



Government of **Western Australia**  
Department of **Health**  
WA Cancer and Palliative Care Network

# Western Australia Cancer Plan 2012–2017



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**Based on consultative advice, Aboriginal and Torres Strait Islander peoples from WA will be referred to by the term 'Aboriginal' for the purposes of the WA Cancer Plan.**

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## Foreword

I am pleased to release the *Western Australia Cancer Plan 2012–2017*, WA Health's new framework for a cohesive and coordinated approach to cancer control for the state.

This Plan is a first for Western Australia. It builds on the progress made since the publication of the WA Health Cancer Services Framework in 2005.

The Plan's purpose is to improve health outcomes for Western Australians diagnosed with cancer and reduce the overall incidence of cancer through prevention programs.

The WA Cancer Plan aligns to national, state and territory frameworks and draws from national and international best practice benchmarks. At the same time, it is relevant to our Western Australia's unique context and challenges.

Cancer affects us all, whether directly or indirectly. The estimated lifetime risk of cancer to age 75 years is one in three for males and one in four for females. The incidence of cancer has risen by 47 per cent in the last decade.

The WA Cancer Plan acknowledges the magnitude of this burden. It sets out a clear direction for the next five years, focused on five priority areas: prevention; screening and early detection; equitable access to best practice care; innovative cancer control through research and evaluation; and efficient planning and use of resources.

I believe this plan will help identify gaps in the delivery of these five priority areas and support the delivery of best practice cancer care throughout Western Australia.

I would like to thank the hundreds of individuals and organisations who contributed their insights to the development of this document. I invite their continued support as we move forward to implement the strategies outlined in the Plan, and work toward a more cohesive and co-ordinated approach to cancer control in Western Australia.

A handwritten signature in blue ink, appearing to read 'Kim Hames', written over a faint, light blue circular watermark.

*Hon Dr Kim Hames MLA  
Minister for Health*

## Acronyms

<b>ACCHS</b>	Aboriginal Community Controlled Health Services
<b>AIHW</b>	Australian Institute of Health and Welfare
<b>BSWA</b>	BreastScreen Western Australia
<b>CAHS</b>	Child and Adolescent Health Service
<b>CALD</b>	Culturally and Linguistically Diverse Communities
<b>COAG</b>	Council of Australian Governments
<b>DoHA</b>	Department of Health and Ageing
<b>DoH</b>	Department of Health
<b>FOBT</b>	Faecal Occult Blood Test
<b>HBV</b>	Hepatitis B Virus
<b>HPV</b>	Human Papilloma Virus
<b>HRC</b>	Health Reform Committee
<b>HRIT</b>	Health Reform Implementation Taskforce
<b>HWA</b>	Health Workforce Australia
<b>KEMH</b>	King Edward Memorial Hospital
<b>MMex</b>	Medical Message Exchange
<b>NBCSP</b>	National Bowel Cancer Screening Program
<b>NCSCH</b>	National Cancer Statistics Clearing House
<b>NHMRC</b>	National Health and Medical Research Council
<b>NMAHS</b>	North Metropolitan Area Health Service
<b>PACS</b>	Picture Archiving and Communication System
<b>PATS</b>	Patient Assisted Transport Scheme
<b>PMH</b>	Princess Margaret Hospital
<b>PSA</b>	Prostate-Specific Antigen
<b>RPH</b>	Royal Perth Hospital
<b>SCGH</b>	Sir Charles Gairdner Hospital
<b>SJGH</b>	Saint John of God Hospital
<b>SMAHS</b>	South Metropolitan Area Health Service
<b>WA</b>	Western Australia
<b>WACCR</b>	Western Australia Cervical Cytology Registry
<b>WACHS</b>	Western Australia Country Health Service
<b>WACPCN</b>	Western Australia Cancer and Palliative Care Network
<b>WACST</b>	Western Australia Cancer Services Taskforce
<b>WAHPSF</b>	Western Australia Health Promotion Strategic Framework



## Definitions

The *WA Cancer Plan 2012–2017* uses a number of definitions and terms, which encompass a range of services and disciplines. The following table provides a brief explanation of some of these terms.

<b>Allied health</b>	Clinical health professions distinct from medicine, nursing and dentistry who provide a range of diagnostic, technical, therapeutic and direct patient care and support services.
<b>Cancer control</b>	Public health actions aimed at translating this knowledge into practice. It includes the systematic and equitable implementation of evidence based strategies for cancer prevention, early detection of cancer and management of patients with cancer.
<b>Diagnostic services</b>	Procedures that are used to determine the cause of an illness or disorder, and also used for monitoring and screening.
<b>MMex</b>	Medical Message Exchange. A web-based, relational data base system that centrally stores patient records, collects diagnosis, staging, treatment and outcomes data for all cancer patients in WA.
<b>Multidisciplinary care/team</b>	An integrated team approach to health care in which medical, nursing and allied health care professionals consider all relevant treatment options and develop collaboratively an individual treatment plan for each patient.
<b>Non-government organisation</b>	Private sector, voluntary (and usually non-profit and non-sectarian) organisation that contributes to, or participates in, cooperation projects, education, training or other humanitarian, progressive, or watchdog activities.
<b>Palliative care</b>	An approach that aims to improve the quality of life of patients and their families facing the problems associated with life-threatening illness. This is achieved through the prevention and relief of suffering by means of the early identification, assessment and treatment of pain and other physical, psychosocial and spiritual problems.
<b>Primary care</b>	The care the patient receives at first contact with the health care system, usually involving coordination of care and continuity of care over time.

**Psychosocial care**

Care related to the psychological and emotional wellbeing of the patient and their family/carers, including issues of self-esteem, insight into and adaptation to the illness and its consequences, communication, social functioning and relationships.

**Specialist medical care**

Treatment that involves the combined care of several cancer specialists at once.

**Supportive care**

The prevention and management of the adverse effects of cancer and its treatment. Includes management of physical and psychological symptoms and side effects across the continuum of the cancer experience from diagnosis through anticancer treatment to post-treatment care.

**Survivorship**

The state in which someone lives after apparently successful treatment.

**Tertiary care**

Treatment given in a health care centre that includes highly trained specialists and often advanced technology.



## Executive summary

The *WA Cancer Plan 2012–2017* builds on progress made since the publication of the *WA Health Cancer 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 framework for 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 WA.

### ***Priority 1. To reduce cancer incidence in WA through effective prevention initiatives***

#### **Objective**

1.1 Develop a strategic and collaborative approach to cancer prevention in WA.

#### **Objective**

1.2 Increase uptake of cancer risk-reducing behaviours.

#### **Objective**

1.3 Increase understanding of cancer risk factors.

### ***Priority 2. To improve survival in WA through screening and early detection***

#### **Objective**

2.1 Increase participation in breast and cervical screening programs.

#### **Objective**

2.2 Increase awareness of bowel cancer, including signs and symptoms.

#### **Objective**

2.3 Detect cancer as early as possible.

### ***Priority 3. To improve outcomes and reduce morbidity for people affected by cancer in WA through equitable access to best practice and care through the cancer journey***

#### **Objective**

3.1 Deliver high-quality specialist cancer care aligned with best available evidence.

#### **Objective**

3.2 Reduce avoidable variation in access to cancer management that can lead to differences in outcomes.

#### **Objective**

3.3 Enhance quality of life for people affected by cancer.

## **Objective**

3.4 Coordinate patient care throughout the patient journey.

## **Objective**

3.5 Provide appropriate care for people when active treatment is over.

## ***Priority 4. To promote innovation and measure progress in cancer control in WA through research and evaluation***

## **Objective**

4.1 Support and develop a cancer research culture in WA.

## **Objective**

4.2 Measure the impact and outcome of cancer control activities.

## ***Priority 5. To ensure the sustainability, efficiency and effectiveness of cancer control activities in WA through appropriate planning and use of resources***

## **Objective**

5.1 Build and maintain an appropriate cancer workplace for WA.

## **Objective**

5.2 Support evidence-based cancer control activities through appropriate infrastructure.

## **Objective**

5.3 Maintain efficient cancer control systems that are responsive to change.

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

A framework for the delivery of cancer priorities has been developed to support the effective implementation of the *WA Cancer Plan 2012–2017*. It takes an inclusive, integrated and comprehensive approach to health care management, covering the full cancer control spectrum. The framework will steer the cancer plan over the next five years to build or enhance specific clinical programs and services that will improve the health of the population and enhance the patient experience of care (including quality, access, and reliability). It will also detail the necessary work and resources required to build these programs and maintain their quality.

## Development of the *WA Cancer Plan 2012–2017*

**The *WA Cancer Plan 2012–2017* provides a mechanism to integrate and support cancer control activities across WA, recognising that effective cancer control requires coordinated action by government, the private sector, not-for-profit sector and the community. The Plan aims to promote a coordinated approach to cancer control that ensures best use of resources and results in improved cancer outcomes across WA.**

The development of cancer control plans and strategies in WA has increasingly involved a range of key stakeholder groups. Stakeholder input into the development of cancer control plans and strategies is important to identify priority areas, develop recommendations and facilitate intersectorial participation and collaboration for implementation.

The development of the *WA Cancer Plan 2012–2017* involved consultation with a broad range of stakeholders with an interest in cancer control in WA. Input was invited through a range of mechanisms including:

- a statewide Cancer Summit held in July 2010 and attended by around 100 health professionals working in cancer care, health service planners, policy makers, non-government organisation representatives, researchers and consumer representatives to identify priorities for inclusion in the *WA Cancer Plan 2012–2017*
- email consultation with Cancer Summit attendees and other relevant stakeholders to gain feedback on the priorities identified during the Cancer Summit
- email consultation with allied health providers
- consultation with regional cancer consumers via a series of regional cancer roadshows
- a series of targeted stakeholder meetings to discuss priorities in prevention, screening, cancer service delivery, data and information, Aboriginal and Torres Strait Islander health
- consultation with metropolitan cancer consumers via a half-day consumer forum organised in collaboration with Cancer Council WA.

## Structure of the *WA Cancer Plan 2012–2017*

**Section One:** Discusses contextual issues relevant to the *WA Cancer Plan 2012–2017* and provides a short description of state and national policy frameworks and guidelines relevant to the Plan.

**Section Two:** Presents an overview of current and predicted cancer data, including cancer incidence and mortality data for WA, as well as demographic and key issues impacting on future cancer control.

**Section Three:** Provides an overview of key agencies and services involved in cancer control in WA and the programs they deliver.

**Section Four:** Discusses the challenges faced for cancer control in WA.

**Section Five:** Provides an overview of the *WA Cancer Plan 2012–2017* including the goal, objectives and key priorities of the Plan.

**Section Six:** Outlines recommended activities to be undertaken over the next five years under each of the key priority areas and identifies lead agencies involved in the implementation of these activities as well as timeframes and data sources for key indicators (where available).

Cancer represents a diverse group of diseases, each with their own specialist care and treatment. It is not the intent of the *WA Cancer Plan 2012–2017* to detail the individual requirements of each cancer type but rather to provide an overarching framework that will support the identification of gaps and delivery of best practice care across the system.

This Plan was developed through consultation with a range of internal and external stakeholders representing the interests of both metropolitan and rural areas of WA.

This document represents best estimates of needed resources based on readily available information. It should not be construed as a complete inventory of existing cancer-related programs and expenditures in WA. The document contains assumptions upon which estimated needs are based. The WA Cancer and Palliative Care Network acknowledges that alternative methodologies and strategies exist for arriving at resource need estimates. Any recommended initiations or programs would need a more detailed cost analysis prior to implementation.



