |
| C4: Work in partnership with volunteers and community groups |
| D1: Improve the delivery of services through active monitoring and evaluation |
| D2: Invest in workforce And skills development |
| D3: Foster the development of a active and effective research programme that supports the translation of research findings into clinical practice |
6 Implementation and monitoring

6.1 Action plan

Each of the four pillars of the model of service delivery are linked to a set of development themes that will support new ways of working to deliver the desired model of service delivery. Against each development theme, some high level actions have been identified.

Implementation of the action plan, including prioritisation of actions to determine a feasible workload for the first year of the plan, will be the responsibility of an implementation group, aligned to the (yet to be established) Clinical Network. As part of the process of agreeing to priorities for action, the implementation group will need to agree on a set of measures aligned to their identified priorities. A set of measures and processes that may be used as a starting point are identified below.

Table 2: Actions for each of the four pillars

<table>
<thead>
<tr>
<th>Development theme</th>
<th>Specific actions</th>
<th>Process measures</th>
<th>Output measures</th>
<th>Contribution to outcomes</th>
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</thead>
</table>
| **Goal A: INTEGRATION**

We will foster a multi-disciplinary, integrated, collaborative way of working across the ACT and SNSW region with appropriate systems/infrastructure to support the provision of seamless care and efficient/effective services.

A1: Establish strong clinical network arrangements to support an integrated, multi-disciplinary regional service with effective clinical and strategic leadership.

- a) Establish strong clinical network arrangements for the regional cancer service, providing effective leadership/governance and opportunity for all identified organisations, service providers and consumer groups to build relationships and effective interfaces across services.

- Terms of reference developed for clinical network.

- Processes and mechanisms put in place to strengthen communication e.g. newsletter; web-facilitated discussion board.

- Regular programme of meetings established and attended by representative range of stakeholders/organisations.

- Improved sense of connection/integration experienced by representatives from stakeholder organisations (staff feedback).
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<tr>
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</table>
| **A2: Identify and develop strategies that will support the vision of delivering an effective regional cancer service.** | a) Ensure the clinical network maintains a regional focus and mandate, with appropriate representation from both the ACT and SNSWLHD.  

b) Put in place arrangements to ensure continued access to an appropriate range of services to the population of SNSW LHD (where viable, as close to people’s homes as possible and in adjoining areas of NSW), including review of current medical staffing and other clinical staffing arrangements for the SNSW LHD oncology services to ensure viability into the future. | Review of clinical staffing arrangements for outreach oncology services to SNSW LHD completed.  
A formalised regional model of service delivery developed, including definition in service level agreement of expectations and requirements for provision of outreach services to SNSW LHD locations. | Involvement of SNSW LHD stakeholders in clinical network e.g. participation in network meetings.  
Increased capacity is achieved within SNSW and opportunities identified for SNSW residents to access services in adjoining Areas of NSW where practicable. | Improved sense of connection/integration experienced by representatives from SNSW LHD stakeholder organisations (staff feedback). |
| **A3: Improve continuity and coordination of care across related services for people with cancer.** | a) Define and improve referral pathways and systems to clarify expectations and streamline processes along the patient journey, including development of a map of services for patients/clinicians that can be made available via the web.  
b) Review and improve discharge planning  
c) Record patient journeys to evaluate patient experiences and address identified gaps | Referral pathways and processes defined and made available via the web.  
Implementation of electronic referral processes for GPs explored and, depending on feasibility, implemented. | Reduced unplanned/unexpected admissions within 28 days of admission. | Improved efficiency through effective integration across organisations. |
### Development theme: Improve information management and communications systems

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<th>Specific actions</th>
<th>Process measures</th>
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<th>Contribution to outcomes</th>
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<tbody>
<tr>
<td>a) Review and improve ICT systems to improve efficiency and to support integration of patients' clinical information leading to shared electronic records.</td>
<td>ICT strategy for all cancer services developed. Data dictionary consolidated. Strengthen processes to improve communication between all stakeholders involved in all stages of data collection, analysis and reporting. Availability of functional telehealth facilities and efficient processes for their use established.</td>
<td>Integration/streamlining of ICT systems. Integration of patient clinical information. Integration of administrative systems e.g. booking systems.</td>
<td>Improved efficiency through effective integration across organisations.</td>
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<td>b) Review and improve data definition and collection processes, working towards collection of patient information (at present from different IT systems) in a consistent way, according to agreed specifications.</td>
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<td>c) Ensure that there is adequate access to telehealth facilities at locations across the region (particularly in SNSW LHD) to support delivery of telemedicine services.</td>
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### Goal B: ACCESS
We will provide equitable and timely access to an appropriate range of safe and high quality services across the continuum of care (consistent with the size of the population and sustainable within available resources).

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<th>Output measures</th>
<th>Contribution to outcomes</th>
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<tr>
<td>a) Reduce risk:</td>
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<td>• Prevention - reduce the incidence of cancer through provision of evidence based primary prevention services to reduce rates of modifiable cancer risk factors in the population.</td>
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<td>ACT Health and SNSW LHD priorities are: smoking cessation, prevention of childhood obesity and implementation of the HPV vaccination program.</td>
<td>Reduced smoking rates. Participation rates for the HPV vaccination program.</td>
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| continuation of quality assurance processes | b) Find cancer early:  
- Screening - ensure effective screening/early diagnosis to reduce cancer incidence/mortality.  
- Diagnosis – ensure timely referral/access to appropriate and effective diagnostic services to reduce morbidity and mortality. | Strategies implemented to increase overall participation rates in breast, cervical and bowel screening programmes.  
Barriers to screening for Aboriginal and Torres Strait Islander women identified and strategies to overcome them implemented.  
For SNSW LHD - Work in partnership with Medicare Local to develop a whole of region cancer screening model. | Participation rates in breast, cervical and bowel screening programmes increased especially for target and high risk groups (inclusive of Aboriginal and Torres Strait Islander people). | Improved population health outcomes in relation to cancer. |
|                   | c) Management and support during active treatment:  
- Treatment – ensure timely access to appropriate and effective clinical treatment services to reduce morbidity and mortality.  
- Support – ensure timely access to appropriate and effective clinical support services, including allied health and psychosocial services. | Arrangements to enhance availability of and improve access to cancer surgery within the public health system set in place (e.g. information to ensure transparency around access and clinical governance).  
Mechanisms to improve coordination of cancer surgery as an integral part of the cancer pathway put in place.  
Mechanisms to improve coordination of allied health and psychosocial services as an integral part of the cancer pathway put in place.  
Mechanisms to monitor coordination of allied health and psychosocial services established.  
Effective linkages with key national cancer initiatives established and where feasible participation in national programmes occurs. | Mechanisms to monitor volumes of public cancer surgery established.  
Decreased waiting times for elective oncology surgery.  
Personalised care planning. | Improved population health outcomes in relation to cancer. |
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<td><strong>d) Management and support after and between periods of active treatment:</strong></td>
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<td></td>
<td>• Survivorship – ensure effective planning/coordination of services to support</td>
<td>Survivorship care model developed and implemented.</td>
<td>Feedback on patient and carer experience and outcomes received and evaluated.</td>
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<td>survivors of cancer, to improve quality of life for patients who survive cancer</td>