## Section 1

### Context of the *WA Cancer Plan 2012–2017*

**The *WA Cancer Plan 2012–2017* complements and builds on existing state, national and international documents that provide evidence, policy frameworks and guidelines for cancer control initiatives.**

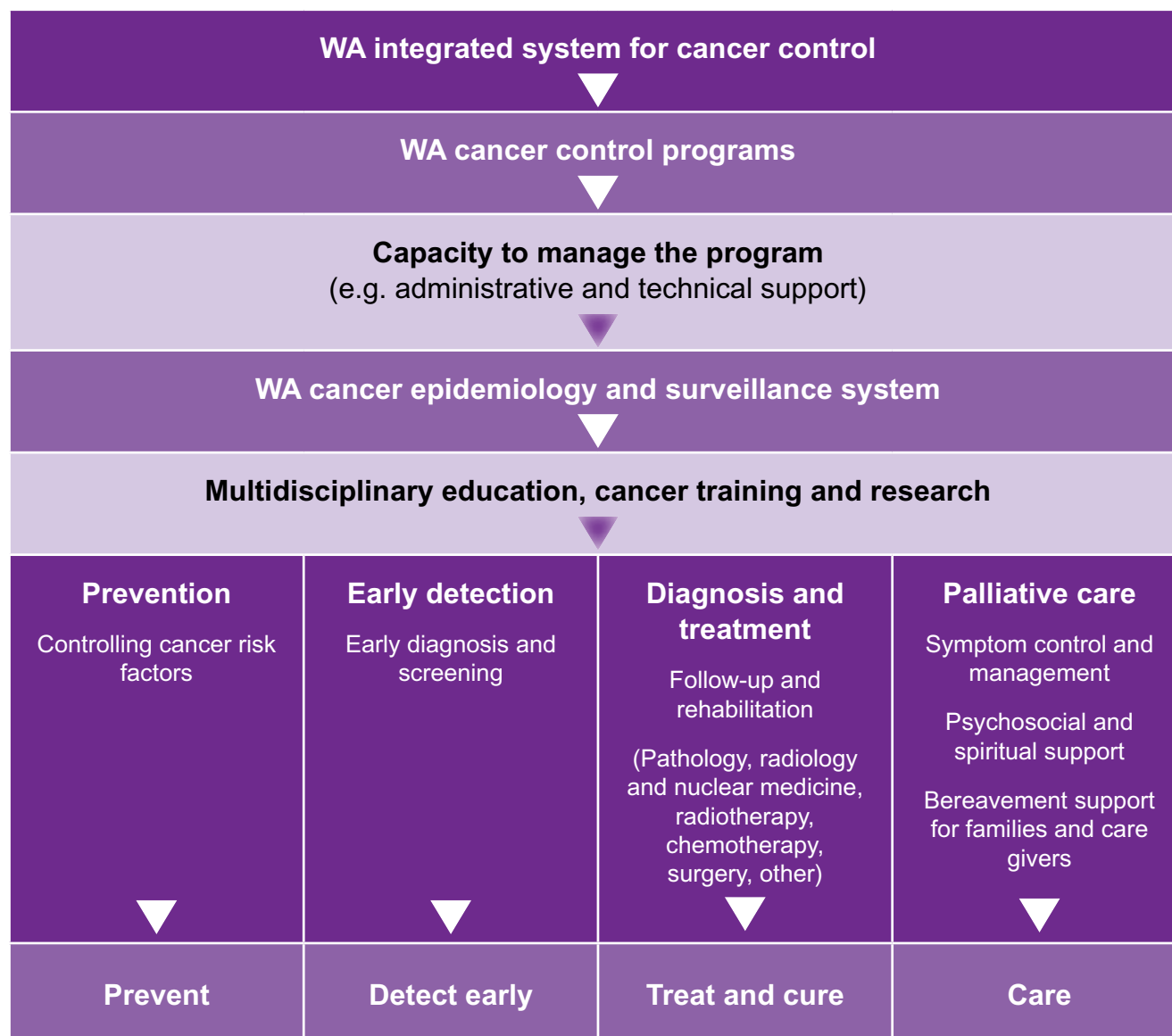
#### 1.1 The cancer control spectrum

This Plan defines cancer control as public health actions, aimed at reducing the burden of cancer in the community. It includes the systematic and equitable implementation of evidence-based strategies for cancer prevention, early detection of cancer and management of patients with cancer.<sup>1</sup>

Figure 1 (next page) illustrates the cancer control spectrum, with pathways for cancer prevention, surveillance, early detection, diagnosis and treatment, rehabilitation and palliative care and focuses on timely, planned and balanced investments to improve conditions and outcomes for cancer patients.<sup>2</sup> Each pathway should involve all relevant health professionals within a multidisciplinary team looking at the entire cancer journey.<sup>2</sup> An integrated cancer control system needs to consider activities, programs, policies, capacities and infrastructure for each pathway.



**Figure 1: Comprehensive cancer control**





## 1.2 History of cancer control policy in WA

In 2003, the Health Reform Committee (HRC) examined cancer service delivery in WA. As part of this process, a review was conducted by Professor James Bishop which resulted in the publication in October 2003 of the *Review of Cancer Services for the Health Review Committee of Western Australia* (the Reid Report).<sup>3</sup> The Health Reform Implementation Taskforce (HRIT) was established to implement the recommendations of the HRC.

### 1.2.1 WA Health Cancer Services Framework 2005–2010

In January 2005, the Western Australian Cancer Services Taskforce (WACST) was convened. The outcome of the WACST was the development of the *WA Health Cancer Services Framework 2005–2010*.<sup>4</sup> The Framework presented 45 initiatives within nine major strategic areas, with outcomes to be achieved over the period 2005–2010. These nine strategic areas are highlighted in Appendix 1.

The overall intent of the *WA Health Cancer Services Framework 2005–2010* was to promote the development of a cohesive, integrated, statewide approach to cancer control drawing on the best available evidence, and building on national and international experience of success. The framework was based on the guiding principles of:

- safety and quality in cancer care
- patient-focused care with appropriate information and transparency
- accessibility and timeliness of care
- addressing all elements of the patient pathway including partnerships with patients, carers and families
- ensuring multidisciplinary care
- addressing issues of facilities and workforce
- supporting staff education and development
- linking research to care and providing opportunities for enhanced data collection
- evidence-based therapy.

A summary of achievements and areas of ongoing need are overviewed in Appendix 2.

### 1.2.2 WA Cancer and Palliative Care Network

Implementation of the Framework has been the responsibility of the *WA Cancer and Palliative Care Network* (WACPCN). The formation of the WACPCN has resulted in the appointment of cancer care coordinators and psycho-oncologists, the establishment of tumour site collaboratives, expansion of multidisciplinary clinics, and a rural education program.<sup>5</sup>

The WACPCN provides a range of services that complement the activities of Area Health Services and WA Health as well as projects aimed at the community and health professionals across WA. WACPCN aims to improve practice by coordinating services, setting standards and funding supplementary programs. Appendix 3 lists the services provided by the WACPCN.

## 1.3 The national context

### 1.3.1 National Service Improvement Framework for Cancer<sup>6</sup>

The Commonwealth Government *National Service Improvement Frameworks* are high-level guides for health services to inform:

- consumers
- clinicians
- planners and designers
- policy makers, funders and providers
- professionals and managers.

They are designed to support and complement state and territory clinical frameworks and local plans as well as a range of initiatives already established or in train.

The *National Service Improvement Framework for Cancer* outlines what all Australians with or at risk of cancer should expect to receive through the Australian health care system, irrespective of where they live. The framework for cancer describes what is currently known about high quality care for cancer, taking into account where in the body cancer is located as well as optimal pathways of care.

### 1.3.2 Cancer Australia

Cancer Australia is an Australian Government agency established to help reduce the impact of cancer for all Australians.<sup>7</sup> Cancer Australia provides national leadership by liaising and working in partnership with consumers and the wide range of organisations, groups and service providers with an interest in cancer control. Cancer Australia also makes recommendations to the Australian Government about cancer policy and priorities.

WA has benefited by collaborating with Cancer Australia by:

- working in partnership to develop the Cancer Service Networks National Program (CanNet) to better link regional and metropolitan cancer services
- improving outcomes for gynaecological cancers through the National Centre for Gynaecological Cancers
- providing expert advice regarding issues on cancer as a member on the Advisory Board
- obtaining partial funding for the development of Medical Message Exchange (MMex), defined data sets for improved information gathering.

### 1.3.3 National Health and Medical Research Council

The National Health and Medical Research Council (NHMRC) is Australia's peak body for supporting health and medical research and providing advice about the conduct of health and medical research. It provides substantial funding each year for cancer research for laboratory, clinical and population research projects, fellowships and programs.

Through the NHMRC *Partnerships for Better Health* projects, WA has obtained funding to improve the availability and quality of research evidence.

#### 1.3.4 Australian Institute of Health and Welfare

The Australian Institute of Health and Welfare (AIHW) provides information and statistics in various subject areas of health and welfare. In collaboration with the Australian Association of Cancer Registries (AACR) and other organisations, the AIHW produces regular reports of cancer incidence, mortality, survival, screening and other data.

The WA Cancer Registry is an active participant in facilitating and promoting standardisation in the collection and classification of data cancer through linkages to the National Cancer Statistics Clearing House (NCSCH). As a representative on the AACR, WA provides advice to the AIHW on the direction of the NCHS work program.

#### 1.3.5 Council of Australian Governments

The Council of Australian Governments (COAG) is the peak intergovernmental forum in Australia, comprising the Prime Minister, state premiers, territory chief ministers and the president of the Australian Local Government Association. Funding by COAG has enabled WA to improve state hospital infrastructure and implement improved cancer initiatives.

COAG also addresses prevention of chronic disease (including cancer) through the National Partnership Agreement on Preventative Health. Funding is provided through this Agreement to support interventions in WA intended to reduce the population prevalence of modifiable risk factors for disease.<sup>8</sup>

#### 1.3.6 Health Workforce Australia

Health Workforce Australia (HWA) is an initiative of COAG and was established to meet the future challenges of providing a health workforce that responds to the needs of the Australian community. HWA develops policy and delivers programs across four main areas: workforce planning; policy and research; clinical education; innovation and reform of the health workforce; and the recruitment and retention of international health professionals. HWA also considers the adequacy and availability of work force data.



## 1.4 Western Australian context

### 1.4.1 Model of Care for Cancer<sup>9</sup>

WA's *Model of Care for Cancer* proposes a strategic statewide linking of all public cancer services in order to improve the care delivered to cancer patients in WA. This linkage is supported by clear referral pathways, evidence-based treatment guidelines and strong multidisciplinary team engagement. Tumour collaboratives discuss priorities in services and develop standards of care and treatment guidelines.

### 1.4.2 Western Australian Health Promotion Strategic Framework 2012–2016

The *Western Australian Health Promotion Strategic Framework 2012–2016* sets out the Department of Health's policy priorities for prevention of cancer and other chronic disease and injury over the next five years. The Framework focuses on reducing exposure to the major contributing lifestyle risk factors, namely: smoking; harmful levels of alcohol use; poor diet and excessive energy intake; being overweight or obese; and insufficient physical activity. These risk factors contribute to almost 30 per cent of the total cancer burden in WA (taking into account illness and disability, as well as deaths due to cancer). The Framework is aligned with COAG's National Partnership Agreement for Preventative Health.<sup>10</sup>

### 1.4.3 Screening programs

The cancer screening programs in WA are nationally coordinated. These programs operate on the basis of a cross-jurisdictional collaboration that sets policy directions and supports quality assurance mechanisms. National partnerships exist (for breast and cervical screening) in which operational responsibility is held at state and territory level. Bowel cancer screening is coordinated by the Commonwealth government and is supported and implemented at a state level.

For further information on screening programs refer to Section 3.

## Section 2

### Evidence for action

Cancer affects nearly one-third of the Australian community at some stage in their lives, and cancer service users report substantial social, psychological and economic effects.

In 2009 nearly 10,805 people were diagnosed with cancer in WA and 3862 people died of cancer in that year.<sup>11</sup> The number of newly diagnosed cancer cases is increasing steadily, as is the number of people living with a diagnosis of cancer.<sup>8</sup>

#### 2.1 WA population snapshot

In June 2009, WA had an estimated population of 2,236,901, which is 10.2 per cent of Australia's total population. Although population growth across Australia declined from June 2009, WA continued to record the fastest population growth (2.2 per cent) of all states and territories during the 12 months to 30 June 2010, ahead of Queensland (2.0 per cent), Victoria and the ACT (1.8 per cent) with Tasmania recording the slowest growth (0.9 per cent).<sup>12</sup>

WA has nine statistical regions (shown in Figure 2). Almost three-quarters of the population of WA (73 per cent) live in the state capital Perth. There are 76,271 Aboriginal people, with 40 per cent of Aboriginal people living in remote areas compared with 2 per cent of non-Aboriginal people.<sup>12</sup>

**Figure 2: WA statistical regions**



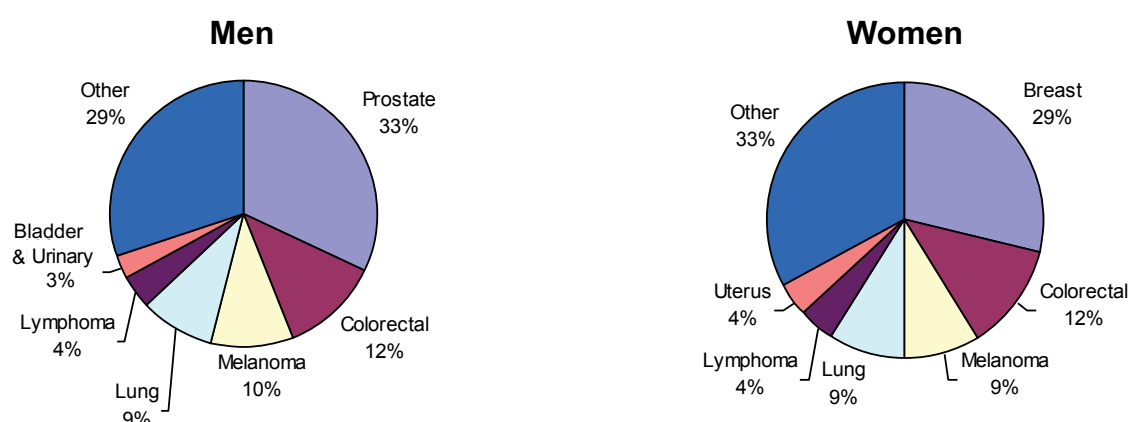
## 2.2 Cancer incidence and mortality in Western Australia

The incidence of cancer is increasing. This is attributed to the ageing population and the impact of population-based screening programs. The number of new cases of cancer increased by 44 per cent over the years 1997–2006 and by almost 10 per cent over 2007–2009.<sup>5,11</sup>

### 2.2.1 Cancer incidence in Western Australia

In 2009, 10,805 new cases of cancer were recorded in WA. Of these, 6291 cases were diagnosed in men and 4514 in women. The most common cancers in men were prostate and colorectal cancers, melanoma and lung cancer (Figure 3). In women, breast cancer was the most common cancer, followed by colorectal cancer, melanoma and lung cancer (Figure 3).<sup>11</sup>

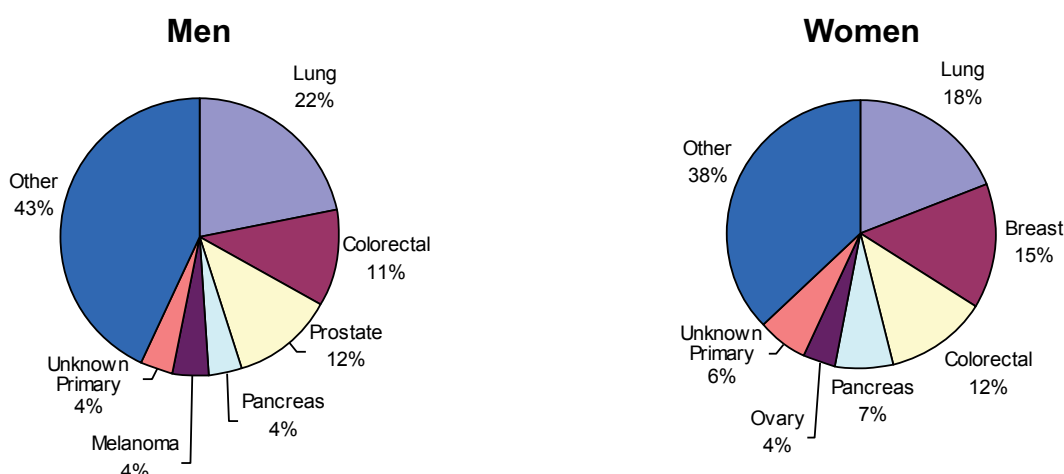
**Figure 3: Common cancers diagnosed in Western Australia 2009<sup>11</sup>**



### 2.2.2 Cancer mortality in Western Australia

Among Western Australians in 2009, there were 3862 deaths due to cancer. Of these, 2158 deaths were in men and 1704 were in women. The most common causes of cancer-related death were lung, colorectal and prostate cancers in men, and lung, breast and colorectal cancers in women.<sup>11</sup> (Figure 4).

**Figure 4: Cancer mortality in Western Australia 2009<sup>11</sup>**



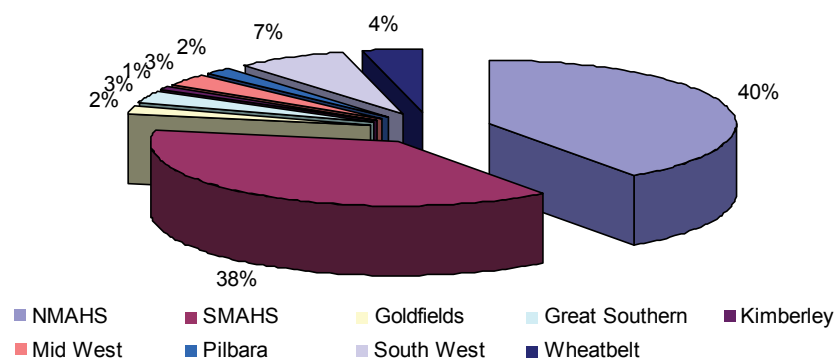
There are many cancer types including rare cancers of unknown origin. For 2009 statistics on the incidence and mortality of different types of cancer in WA see:  
[www.health.wa.gov.au/wacr/statistics/stats\\_full.cfm](http://www.health.wa.gov.au/wacr/statistics/stats_full.cfm)

## 2.3 Regional comparisons

### 2.3.1 Cancer incidence in regional WA

Cancer incidence appears reasonably consistent across WA; the vast majority of almost 6000 comparisons of incidence rates in different areas with statewide rates showing no significant departure from expectations. Figure 4 provides an overview of the incidence of cancer by region in 2009.<sup>9</sup>

**Figure 5: Incidence of cancer by region of WA 2009<sup>11</sup>**



In 2009, 2,400 new cases of cancer were reported amongst WA country residents. Prostate cancer was the most common incident cancer in WA country men, while breast cancer was the most common in WA country women. Each of these conditions accounted for one in three new cases of cancer in country populations.<sup>13,11</sup>

### 2.3.2 Cancer mortality in regional WA

Data from 2009 showed no significant difference in the mortality rate between WA country residents and metropolitan residents, although there was variation between regions. Among WA country residents, the mortality rate was similar for men and women. The most common cause of cancer-related death was lung cancer (23 per cent for men and 20 per cent for women), followed by colorectal and prostate cancer in men (12 per cent and nine per cent) and breast and colorectal cancer in women (17 per cent and 11 per cent, respectively).<sup>11</sup>



## 2.4 Comparisons by age group

Generally cancer incidence increases with age. Common cancer sites for different age groups in WA are shown in Table 1. The majority of common cancers in WA are in people aged 40 years or older. More detailed information about 2009 cancer incidence and mortality by age group see: [www.health.wa.gov.au/wacr/statistics/stats\\_full.cfm](http://www.health.wa.gov.au/wacr/statistics/stats_full.cfm)

**Table 1: Most common cancers in WA according to age group 2009<sup>11</sup>**

Age group (years)	Proportion of WA population total	Total number of cases	Common cancer sites
0–14	19.4%	61	leukaemias, central nervous system tumours
15–39	36.3%	614	melanoma, breast, cervical, thyroid, testis, lymphoma
40–64	32.3%	4,389	breast, melanoma, bowel, prostate, lung
65 plus	12%	5,741	prostate, bowel, lung, breast, melanoma

## 2.5 Comparisons by population group

### 2.5.1 Aboriginal Australians

A 2008 review indicated that Aboriginal people are significantly more likely than the non-Aboriginal population to have cancers that have a poor prognosis but are largely preventable (e.g. lung and liver cancer).<sup>14,15</sup> In 2008, cancers were the main underlying cause of 261 (16 per cent) deaths of Aboriginal people in WA. Of these, 51 per cent were in men and 49 per cent in women. The median age of cancer-related death for Aboriginal people in WA was 63.1 years and 75.5 years for non-Aboriginal people.<sup>13</sup>

Factors contributing to poorer cancer outcomes for Aboriginal people are likely to include elevated co-morbidity and less comprehensive care resulting from geographical remoteness, limited access to transport and accommodation services, and sometimes a cultural disconnect with mainstream services.<sup>16,17</sup>

### 2.5.2 Culturally and linguistically diverse communities

Limited incidence and mortality data are available about culturally and linguistically diverse (CALD) people with cancer. CALD populations also include people with non-traditional sexual behaviours, genetic factors and other lifestyle components that can increase the risk for some cancers. Minority groups also present challenges in relation to many stages of care from prevention to routine screening programs and beyond.<sup>18</sup>