<td>For SNSW LHD, additional resources secured to enhance supportive care services e.g.</td>
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<td></td>
<td>and improvements in morbidity/mortality.</td>
<td>McGrath Foundation, Prostate Cancer Foundation of Australia.</td>
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<td></td>
<td><strong>e) Care at the end of life, if cancer is not curable</strong></td>
<td>ACT Palliative Care Plan 2013-2017 released and action plan being implemented.</td>
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<td>• Palliative care – ensure that people with life-threatening cancer and their</td>
<td>Clinical leader of the Palliative Care Clinical Network appointed</td>
<td>Providing timely access to quality palliative care services for ACT and SNSW LHD</td>
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<td>families have timely access to quality palliative care, that is consumer and</td>
<td>Explore palliative care options and available support for SNSW LHD residents.</td>
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<td>carer focussed, respects their choices and is appropriate to their needs.</td>
<td>Palliative Care pathways improved</td>
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<td>B2: Ensure access</td>
<td>**a) Identify priorities for investment in service development or potential</td>
<td>Assessment and prioritisation process agreed and strategies implemented.</td>
<td>Number of programs, projects and services evaluated.</td>
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<td>to an appropriate</td>
<td>opportunities for dis-investment and, as appropriate, implement strategies to</td>
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<td>range of services</td>
<td>address priorities/opportunities identified</td>
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<td>to meet identified</td>
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<td>population within</td>
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<td>available resources</td>
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| B3: Identify and implement strategies to improve access to services | a) Improve access to services for rural populations (with services located as close to home as is clinically safe, appropriate and financially viable).  
   b) Improve access to culturally safe and sensitive services for vulnerable groups such as Culturally and Linguistically Diverse and Aboriginal and Torres Strait Islander people.  
   c) Ensure appropriate support (within available resources) to meet the transport and accommodation requirements of patients, their families and carers, acknowledging that transport issues can place significant social and financial demands on patients, their families and carers. | Model of shared care implemented. Explore the establishment of a Level 4 Satellite oncology service on the South Coast. Telehealth facilities and efficient processes for their use established. Specific service needs and barriers to care for CALD and Aboriginal and Torres Strait Islander people assessed and strategies to overcome them implemented. Appropriate and timely information to patients/GPs provided to ensure awareness of the schemes available to support travel and accommodation needs. | Develop a methodology to quantify the reduction of visits hospital by rural patients (e.g. through increased use of telehealth consultations). Improved breast and cervical screening participation rates for Aboriginal and Torres Strait Islander women. | Improved access to services leading to better health outcomes in relation to cancer for rural populations. Improved access to culturally sensitive services leading to better health outcomes in relation to cancer for Aboriginal and Torres Strait Islander people. Patient satisfaction around key aspects of care received. |
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| B4: Respond to growing and changing demand by adapting our ways of working to improve efficiency | a) Identify and implement efficient ways of working to increase patient throughput in clinics, promoting innovation in service delivery and multi-disciplinary ways of working.  
b) Identify and implement supporting systems to improve the efficiency of ways of working.  
c) Identify ways to make best use of available funding (and maximise funding flows through improved data collection and coding). | Review of current model of service delivery (assessing complexity of clinical caseload and completing a time/activity study for a sample of clinic sessions) completed. Potential opportunities to streamline clinician patterns of behaviour (for example, through: substitution of service by another member of staff; elimination of duplicated activities; reducing wasted time through organisation of resources and tools etc) identified. Impact of the move to Activity Based Funding understood and systems put in place to ensure records capture essential coding to enable maximisation of ABF; Cross-border funding mechanisms explored/any issues addressed. | Proportion of follow-up to new appointments decreases. | Improved efficiency and effectiveness of services. Improved staff satisfaction. |

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<tr>
<td>Goal C: PERSON CENTRED</td>
<td>We promote a person centred approach that respects and supports the choices of individuals, their families and carers.</td>
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| C1: Partner with consumers, families, carers and their representatives in the provision, planning, monitoring and review of care. | a) Involve consumers/patients and community organisations as partners in the clinical network.  
b) Evaluate training requirements of consumers, carers and volunteers | Consumers/patients self report their experience about being part of the treatment team.  
Consumers/patients who complete the self management program. | Consumers/ representatives involved in clinical network e.g. participation in network meetings. | Improved responsiveness of services and planning processes to consumers, their families and carers. |
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| **C2: Work in ways that promote the delivery of seamless care and support the choices of patients, their families and carers** | a) Develop and implement model of shared care between secondary clinicians and GPs, ensuring the GP receives appropriate information during the active stage of treatment, articulating a defined plan for transfer of care of patients to their GP once treatment has concluded (e.g. guidelines for surveillance and follow-up requirements; and systems for fast re-referral of patients as required). (Note existing documentation exists but may need refreshing and arrangements put in place to ensure active and practical steps are taken to support this initiative).  
b) Promote the role of designated care coordinators to ensure appropriate coordination and communication of care across services/disciplines. | Document outlining agreed principles and arrangements for shared care completed and disseminated. GPs provided with guidelines for surveillance of patients. Systems developed for fast re-referral of patients as required. | Proportion of follow-up to new appointments decreases.  
Reduced unplanned/unexpected admissions within 28 days of admission. | Improved efficiency through effective integration across organisations. |
<p>| <strong>C3: Develop and disseminate information that will support GPs and cancer patients to navigate the patient journey</strong> | a) Identify gaps and further opportunities to support the dissemination of relevant, timely, culturally sensitive, simplified information to patients, their families, carers and appropriate and timely information to GPs. | Feasibility of patient held individual care plans assessed and, depending on outcome, initiative implemented. Mechanisms/formats to support effective dissemination of information considered and implemented (e.g. web-based material). |  | Improved experience of care and quality of life for people with cancer. |
| <strong>C4: Work in partnership with volunteers and community groups</strong> | a) Work in partnership with volunteers and community groups, recognising the important and unique role they play in supporting patients and services. | Engage with community volunteer groups to develop a volunteer network of contacts listed on a data base. | Volunteers and community groups participate in the clinical network. More volunteers are active within cancer services. | Improved experience of care and quality of life for people with cancer. Improved access to services. |</p>
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<td><strong>Goal D: EXCELLENCE</strong></td>
<td>We strive for a culture of excellence, with staff supported to develop and services built on a strong foundation of research that is translated into evidence-based practice</td>
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<td><strong>D1: Improve the delivery of services through active monitoring and evaluation</strong></td>
<td>a) Put in place a coherent and purposeful monitoring and evaluation processes with clearly defined output/outcome measures.</td>
<td>Actions prioritised and measures selected by implementation group.</td>
<td>Monitoring reports developed on agreed frequency.</td>
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<tr>
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| D2: Invest in workforce and skills development        | a) Develop a regional Cancer Workforce Plan linked to the recommendations of the National Cancer Workforce Strategic Framework:  
- develop the Cancer Workforce in alignment with agreed national best practice pathways of cancer care and current health reform initiatives.  
- build workforce capacity to respond and adapt to the rapid rate of change in Cancer Care including the impact of emerging technologies.  
- support leadership to ensure sustainability of the health system and responsiveness to the health needs of people with or affected by cancer.  
- plan for the optimal use of skills and adoption of workforce innovation and reform by developing data and information based on the current gaps and perceived shortages in the cancer workforce.  
- support work by governments, regulatory, funding and policy bodies to deliver cancer workforce reform.  
- The Cancer Workforce Plan will also link to relevant strategies in regional workforce plans including the ACT Health Workforce Plan 2013-2018, the NSW Health Professionals Workforce Plan 2012-2022, and Palliative Care Plans in the region. | Cancer workforce plan developed  
Data relating to cancer workforce collected and shortages/pending pressure points identified.  
Professional development pathways articulated (including defined career paths and development opportunities for administrative staff).  
Opportunities for workforce redesign explored. | Time taken to recruit to fill vacancies.  
Staff turnover. | Improved recruitment and retention of staff. |
<table>
<thead>
<tr>
<th>Development theme</th>
<th>Specific actions</th>
<th>Process measures</th>
<th>Output measures</th>
<th>Contribution to outcomes</th>
</tr>
</thead>
</table>
| **D3:** Foster the development of an active and effective research programme that supports the translation of research findings into clinical practice | a) **Develop a pragmatic, effective cancer research strategic work programme** (in partnership with our partner universities) to achieve a ranking in the top 8 in Australia in Clinical Research by 2021.  