## 2.6 Prevalence of cancer in Western Australia

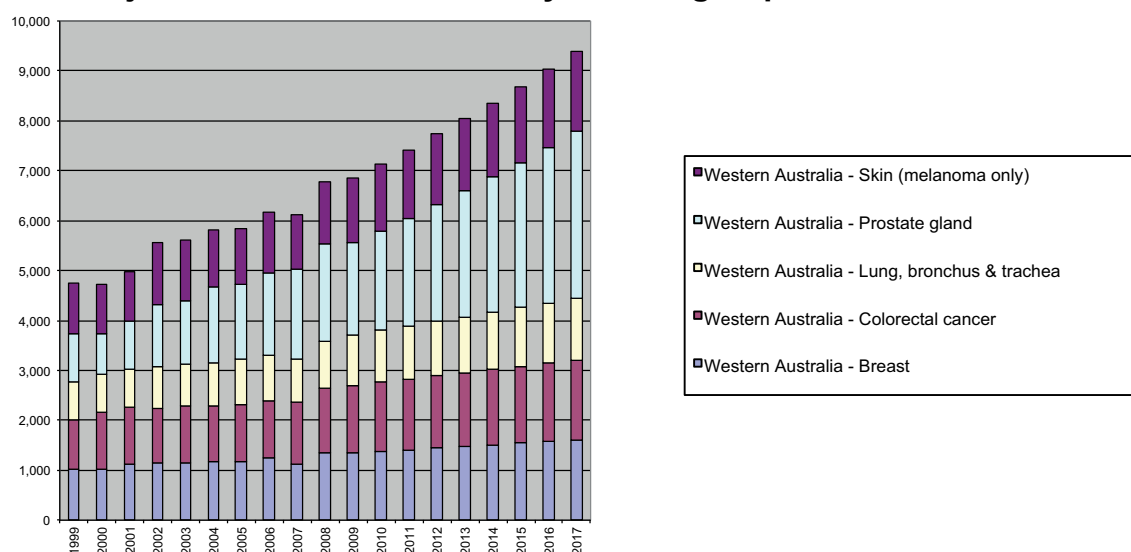
There are currently 208,508 persons notified with cancer on the WA Cancer Registry. The persons on this registry were first diagnosed with a cancer while a WA resident in or after 1982.<sup>11</sup>

## 2.7 Cancer projections

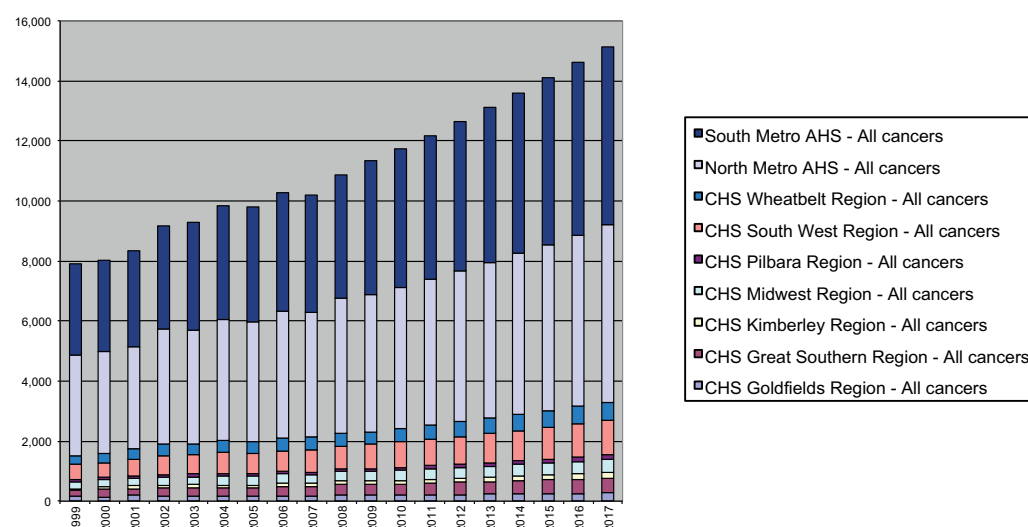
Based on data for the last 10 years, cancer incidence in men appears to be increasing significantly by 0.71 per cent per year, with annual new cases expected to reach 8600 by 2017. The age-standardised incidence rate (ASR) has risen from 370 to 373 per 100,000 (2010–2011). In women, there has been a non-significant decrease in cancer incidence of 0.21 per cent per year, and projections suggest there will be little change in the ASR.<sup>11</sup> Annual new cases expected to reach 5900 by 2017.

Figure 6 shows the projected increase in cancer by tumour group to 2017 and Figure 7 shows projections in metropolitan and regional areas of WA.

**Figure 6: Projected increase in cancer by tumour group in WA to 2017<sup>11</sup>**



**Figure 7: Projections of cancer incidence in metropolitan and regional areas of WA to 2017<sup>11</sup>**



## Section 3

### Current activity in cancer prevention and care in Western Australia

**In WA, cancer prevention, screening and clinical care are delivered by a network of health and community services. While diagnosis, treatment and care of people with cancer are an essential medical responsibility, the major opportunity for reducing incidence and mortality from cancer is through prevention, screening and early detection.<sup>4</sup>**

#### 3.1 The planning process for cancer services

Appendix 4 provides an overview of the planning process for hospital and non-hospital services based on the NSW Health Guide to Role Delineation of Health Services. This role delineation acts as a tool for planning service developments. It determines the scope and level of specialisation or complexity of hospital services on the basis of qualifications of the clinical workforce, support services and relevant safety standards.<sup>4,19</sup> Cancer services provided across the health service system are guided by the infrastructure and workforce requirements of this planning tool.

#### 3.2 Cancer control services in Western Australia

Cancer control services comprise prevention, screening and diagnostic services, treatment services (surgical, oncology, radiotherapy and chemotherapy), palliative care, and a broad range of allied health and patient support services, (e.g. psycho-oncology, social work and rehabilitation), highlighted in summary form in Table 2.<sup>20</sup>



**Table 2: Cancer control services in Western Australia**

Type	Description	Example
Primary prevention	Health promotion activities	Risk factor reduction and environmental change Smoking – harmful alcohol use – poor diet – insufficient physical activity – overweight and obesity – sun exposure – vaccination (human papilloma virus {HPV}, hepatitis B virus {HBV}) <sup>19</sup> Occupational health and safety – environmental controls of carcinogens
Screening and early diagnosis	Early detection  Pathology  Imaging	Cervical cancer Genetics Bowel cancer Breast cancer Skin checks Prostate cancer Pathology, genetics, histology, e.g. liver function Diagnostic imaging
Treatment	Medical oncology Radiation oncology Haematology Surgery	Ambulatory treatment   Breast surgery, prostatectomy
Rehabilitation, supportive care and survivorship	Rehabilitation and patient and carer support services  Follow-up	Psychosocial services Social work services, allied health, dietician, speech pathologist Clinical psychology, occupational therapy services Aboriginal community health clinics GP and hospital active surveillance
Palliative and end-of-life care	Palliative care	Inpatient, outpatient community-based and hospice care
Research	Research	Clinical trials, clinical and translational research, health service research
Teaching	Training/ongoing learning	EdCan on Cancer Learning (National Cancer Nursing Education Project) – Cancer Learning (Cancer Australia) – CTEC (Clinical Training and Education Centre)
Outcomes	Data and information	Data collection – MMex WA Cancer Registry

### 3.3 Cancer screening programs in Western Australia

#### 3.3.1 BreastScreen WA

BreastScreen WA is the WA arm of the national population-based BreastScreen program that aims to reduce mortality and morbidity attributable to breast cancer. BreastScreen WA provides statewide, free mammography screening for asymptomatic women and assessment of screen-detected abnormalities within the target age range. Culturally appropriate education strategies are implemented to encourage participation in the program for Aboriginal and CALD women.

Women aged 40 years or over are eligible for screening and BreastScreen WA specifically targets women aged 50 to 69 years, because the benefit from having a screening mammogram every two years is greatest for women in this age group.

#### 3.3.2 WA Cervical Cancer Prevention Program

The WA Cervical Cancer Prevention Program is part of the National Cervical Screening Program. It undertakes health promotion activities around cervical cancer prevention and screening, and manages the WA Cervical Cytology Registry. The Registry compiles and maintains a confidential computerised database of pap smear data and HPV DNA test results for women screened in WA.

#### 3.3.3 National Bowel Cancer Screening Program

The implementation of the National Bowel Cancer Screening Program commenced across Australia in late 2006, building on findings from a two-year pilot conducted in Queensland, Victoria and South Australia (2002–2004). The aim of the National Bowel Cancer Screening Program is to maximise the early detection of bowel cancer through the provision of free Faecal Occult Blood Test screening, and if positive, follow-up colonoscopy provided through mainstream health services.

The National Bowel Cancer Screening Program is centrally managed by the Department of Health and Ageing (DoHA) in Canberra, with some cost and infrastructure imposition on the states and territories. The Australian Government confirmed its commitment to continuing the Program in the 2011–12 Federal Budget, allocating \$138.7 million over four years and retaining the current eligible cohort (50, 55 and 65 year olds).

#### 3.3.4 Genetic testing

Genetic Services of WA offers a range of services to people with hereditary conditions and those people concerned about their risk of developing a hereditary condition. These services are provided by a range of staff, including genetic counsellors, clinical geneticists and laboratory staff.

The Familial Cancer Program run by Genetic Services of WA provides a comprehensive service to individuals and families with a significant family history of breast, ovarian, bowel and other related familial cancers.<sup>21</sup>

### 3.3.5 Screening research

The cancer research community is committed to investigating screening approaches in other cancers, particularly in the most common forms of cancer where a national screening program is most likely to be cost effective. New screening tools are likely to be developed based on genetic information in the near future.

There is an increasing weight of evidence in support of introducing a trial for the screening of lung cancer. Trials are already underway in the US and Europe, with a view to funding feasibility studies as soon as possible.

In ovarian cancer, the UK Collaborative Trial of Ovarian Cancer Screening began in 2000 assessing the effectiveness of two possible methods of ovarian cancer screening, an annual blood test for a cancer antigen and an annual trans-vaginal ultrasound.<sup>22</sup>

Prostate cancer is complex. Tests are available that may help to detect early signs of prostate cancer. Large international trials are underway to determine the effectiveness of the Prostate-Specific Antigen (PSA) blood test. However, there is currently insufficient evidence to show that population-based screening based on existing technology would reduce deaths from prostate cancer.<sup>22</sup>





## 3.4 Providers of cancer services

### 3.4.1 WA Health – Public Health Services

Public cancer services in WA are delivered by the Area Health Services, with clinical service models used to plan cancer services in metropolitan and rural areas. The Area Health Services include three metropolitan health services (North Metropolitan Area Health Service, South Metropolitan Area Health Service and the Child and Adolescent Health Service) and the WA Country Health Service.

- The North Metropolitan Area Health Service provides services to the communities covered by 12 local authorities. Five hospital services, two community and public health services, one health clinic and one mental health service report to the North Metropolitan Area Health Service.<sup>23</sup>
- The South Metropolitan Area Health Service is responsible for the management and delivery of services in its locale. Five hospital services, four community health services and one mental health service report to the South Metropolitan Area Health Service, and will include the Fiona Stanley Hospital when completed in 2014.
- As part of the WA Department of Health, the Child and Adolescent Health Service provides a comprehensive range of health promotion and early identification and intervention, community-based services to children and families. Groups at risk of poorer health outcomes, such as Aboriginal people and newly arrived refugees, are of particular focus.<sup>23</sup>
- The WA Country Health Service is the largest Area Health Service in Australia in geographical terms, covering 2.55 million square kilometres. It is made up of seven distinct and diverse regions which provide health services through:
  - 70 country hospitals (six larger centres, 15 medium-sized hospitals and 49 small hospitals)
  - 47 nursing posts in regional and remote locations
  - numerous community-based centres.<sup>23</sup>

WA is fortunate in having specialist cancer care services in inpatient and outpatient settings provided through WA Health and private facilities as outlined in Table 3. This will increase as regional cancer centres get established.