b) **Strengthening links with education and training facilities** within the ACT and NSW as a means to achieving workforce needs and research capability. | Strategic assessment of current research environment/agenda completed and research priorities (e.g. potential niche areas/markets), leveraging from track records of established researchers identified.  

Infrastructure to support research (e.g. time and space for research activities; provision of administrative support etc) identified and supported.  

Strategies to increase clinical trials activity and increase participation (including for SNSW residents) identified and implemented. | Number of clinical trials underway.  

Increased number of patients involved in clinical trials (and increased participation rates for SNSW residents).  

Research work patented and commercialised. | Implementation of best practice.  

Improvement of recruitment and retention. |
A framework for cancer workforce planning

Significant challenges are expected to impact the delivery and sustainability of health services into the future, with an increase in service demand and a reduction in the available workforce. This plan proposes the development of a regional cancer workforce plan linked to the recommendations of the National Cancer Workforce Strategic Framework.

Aligning Cancer Workforce Planning to the National Context

In May 2013, HWA published the National Cancer Workforce Strategic Framework (NCWSF). This framework aligns its five priority recommendations with the national five domains for health workforce innovation and reform outlined below.

<table>
<thead>
<tr>
<th>Table 3: Workforce Strategic Framework</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>National Workforce and Innovation Framework Domains</strong></td>
</tr>
<tr>
<td>Health workforce reform for more effective, efficient and accessible service delivery.</td>
</tr>
<tr>
<td>Health workforce capacity and skills development.</td>
</tr>
<tr>
<td>Leadership for the sustainability of the health system.</td>
</tr>
<tr>
<td>Health workforce planning.</td>
</tr>
<tr>
<td>Health workforce policy, funding and regulation.</td>
</tr>
</tbody>
</table>
The NCWSF focuses on workforce roles involving early intervention, referral, diagnosis, treatment, and care of a person with or affected by cancer. It includes roles in government, non government, community and private services, in primary health, acute care and ambulatory settings.

The national cancer workforce strategic framework sets out the required shift in the cancer workforce from the current status to the future workforce as outlined in the table below.

### Table 4: Future workforce implementation model

<table>
<thead>
<tr>
<th>Current status</th>
<th>Future workforce</th>
</tr>
</thead>
<tbody>
<tr>
<td>Roles based</td>
<td>Skills based</td>
</tr>
<tr>
<td>Vertical and hierarchical professional decision making</td>
<td>System wide, multi disciplinary, consumer focused</td>
</tr>
<tr>
<td>Discretionary use of information and communication technology</td>
<td>Universal uptake of information and communication technology</td>
</tr>
<tr>
<td>Individualistic practice based on interest and skills</td>
<td>System wide evidence based practice subject to benchmarking</td>
</tr>
<tr>
<td>Change is optimal</td>
<td>Change is embedded in a flexible and adaptive workforce</td>
</tr>
<tr>
<td>Health professionals as experts</td>
<td>Health professional as facilitators of self care</td>
</tr>
</tbody>
</table>

### 6 Monitoring and evaluation framework

The outcomes based approach provides a strong foundation for a monitoring and evaluation framework with three key elements:

1. Tracking progress with implementation of actions against the strategic development themes;
2. Measuring progress towards achieving output and outcome measures (including benchmarking); and
3. Reviewing and evaluating the cancer plan.
# 7 Glossary of terms