**Table 3: Current WA cancer care services with specialist oncology supervision<sup>8</sup>**

Service type	NMAHS	SMAHS
Inpatient with designated cancer care beds and multi-day service provision	Sir Charles Gairdner Hospital – Princess Margaret Hospital – King Edward Memorial Hospital – Joondalup Health Campus – Hollywood Hospital – The Mount Hospital – St John of God Hospital Subiaco	Royal Perth Hospital – Fremantle Hospital – Peel Health Campus – St John of God Hospital Murdoch – Rockingham General Hospital – Armadale Hospital
	<b>WACHS</b>	
Specialist oncology outreach services provided	Albany Hospital – St John of God Hospital Bunbury – Geraldton Regional Hospital – Kalgoorlie Hospital – Northam Hospital – St John of God Hospital Geraldton	

### 3.4.2 Private health sector

WA has 22 licensed private hospitals throughout the state, 17 delivering acute care services. Private hospitals are a vital partner with the public sector in the provision of a wide range of medical services. The private hospital sector is diverse and includes a wide range of facilities to match the needs of the community.<sup>23</sup>

The private sector includes private GPs, private specialists who may work in both the public and private sectors, diagnostic services and private allied health services. Many of these services will be critical to achieve the goals of the *WA Cancer Plan 2012–2017*.

### 3.4.3 Supportive care services

Supportive care is the term for all services, both generalist and specialist, that may be required to support people with cancer and their carers. This diverse group of health professionals and organisations includes self-help and support, symptom control, social support, rehabilitation, spiritual support as well as palliative care and bereavement care.

The provision of psychosocial and supportive care for people diagnosed and treated for cancer, and their carer/family is an integral component of evidence-based best practice clinical care. All members of the multidisciplinary team have a role in the provision of supportive care (e.g. doctors, nurses, dietitians, oncology social workers, allied health clinicians, pharmacists, speech pathologists).<sup>24</sup> In addition, support from family, friends, support groups, volunteers and other community-based organisations make an important contribution to supportive care.

### 3.4.4 Palliative care

Palliative care is an approach that aims to improve the quality of life of patients and their families facing the problems associated with life-threatening illness. Palliative care is applicable early in the course of illness, in conjunction with other therapies that are intended to prolong life, such as chemotherapy or radiation therapy, and includes those investigations needed to better understand and manage distressing clinical complications.<sup>25</sup>

The palliative care model:

- provides services for patients with life-limiting illness, regardless of diagnosis or prognosis
- addresses the palliative care needs of patients and their families during their illness trajectory
- delivers care in any setting – hospital, palliative care unit, residential care or home
- identifies partnerships between specialist palliative care services and primary care providers.<sup>25</sup>

### 3.4.5 Primary care

General practitioners (GPs) are a central focus of community-based and individual primary health care. Their role in providing cancer services includes health promotion, screening and early detection, as well as supportive care, follow-up care, symptom management and family/carers support.<sup>26,27</sup>

The Divisions of General Practice provide integrated primary health care through support, education and services to general practices and health professionals, working together to provide quality care to the community. In July 2011 the Australian Government established Medicare Locals, a national network of primary health care organisations, to improve integration of primary health care services and access to health care services.<sup>28</sup> Medicare Locals build on the functions and activities undertaken by the Divisions of General Practice.

### **3.4.6 Aboriginal health**

Community-based health services for Aboriginal communities are delivered through 18 Aboriginal Community Controlled Health Services. The peak body representing these groups is the Aboriginal Health Council of Western Australia. The WA Country Health Service works in partnership with Aboriginal communities and health service providers to ensure that Aboriginal people receive culturally appropriate health care that meets their increased needs through supporting the National Strategic Framework for Aboriginal and Torres Strait Islander Health.<sup>29</sup>

Health services are provided within 'mainstream' WACHS services, e.g. community health services and hospitals, and supplemented by targeted local initiatives such as Aboriginal community health clinics, and the employment of specific health professionals such as Aboriginal Health Workers. Increased integration of the WA Country Health services with those of Aboriginal Community Controlled Health Services occurs through shared Aboriginal health planning via the Regional Aboriginal Health Planning Forums and through shared service activities such as joint health promotion events.

### **3.4.7 Non-government cancer service sector**

The Cancer Council of WA is the leading cancer charity in WA, a non government organisation dedicated to reducing the impact of cancer on West Australians through funding a diverse range of cancer research, educating the community about cancer prevention and providing support for cancer patients and their families.

In addition, a number of non-government, community-based organisations (e.g. Solaris Care, Balya, Oncare, tumour-specific support groups and foundations) make a key contribution to the care and wellbeing of West Australians with cancer, and their carers. These organisations offer expertise and make a substantial contribution through a range of roles<sup>26</sup> including:

- peer-based psychosocial support of people with cancer and their carers
- fundraising and targeted investment to stimulate service development
- provision of transport
- accommodation – e.g. Derbal Bidjar Hostel for Aboriginal people accessing medical services<sup>30</sup>
- raising funds for cancer research
- provision of consumer-friendly information about cancer
- provision of a consumer voice on government bodies
- palliative care.

WA Cancer Services partners with these organisations to ensure continuity and access of care.



## Section 4

### Challenges for cancer control in WA

Overall, cancer services and cancer outcomes are very good in WA. Since the introduction of the *WA Health Cancer Services Framework in 2005*, there have been a number of major improvements and achievements in cancer control and service delivery in WA. However, opportunities remain to improve outcomes for patients and reduce the burden of cancer on the health system. In a review of cancer services undertaken in 2007, a number of gaps were identified. An overview is provided in Appendix 5.

Implementation of activities across the five strategic priorities of the *WA Cancer Plan 2012–2017* will assist in improving cancer services across the state of WA and meeting the challenges faced by the current cancer services.

#### 4.1.1 Workforce shortages

##### The challenge

Every cancer professional workforce in WA is currently experiencing shortages. The workforce does not meet the current and future demands. WA has the lowest ratio of general surgeons and colorectal surgeons to population of any Australian state.

##### Impact on the *WA Cancer Plan 2012–2017*

The Barton Report (2008) states that “*Radiation oncologists in WA have the highest average workload in Australia and the number should be increased by about 50%. The number of medical oncologists in WA should be doubled just to meet the current demand*”.<sup>5</sup>

Planning for the sustainable development of cancer services will need to consider how to recruit, develop and retain the cancer workforce required to maintain high-quality cancer medical services as well as cancer nursing, pharmacy, pathology, allied health and psychosocial services. Planning will also need to articulate, strengthen and enhance the educational infrastructure. Developing appropriate and ongoing interdisciplinary training and professional development will ensure delivery of safe and relevant care throughout WA.

#### 4.1.2 Access to specialist cancer services

##### The challenge

Equitable service provision remains a great challenge within the logistical confines of WA. There are many rural and regional areas in which it is not economically or clinically viable to sustain a number of cancer units. The vast geographical location of WA means that local access to the full range of specialist cancer treatments is only available for people living in metropolitan areas. The location of specialist treatment facilities in metropolitan locations places an additional burden on cancer patients and their families from outer metropolitan, regional and rural areas, many of whom have to travel long distances for treatment.

People from regional and rural locations of WA typically have fewer economic resources and face a much higher economic burden than many urban patients.<sup>31</sup> The inconvenience of travel, time away from home and out-of-pocket expenses faced by patients from regional and rural areas may deter them from seeking adequate treatment or they may choose less effective or no treatment.

Out-of-pocket costs are not limited to regional and rural patients. In 2007 the Patient-Assisted Transport Scheme (PATs) was reviewed and a need was identified to improve services for urban patients.

Variation in accessibility of cancer services for outer metropolitan, regional and rural patients is likely to be exacerbated as the population ages.

### **Impact on the *WA Cancer Plan 2012–2017***

Planning and delivery of cancer services across WA will need to consider how safe, equitable and effective cancer services can be delivered for patients as close to home as possible. This will include:

- options for training and support for regional cancer services
- utilisation of information and communication technology to assist virtual team support and telemedicine,
- consideration of referral pathways based on location rather than existing service links.

Consideration of support needs for patients from rural and regional areas will need to include practical, financial and psychological support. Coordinating patient care across service types and locations and implementing a model of care for patients to have specialist care as close to home as possible will also be a major priority.

In future, patient-held equipment with remote access capabilities would likely enable patients to receive more timely and accessible services, emphasising the need for horizon scanning to identify future opportunities and novel approaches to patient care.

#### **4.1.3 Increasing demand**

##### **The challenge**

As discussed in Section 3, cancer incidence and prevalence are increasing in WA. Not only are there more cases of cancer, but the proportion of people requiring specialist medical care for cancer is increasing and will continue to increase in the foreseeable future. Available information indicates there will be a continued increase in demand for cancer screening, diagnostic and treatment services in WA, particularly in cancers with the highest incidence in older people (e.g. prostate, colorectal and breast cancer).

Within metropolitan centres, demand for specialist cancer services is already high. Major chemotherapy treatment facilities at Royal Perth Hospital and Sir Charles Gairdner Hospital are operating at full capacity and high-cost drugs are available inconsistently in Perth hospitals.<sup>5</sup>

## Impact on the *WA Cancer Plan 2012–2017*

In line with the Barton Report and the impact of the ageing population, all cancer services in WA need to be expanded to meet current and predicted shortfalls in cancer treatment capacity. Cancer service planning needs to factor in the projected increase in activity for all cancer services, particularly for services such as:

- breast screening
- medical oncology
- pathology
- outpatient services
- diagnostic imaging
- support and palliative care services
- radiation oncology
- haematology
- rehabilitation

Planning benchmarks for radiotherapy suggest that there should be an additional five linear accelerators to meet optimal demand. Radiation oncology should be expanded to comply with the national benchmark of 52 per cent of people with cancer estimated to benefit from radiation treatment for cancer.<sup>32</sup> Sir Charles Gairdner Hospital and Royal Perth Hospital radiotherapy units have a history of long waiting lists for potentially curative radiotherapy treatments.

The complexity of the range of services and the locations at which cancer patients access health services within WA, means that better integrated patient information systems will be required in future to enable health services to coordinate patient care effectively. Information technology can provide the means to improve, streamline and coordinate clinical and service delivery through collecting and sharing data and information. The cancer information collected or produced must be easily accessible to all treating clinicians and, wherever applicable, to patients. The statewide PACS (Picture Archiving and Communication System) and telehealth are examples of technology to enable better management of patient information. Transfer of diagnostic results across the health system is being explored.

### 4.1.4 Lifestyle risk factors

#### The challenge

Several lifestyle behaviours (including those behaviours and risk factors which are beyond individual control such as occupational and environmental hazards) are risk factors for a number of cancers (e.g. tobacco smoking causes cancer of the lung and larynx, head and neck).<sup>20</sup> A significant proportion of West Australians are at increased risk because of these unhealthy behaviours. These include:

- smoking
- harmful levels of drinking
- poor diet and excessive energy intake
- insufficient physical activity
- being overweight or obese
- over-exposure to the sun.

Where there are multiple risk factors, the risk of developing cancer is substantially higher (for example smoking and alcohol have a synergistic effect on cancer risk, meaning the combined effects of use are significantly greater than the sum of individual risks). Reducing the risk of developing cancer and other chronic disease by modifying lifestyle behaviours is recognised as a priority by the WA Department of Health but for maximum effectiveness, will require broad-based collaboration across non-government agencies and other stakeholders.<sup>33</sup>

### **Impact on the *WA Cancer Plan 2012–2017***

A key focus of the *WA Cancer Plan 2012–2017* will need to be the creation of environments and settings that encourage and support healthier and safer lifestyles using health policy and legislation. There is significant potential for health gain through the adoption of healthier lifestyles by individuals at increased risk of, or with, chronic disease. In many cases healthier diet, increased physical activity, healthier weight, quitting smoking and less harmful alcohol consumption can reduce the likelihood of disease developing, help to delay disease progression and reduce the risk of complications and co-morbidities.<sup>34</sup>

Partnerships with stakeholders, including government and non-government agencies, local government, media, sport and recreation sector and workplace bodies will be crucial to address the impact of environmental determinants of health on cancer control.

#### **4.1.5 Cancer survivorship**

##### **The challenge**

Demand for a range of services will be generated as a result of the increased number of people surviving cancer due to improvements in cancer detection and treatment. Services required and accessed by this group will include rehabilitation, surveillance and psychosocial services as well as management of long-term side effects of cancer treatment.

### **Impact on the *WA Cancer Plan 2012–2017***

New models of follow-up care and monitoring for people following completion of cancer treatment will need to be developed in collaboration with key stakeholders.

#### **4.1.6 New technologies and treatments**

##### **The challenge**

Cancer diagnosis and treatment is a rapidly evolving area of healthcare, with significant advances made in recent years across clinical, translational and health services research. The challenge for health services and health professionals is to maintain currency of cancer care within this rapidly changing environment.

## Impact on the *WA Cancer Plan 2012–2017*

Maintaining an active clinical, translational and health services research agenda in WA will ensure that WA contributes to and can benefit from advances in cancer research within and outside Australia. Protected time to support professional development as well as access to the latest evidence-based information for people working in cancer care will be important to maintain currency of knowledge with a focus on quality improvement. Use of data and information to measure the impact of new treatments, technologies or health service delivery models on service efficiency and quality will provide a critical feedback loop to ensure ongoing quality improvement and efficiency of services.

### 4.1.7 Empowering consumers

#### The challenge

An identified lever for health reform in Australia is ‘strengthened consumer engagement and voice’,<sup>2</sup> with a focus on building health literacy, fostering community participation and empowering consumers to make fully informed decisions about their health. The consumer forum held to inform the *WA Cancer Plan 2012–2017* highlighted a strong preference and expectation for patients and carers to be active participants in their cancer journey and the frustrations and anxiety that can arise when this is not supported.

## Impact on the *WA Cancer Plan 2012–2017*

Active participation of people affected by cancer in decisions about their cancer journey and encouraging the broader community to engage in active dialogue about cancer prevention, screening and symptoms will require provision of and access to evidence-based, culturally appropriate information written and published in a format that is meaningful and engaging for a consumer audience.

Empowerment of consumers also requires health care providers to have and apply skills in engaging patients in discussions about their health and in shared decision-making processes. Communication skills training for health professionals involved in the care of people with cancer is likely to be one mechanism for addressing this need.



## Section 5

### Overview of the *WA Cancer Plan 2012–2017*

The *WA Cancer Plan 2012–2017* has been developed by the WA Cancer and Palliative Care Network to provide a strategic framework for the delivery of cancer control initiatives in WA over the next five years.

#### 5.1 The *WA Cancer Plan 2012–2017*

An overview of the *WA Cancer Plan 2012–2017* is provided in Figure 8.

The *WA Cancer Plan 2012–2017* is guided by the following principles of cancer control.

**Strategies** must be:

- integrated
- sustainable
- equitable
- evidence-based
- responsive to change.

**Care** must be:

- patient-centred
- culturally appropriate
- multidisciplinary
- coordinated
- delivered safely as close to home as possible.

#### 5.2 Key issues impacting on future cancer control

The *WA Cancer Plan 2012–2017* has considered a range of factors that currently impact on cancer control in WA and nationally and will continue to do so into the future. These are highlighted in Appendix 6.

#### 5.3 Priorities for the *WA Cancer Plan 2012–2017*

The *WA Cancer plan 2012–2017* has five priorities for reducing the rate of cancer and continually improving care for patients. Many other initiatives are in place, or will be put in place to support the five priorities.

**Priority 1:** To reduce cancer incidence in WA through effective prevention initiatives

**Priority 2:** To improve survival in WA through screening and early detection

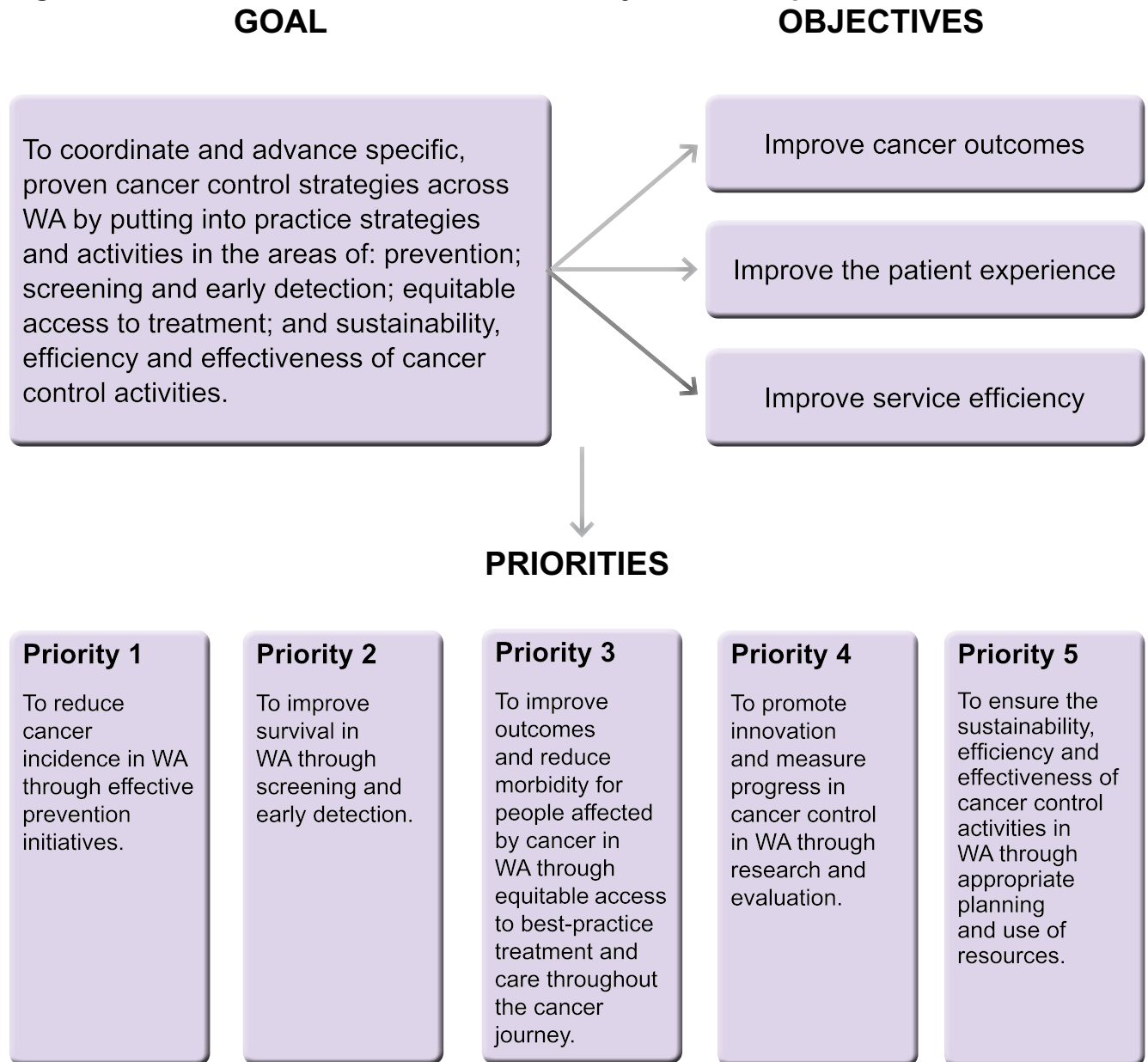
**Priority 3:** To improve outcomes and reduce morbidity for people affected by cancer in WA through equitable access to best-practice treatment and care throughout the cancer journey

**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



Figure 8: WA Cancer Plan 2012–2017: Goal, objectives and priorities



## Section 6

### Action areas and activities

The *WA Cancer Plan 2012–2017* provides a framework to guide the development of 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.

Priorities and strategies are designed to address emerging and future issues in cancer prevention, early detection and treatment and care.

#### **PRIORITY 1: To reduce cancer incidence in WA through effective prevention initiatives**

##### **Objective**

1.1 Develop a strategic and collaborative approach to cancer prevention in WA.

##### **Objective**

1.2 Increase uptake of cancer risk-reducing behaviours.

##### **Objective**

1.3 Increase understanding of cancer risk factors.

The *WA Cancer Plan 2012–2017* provides a framework to support the development, delivery and monitoring of a robust cancer prevention strategy for WA, recognising that delivery of this strategy will involve a broad range of stakeholder groups.

An effective cancer prevention strategy for WA will require a long-term, statewide collaborative approach involving a broad range of stakeholders. The strategy will require adequate resourcing and recognition that the gains of investment now may take some years to become apparent.

The cancer prevention strategy will need to include co-ordinated public health policies and multi-faceted comprehensive interventions at national, state and local levels, to encourage and promote healthy social environments, and to support people to make healthy lifestyle choices. The cancer prevention strategy should also incorporate culturally appropriate health promotion practices to address lifestyle risk factors.

The *WA Cancer Plan 2012–2017* will support relevant partners to develop and implement community education and public awareness campaigns as part of the cancer prevention strategy.

Collection of accurate ethnicity data related to cancer risk will be important to ensure Aboriginal people receive the same benefits as non-Aboriginal people in the area of primary prevention.



## Objective

### 1.1 Develop a strategic and collaborative approach to cancer prevention in WA.

Cancer prevention requires whole-of-government and whole-of-community approaches to develop and deliver appropriate preventive health strategies, reorientate health services, strengthen community action, and create supportive environments.

#### **Key activities for the *WA Cancer Plan 2012–2017***

- Ensure the adoption of a consistent and coordinated approach to cancer prevention that aligns with state and national policies and initiatives.
- Ensure collaboration with all stakeholders, including community representatives, in developing and implementing appropriate measures.

## Objective

### 1.2 Increase uptake of cancer risk-reducing behaviours.

A sustained, multifaceted and integrated approach is needed to make a meaningful impact on many social, economic and physical factors that influence uptake of cancer risk-reducing behaviours in the community. This will require engagement with relevant partners from a broad range of government, non-government and private agencies, to support the development and implementation of preventive health strategies.<sup>36</sup>

#### **Key activities for the *WA Cancer Plan 2012–2017***

- Continue to support and engage relevant partners to develop and implement community education and public awareness campaigns about cancer risk.
- Engage communities and key stakeholders in the promotion of culturally appropriate messages and preventive health strategies that encourage risk-reducing and risk-averse behaviours.
- Build allied health professionals' knowledge of risk-averse behaviours (e.g. smoking cessation, sun protective behaviours) in the development of education packages.

## Enabling and implementation issues specific to cancer risk-reducing behaviours

- Strengthen and sustain health service support for health promotion activities by forming partnerships and better linkages with agencies and state government branches (e.g. the Chronic Disease Prevention Directorate and the Drug and Alcohol Office), which have the potential to extend the reach and impact on control initiatives for:
  - smoking
  - harmful levels of drinking
  - poor diet and excessive energy intake
  - insufficient physical activity
  - overweight and obesity
  - overexposure to the sun
  - occupational and environmental hazards.

## Strategic partnerships are required with a broad range of stakeholders

- relevant state and local government agencies
- sectors within the health system, including public health, Aboriginal health, primary care
- non-government agencies
- GPs and private health care facilities.

## Objective

### 1.3 Increase understanding of cancer risk factors

Cancer prevention priorities and interventions will be based on the best available research about effectiveness. The evidence base for policy and program development will be strengthened through continued research and evaluation and better dissemination of findings.