<table>
<thead>
<tr>
<th>Term</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>ABS</td>
<td>Australian Bureau of Statistics</td>
</tr>
<tr>
<td>ACT</td>
<td>Australian Capital Territory</td>
</tr>
<tr>
<td>Activity Based Funding (ABF)</td>
<td>An activity management framework that integrates clinical services planning, funding, resource allocation, resource utilisation, service delivery and quality management.</td>
</tr>
<tr>
<td>ACT</td>
<td>Australian Capital Territory</td>
</tr>
<tr>
<td>AIHW</td>
<td>Australian Institute of Health and Welfare</td>
</tr>
<tr>
<td>Admitted patient</td>
<td>An admitted patient is a patient who undergoes a hospital’s formal admission process as either an overnight stay or a same day patient.</td>
</tr>
<tr>
<td>Ambulatory care</td>
<td>Ambulatory care encompasses services ranging from primary through to tertiary services. Its principal aim is the notion of providing care/treatment in a patient friendly environment, either in a client's home or at another hospital location as close to home as possible and does not normally involve an overnight stay in an inpatient facility. Ambulatory implies that the patient is capable of walking and is not confined to a hospital bed.</td>
</tr>
<tr>
<td>ANU</td>
<td>Australian National University</td>
</tr>
<tr>
<td>ASR</td>
<td>Age Standardised Rates</td>
</tr>
<tr>
<td>Average Length of Stay (ALOS)</td>
<td>The average days spent “in hospital – using a bed” associated with each separation or episode of care. The length of stay of a patient is measured in patient days. A same day patient is allocated a LOS of one patient day. The LOS of an overnight stay patient is calculated by subtracting the date the patient is admitted from the date of separation and deducting total leave days.</td>
</tr>
<tr>
<td>AYA</td>
<td>Adolescent and Young Adult</td>
</tr>
<tr>
<td>COAG</td>
<td>Council of Australian Governments</td>
</tr>
<tr>
<td>CRCS</td>
<td>Capital Region Cancer Service</td>
</tr>
<tr>
<td>CRCC</td>
<td>Canberra Region Cancer Centre</td>
</tr>
<tr>
<td>CSP</td>
<td>Clinical Services Plan</td>
</tr>
<tr>
<td>CT</td>
<td>Computed Tomography</td>
</tr>
<tr>
<td>Day Only</td>
<td>Where a patient is admitted and discharged from hospital on the same day.</td>
</tr>
</tbody>
</table>
Diagnostic Related Groups (DRGs/AR-DRGs) | The Australian Refined Diagnosis Related Groups (AR-DRGs) classification has been developed to classify acute admitted patient episodes in public and private hospitals.

| Episodes/Episode of Care | An episode of care is a phase of treatment during which the patient receives a particular type of care (e.g. acute, rehabilitation, etc). When that type of care is concluded the episode of care is ended and the patient undergoes either a type change separation to a different type of care or a formal separation and leaves the hospital. During a period of stay in hospital a patient may record one or more episodes of care e.g. acute care and then rehabilitation care = 2 episodes. |

| GP | General Practitioner |
| HWA | Health Workforce Australia |
| ICT | Information and Communication Technology |
| IHPA | Independent Hospital Pricing Authority |
| IP | Inpatient |
| IPTAS | Interstate Patient Travel Assistance Scheme (ACT) |
| IPTAAS | Interstate Patient Travel and Accommodation Scheme (NSW) |
| LHD | Local Health District |
| LHN | Local Hospital Network |
| MPS | Massively Parallel Sequencing |
| Morbidity | Morbidity refers to ill health in an individual and to levels of ill health in a population or group. |
| Mortality | Mortality refers to deaths in a given population occurring in a specified period. |
| NCWSF | National Cancer Workforce Strategic Framework |
| Networks | The formalised and clearly defined linkage of health services across a range of sites. The aim of the network model is to plan and deliver clinical services, without the impediments of a facility-orientated approach. |
| NHR | National Health Reform |
| NSW | New South Wales |
Occasions of Service (OOS) | The number of occasions of examination, consultation, treatment or other service provided to a patient in each functional unit of a health service establishment. For example, each diagnostic test or simultaneous set of related diagnostic tests for the one patient referred to a hospital pathology department consists of one occasion of service.

OP | Outpatient

Outcome measure | Long term (5-10 year) impacts or changes in communities or systems

Output measure | A measure of the ‘number of units produced’ or in health care terms, the number of services provided or people served.

PET | Positron Emission Tomography

Process measures | Evidence regarding progress towards completion of specified actions.

Same day admission | An admission where a patient is admitted and separated on the same date.

SCH | Sydney Children Hospital

Separation | A separation refers to the completion of an episode of inpatient care (that is where a person is discharged from hospital after being admitted and treated within a hospital).

SNSW LHD | Southern New South Wales Local Health District

SRG | Service Related Group

Tertiary (third tier) | Tertiary (third tier) relates to a level of service that is a third tier or third level of service after primary and secondary services. Tertiary hospitals provide services requiring highly specialised skills, technology and support. A tertiary referral hospital provides services at a level 6 according to clinical services role delineation.