#### **Key activities for the *WA Cancer Plan 2012–2017***

- Invest in research to contribute to the evidence base about effective interventions to prevent lifestyle-related cancers, particularly for Aboriginal people, in the context of socio-economic and cultural paradigms.
- Maintain and support horizon scanning in regard to existing statewide risk factor monitoring systems.

**PRIORITY 2: To improve survival in WA through screening and early detection****Objective**

2.1 Increase participation in the statewide breast and cervical cancer screening programs.

**Objective**

2.2 Increase awareness of bowel cancer and signs and symptoms.

**Objective**

2.3 Detect cancer as early as possible.

**Population-based cancer screening programs are the responsibility of state and Commonwealth programs. Each of these programs has its own strategic plans and goals. They provide a coordinated and comprehensive range of programs directed at symptom recognition and awareness, and appropriate referral for testing to encourage early detection. The *WA Cancer Plan 2012–2017* will support the activities of these groups/organisations without duplicating existing activities.**

Cancer screening programs should consider and respond to specific cultural issues unique to Aboriginal people in order to increase Aboriginal participation and reduce their higher morbidity and mortality rates from cancer. An effective screening program for Aboriginal people needs to be delivered within a responsive framework that addresses cultural awareness, workforce and ownership of information issues.<sup>35</sup> Screening programs must also address the needs of the diverse range of cultural groups in Australia.

## **2.1 Increase participation in the state-wide breast and cervical cancer screening programs.**

An integrated approach to screening programs requires a common vision, effective partnerships and a comprehensive mix of interventions. Opportunities exist to implement interventions through health care interactions to educate and motivate individuals, whether well, at high risk, or with disease. The health system should use approaches that focus on populations and at-risk individuals. This will ensure that not only is there an immediate impact on health service needs, but also that rates of chronic disease are significantly reduced in the longer term.<sup>36</sup>



### **Key activities for the *WA Cancer Plan 2012–2017***

- Work with relevant partners to promote culturally appropriate community messages about statewide breast and cervical cancer screening programs. These messages need to be supported by partnerships that encourage participation in breast and cervical screening and allow for cross promotion of screening programs.
- Build knowledge of health professionals (e.g. primary health care providers) about breast and cervical cancer screening by developing tools to promote the benefits of screening.
- Implement education programs for general practice, Aboriginal and community health that include a focus on cultural security and community needs to promote consistent holistic health messaging about breast and cervical cancer screening.
- Advocate for an appropriately trained workforce to undertake and support breast and cervical cancer screening activities.
- Implement opportunities to combine breast and cervical cancer screening activities, particularly in regional areas.
- Increase the evidence base around the impact and benefits of screening.

## **Objective**

### **2.2 Increase awareness of bowel cancer and signs and symptoms.**

This strategy will ensure that the necessary infrastructure is in place to develop innovative ways to deliver education and social marketing initiatives to promote awareness among the public and health care professionals, particularly primary care providers, and motivate them to make screening a part of their routine.

### **Key activities for the *WA Cancer Plan 2012–2017***

- Support primary care providers with the tools needed to meet screening targets.
- Use information technology to support patient self-care and strengthen the connection between primary care providers and patients (e.g. generating invitations to patients for regular screening, recall and follow-up with patients).
- Support continuing innovation in health human resources to expand cancer screening services and provide greater options for patients.

## Objective

### 2.3 Detect cancer as early as possible

Multifaceted programs tailored to the needs and circumstances of the community will ensure that people are aware of the signs and symptoms of cancer and the appropriate action to be taken. This will assist GPs and community health in timely referral of symptomatic patients. This strategy supports enhanced screening for family history, pre-disease indicators and early chronic disease.

#### **Key activities for the *WA Cancer Plan 2012–2017***

- Provide support and build the capacity of health professionals to develop and implement community education and public information campaigns that:
  - promote culturally appropriate information about signs and symptoms of cancer
  - increase community confidence in seeking advice and asking questions of GPs.
- Increase education for the public and primary health care providers about the importance of cancer screening and promote awareness and uptake of guidelines to GPs.
- Promote and define clear clinical referral pathways across public and private sectors to ensure timely and appropriate investigation of symptoms.
- Invest in monitoring and trialling electronic templates for referral letters to ensure the adequacy of information captured.
- Explore options for an algorithm-based care brokering system to support GPs in making appropriate referrals for investigation of symptoms.
- Participate in research areas where there are no screening tests (e.g. lung cancer, ovarian cancer).
- Collect and use improved information on different aspects of cancer services.

#### **Enabling and implementation issues specific to detection of cancer**

- Improve, strengthen and promote guidelines for the minimum acceptable content of referrals to ensure timely and appropriate investigation of symptoms and consider opportunities to reinforce or mandate these approaches.

**PRIORITY 3: To improve outcomes and reduce morbidity for people affected by cancer in WA through equitable access to best practice treatment and care through the cancer journey**

**Objective**

3.1 Deliver high-quality specialist cancer care aligned with best available evidence.

**Objective**

3.2 Reduce avoidable variation in access to cancer management that can lead to differences in outcomes.

**Objective**

3.3 Enhance quality of life for people affected by cancer.

**Objective**

3.4 Coordinate patient care throughout the patient journey.

**Objective**

3.5 Provide appropriate care for people when active treatment is over.

**The cancer journey comprises all stages of patient care from investigation of symptoms and diagnosis, through treatment, supportive care, follow-up and survivorship or palliative and end-of-life care. The *WA Cancer Plan 2012–2017* provides a framework to support equity of access to best practice, culturally safe cancer care for all people diagnosed with cancer in WA and to reduce variation in outcomes.**

Promotion of networked models for cancer care should be encouraged and will be one of the focal points to support the objectives under this priority. These models should include referral pathways among all relevant providers and could be constructed by consolidating existing structures or by instituting new structures to support the provision of safe and effective cancer services.

Where it is not possible for all modalities of care to be geographically co-located, affiliations of providers within networks will be important to support appropriate referrals and coordinated care. These affiliations can also be encouraged between centres and/or practitioners in rural and remote areas and city-based centres.<sup>37</sup>

## **Objective**

### **3.1 Deliver high-quality specialist cancer care aligned with best available evidence.**

The collection and use of improved information on different aspects of cancer services and outcomes is central to delivering this strategy. Better information will enhance quality, inform commissioning and promote choice. Continuous quality improvement is central to the delivery of high-quality cancer care.<sup>22</sup> This ongoing improvement is driven by the WACPN's work in five areas: multidisciplinary team support; credentialing standards; health professional education; patient education; and measuring and reporting variations in practice against evidence-based guidelines.



**Key activities for the *WA Cancer Plan 2012–2017***

- Promote awareness of and access to evidence-based clinical practice guidelines, protocols and information to health professionals.
- Develop and promote resource kits and a website with specific information on:
  - common side effects of cancer treatments
  - management of side effects
  - appropriate referrals for allied health and specialist input.
- Increase access to culturally appropriate information on best-practice cancer treatment and care and services available by region to patients to support informed decision-making.
- Build capacity and undertake community engagement to manage expectations around safe delivery of cancer care in regional areas.
- Utilise MMex to measure and report variation in practice across the state and implement interventions to reduce identified variation.
- Undertake patterns of care studies and provide services with benchmarked information about practice and outcomes.





## Objective

### 3.2 Reduce variation in cancer to improve outcomes

A major priority of this strategy is to build service capacity, address inequity in access to healthcare services and the resulting variation in health outcomes. Disparities associated with age, race and ethnicity, geographical location and location of healthcare services will all be considered.

#### Key activities for the *WA Cancer Plan 2012–2017*

- Develop and promote networked models with clearly defined referral pathways that consider:
  - availability of local expertise in regional areas
  - cross-jurisdictional care for people living near state borders
  - location of expertise for treatment of complex/low volume cancers.
- Continue to support regular Allied Health Team seminars to country areas by tertiary Allied Health Teams specialising in oncology caseload/clinics (in person or via telehealth).
- Ensure wider implementation of information and communications technology for case discussion and education in regional and rural areas.
- Trial and evaluate the use of mobile care teams.
- Partner with relevant Aboriginal and non-Aboriginal stakeholders involved in Aboriginal health in order to:
  - design and implement approaches that address specific cultural needs
  - take account of broader health and social priorities.
- Explore differences in Aboriginal Health Care Worker roles across the state with a view to standardising expectations and remuneration.
- Incorporate cultural competency training as part of ongoing professional development for staff in tertiary cancer centres.
- Trial strategies to overcome barriers to Aboriginal cancer care in regional and metropolitan settings.
- Work in partnership with relevant CALD stakeholders to design and implement approaches to support the delivery of culturally appropriate treatment and support services.
- Formalise links between oncology and aged care services.
- Establish a geriatric oncology coordinator position for WA.
- Design and implement strategies to ensure age-appropriate care, including:
  - base treatment and follow-up protocols on performance status, not age
  - use geriatric needs assessment methods
  - implement guidelines to ensure patients are treated in an age-appropriate environment.

## Enabling and implementation issues specific to equitable access to best practice treatment

- Support efforts to recognise the similarities and differences among Aboriginal cultures and circumstances (including geographical location) and the importance of developing local ownership and capacity within communities to plan and implement interventions.

## Objective

### 3.3 Enhance quality of life for people affected by cancer

Addressing the psychosocial needs of the cancer patient is an integral part of cancer care and a critical part of the patient experience. Psychosocial care yields benefits to the cancer system by reducing strain on resources and is a key step towards improving the overall patient experience.<sup>37,38</sup>

#### Key activities for the *WA Cancer Plan 2012–2017*

- Develop and implement education in psychosocial support and appropriate referral for health professionals.
- Implement communication skills training across the cancer workforce.
- Work with relevant stakeholders to identify and address resources and initiatives that address the supportive care needs of specific patient groups, including adolescent and young adult patients with cancer, people from CALD communities, Aboriginal people and men with cancer.
- Improve provision of information to health professionals, patients and carers about available support services for cancer patients and carers.
- Develop and implement allied healthcare/clinical pathways that:
  - support staff training and development
  - maximise professional satisfaction.
- Develop psychosocial centres of excellence providing training and research opportunities.
- Implement strategies to incorporate routine psychosocial assessment and triage at diagnosis across public and private sectors.
- Define and promote referral pathways for patients with high or complex psychosocial care needs.
- Work with relevant support services (including Centrelink) to simplify approaches to accessing practical and financial support for people with cancer and their families.

## Objective

### 3.4 Coordinate patient care throughout the patient journey

Effective coordination of care for people diagnosed with cancer and their families/carers requires strategies to integrate and share information across public and private settings, tertiary and primary services and regional and metropolitan environments.

#### **Key activities for the *WA Cancer Plan 2012–2017***

- Advocate for a care coordinator/oncology social worker position within the private sector to assist with coordination and integration across public and private settings.
- Actively explore and expand strategies to increase the use of written care plans and discharge summaries to encourage standardised sharing of information.
- Explore the use of patient-held records.
- Develop greater linkages to identify and address information needs of GPs in relation to their patients with cancer.
- Use MMex and Comcare (Silver Chain) to facilitate communication of information in and out of primary care.
- Invest in enablers to encourage communication across primary and tertiary settings, regional and metropolitan settings and public and private sectors.
- Develop agreements on sharing information and resources across public and private sectors that consider privacy issues.
- Advocate for a common data set/system that is used across public and private sectors to encourage shared information.

#### **Enabling and implementation issues specific to the coordination of patient care**

- Promote the need for a planned, supportive commitment to education and training of all health professionals (in acute and primary care settings) in order to achieve full implementation of the concepts of coordinated care and multidisciplinary care into current professional practices.

## Objective

### 3.5 Provide appropriate care for people when active treatment is over

#### Survivorship

Maintaining and improving quality of life following active treatment requires effective linkages and integration between service providers in tertiary and community-based settings. Appropriate systems and services must be in place to promote communication and liaison among health professionals providing care and support in the community.<sup>6</sup> Facilitating access to support services that focus on survivorship issues will be incorporated into strategy development.

#### Palliative care

Services should also ensure integration into palliative and end-of-life care services for patients. Education and communication for health professionals, consumers and their families will need to be considered.

#### Key activities for the *WA Cancer Plan 2012–2017*

- Build capacity to develop and promote interventions to improve follow-up care and support for cancer survivors, including:
  - case management/shared care models
  - end-of-treatment counselling sessions
  - nurse-led survivorship clinics
  - wellness models.
- Provide patients with culturally appropriate information about follow-up, management of side effects and access to information after completion of treatment.
- Develop and promote strategies to improve care at end of life:
  - better links between cancer care and palliative care
  - re-institute palliative care input for patients with advanced cancer
  - increase hospice facilities to fill the gap between short-term hospice and residential care.
- Build capacity to assist cancer survivors in accessing family, peer, community support and other resources needed for coping with their cancer.

## **PRIORITY 4: To promote innovation and measure progress in cancer control in WA through research and evaluation**

### **Objective**

4.1 Support and develop a cancer research culture in WA.

### **Objective**

4.2 Measure the impact and outcome of cancer control activities.

**Research and evaluation will be important components in the delivery of the *WA Cancer Plan 2012–2017*, providing the mechanism through which to identify new approaches to cancer control and to measure the impact of existing strategies. Research is critical to the development of effective interventions and public policy.**

Collaboration with academic and research institutions and clinical trials groups will be central to delivering against objectives under this priority. Appropriate resourcing will be essential to support these activities.

It is important to promote research that addresses significant gaps in our knowledge of cancer prevention, early detection and treatment, and to continue fostering a strong and diverse system of basic and applied research. The development of evidence-based practice and policy advice for cancer control depends upon improvements in the linkages between research and decision-making processes in cancer prevention and care.<sup>37</sup>

## **Objective**

### **4.1 Support and develop a cancer research culture in WA**

Research plays a vital role in cancer control, from prevention through to end-of-life care. Research activity includes clinical trials, biomedical and translational research, and health services research. This activity is critical to improving the quality of services and must be a core element of cancer services. Cancer care has been shown to be improved in environments where there are clinical trials and other forms of clinical research. This strategy sets its priorities on resourcing, stakeholder engagement and data collection with access to research.<sup>39</sup>

**Key activities for the *WA Cancer Plan 2012–2017***

- Strengthen the link between research and practice.
- Identify and address gaps in knowledge and research expertise in this state.
- Increase the number of clinical academic positions in the public and private sectors.
- Ensure consultant and non-clinical positions have dedicated research time.
- Strengthen the research culture by providing a research nurse/officer for each cancer care unit.
- Provide adequate intellectual support services and advice to assist in the delivery of research activity.
- Link regional cancer units to research centres of excellence.
- Review and implement methods of collaboration between researchers and clinicians.
- Build research capacity by promoting the benefits of research to health service planners, funders, health professionals and patients.
- Promote and strengthen research activity through the national clinical trials register.
- Support and promote the availability of data and information for research purposes through:
  - state-wide implementation and promotion of MMex (including access to IT support)
  - state-wide collection and access to information about available biospecimens.
- Continue to support activities to address current gaps in cancer data collection and ensure quality data collection.

**Enabling and implementation issues specific to equitable access to best practice treatment**

- Link to national activity regarding collection and access to biomarker information.
- Link to national activity regarding cancer data.

## Objective

### 4.2 Measure the impact and outcome of cancer control activities.

Policy and practice-focused research contributes to knowledge that improves the delivery of cancer services. Research can help to identify and work towards addressing priority issues in cancer control. Improving coordination of programs for the evaluation and monitoring of existing cancer services will enable continuing quality improvement.

#### Key activities for the *WA Cancer Plan 2012–2017*

- Embed evaluations and key performance indicators as part of the *WA Cancer Plan 2012–2017* at system (e.g. number of trials), institutional (e.g. number of researchers involved in multidisciplinary teams, number of peer-reviewed articles published), and individual (e.g. percentage of tumours biobanked) levels.
- Develop, measure and report patient-, function-, and service-sensitive outcome measures.
- Develop an audit culture with a service improvement focus.
- Encourage 'practice-ready research'.
- Collect feedback from users of cancer services to promote continuous quality improvement.





**PRIORITY 5: To ensure the sustainability, efficiency and effectiveness of cancer control activities in WA through appropriate planning and use of resources**

**Objective**

5.1 Build and maintain an appropriate cancer workplace for WA.

**Objective**

5.2 Support evidence-based cancer control activities through appropriate infrastructure.

**Objective**

5.3 Maintain efficient cancer control systems that are responsive to change.

The *WA Cancer Plan 2012–2017* spans all aspects of cancer control from prevention to screening, diagnosis, treatment (surgical, medical, radiation and supportive care services), follow-up care and palliative and end-of-life care. The Plan considers workforce capacity issues and identifies projected workforce requirements and training needs to ensure a sustainable cancer workforce for the future.

Planning and coordination of effective cancer control activities require consideration of the infrastructure required to support high-quality cancer services and programs. The *WA Cancer Plan 2012–2017* supports better utilisation of existing data and client information systems to inform the planning process.

## **Objective**

### **5.1 Build and maintain a sustainable workforce for WA.**

The priority of this strategy is the development of a cancer workforce plan that considers workforce supply and future demand across WA as well as innovative strategies to address identified gaps.

This strategy is designed to ensure a critical mass of health professionals in specialist medical disciplines required for best practice cancer care and to strengthen the availability of other core cancer team members, including nurses, radiation therapists, psychotherapists and other allied health professionals in all regions to facilitate multidisciplinary care. It will also enhance educational infrastructure throughout the state, to support a skilled cancer workforce adequately prepared to manage the current and future needs of cancer patients in WA.

### **Key activities for the *WA Cancer Plan 2012–2017***

- Establish a statewide multidisciplinary governance group to oversee cancer workforce initiatives.
- Undertake strategic workforce planning with a long-term vision that accounts for lead time in training:
  - map current and future workforce needs in the public and private sectors
  - prioritise areas of greatest need and lobby for additional funding using appropriate drivers/messages in partnership with other relevant bodies.
- Implement effective strategies for recruitment, training and retention of the cancer workforce.
- Provide support, time and resources for health professionals working in cancer care (including resources to support ongoing education and professional development, protected training time, debrief support, clinical supervision models and access to counselling) to avoid burnout.
- Fund administrative roles to reduce burden of administration on health professionals.
- Explore models for credentialing/accreditation for specialist and non-specialist cancer services.
- Increase the focus on cancer in undergraduate medical, nursing and allied health training.

### **Enabling and implementation issues specific to a sustainable workforce**

- Support the expansion of new positions and new models of care that increase capacity of cancer services across the cancer continuum including:
  - medical oncology
  - surgical oncology
  - haematology
  - radiation oncology
  - palliative care
  - clinical support services – notably diagnostic imaging, pharmacy, pathology, clinical psychology, to enable multidisciplinary care.
- Implement a statewide cancer education and training plan to enable necessary redesign to support adopted models.

## Objective

### 5.2 Support evidence-based cancer control activities through appropriate infrastructure and data collection

Collecting relevant data and using improved information on different aspects of cancer services is central to improving strategies that may be required to further improve outcomes to deliver best-practice approaches to cancer diagnosis and treatment.

#### Key activities for the *WA Cancer Plan 2012–2017*

- Address priority gaps in diagnostic and treatment infrastructure (e.g. radiotherapy).
- Support the innovative and effective use of information and communication technology to improve communication, data collection and access across the state.
- Address priority gaps in cancer data sets to provide a complete state-wide picture of cancer control.
- Develop and implement strategies across public and private sectors to address legislative barriers to data collection, access, linkage and reporting.
- Develop strategies to support standardised reporting across recognised KPIs with sufficient flexibility to support ad hoc reporting as needed by trained individuals.
- Partner with consumer organisations to promote the value of data collection and reporting for the purposes of quality improvement and research.
- Partner with relevant community groups to identify strategies to overcome barriers to collection, access and reporting of cancer data for specific populations.

## Objective

### 5.3 Maintain efficient cancer control systems that are responsive to change.

Given the cross-organisational way in which many cancer services are delivered, collaboration should be an important part of cancer control. To achieve the goals of this strategy, partnerships are required to ensure that high-quality services delivered reflect national and international experiences.<sup>37</sup> Regular horizon scanning will ensure that this strategy identifies and prepares for new developments that can help patients and their carers and ensure an efficient cancer system for WA.<sup>26</sup>

#### Key activities for the *WA Cancer Plan 2012–2017*

- Partner with relevant stakeholders/organisations to maximise outcome from strategies and activities of the *WA Cancer Plan 2012–2017*.
- Maintain effective communication with other jurisdictions/national/international stakeholders to learn from activities undertaken elsewhere.
- Implement routine horizon scanning to identify new trends/technologies in cancer control.
- Identify, develop and maintain appropriate skills in evidence surveillance and appraisal.
- Explore, trial and evaluate new models of care (e.g. nurse practitioner roles, nurse-led clinics, structured outreach models, self-care approaches for patients).

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## Appendix 1: Nine strategic areas from the WA Health Cancer Services Framework 2005–2010

- 4.1 Director of the Cancer Network
- 4.2 Structure of the Cancer Network
- 4.3 Cancer Centres
- 4.4 Models of Care: Tumour Collaboratives
- 4.5 Patient Support and Cancer Nurse Coordination
- 4.6 Clinical Trials and Cancer Data Collection
- 4.7 Rural Cancer Services
- 4.8 Prevention and Screening
- 4.9 Workforce Planning



## Appendix 2: Summary of achievements and areas of ongoing need in relation to the WA Health Cancer Framework (as of July 2010)

**Table 4: Summary of achievements and areas ongoing need**

Achievements	Areas of ongoing need
<ul style="list-style-type: none"> <li>▪ Establishment of the WA Cancer Network with a Director and Lead Nurse</li> <li>▪ Development of tumour collaboratives</li> <li>▪ Development of psycho-oncology and support services</li> <li>▪ Development of models of care</li> <li>▪ Increased focus on clinical trials</li> <li>▪ Improved regional and rural focus with regional cancer units, rural nurses and an improved PATS system</li> <li>▪ Strategies to improve prevention and early detection and development of a familial cancer program</li> <li>▪ Moves towards a unified approach to clinical data collection through the WA Cancer Outcomes Database (MMex)</li> </ul>	<ul style="list-style-type: none"> <li>▪ Development of comprehensive cancer centres and secondary units</li> <li>▪ Implementation of a patient-held record</li> <li>▪ Improvements to the domiciliary service and Aboriginal Medical Service</li> <li>▪ Initiatives around accreditation and credentialing</li> <li>▪ Development and implementation of a workforce plan</li> <li>▪ Integration of all aspects of research activity into cancer services</li> </ul>

## Appendix 3: Services Provided by the WA Cancer and Palliative Care Network

**Table 5: Services provided by the WA Cancer and Palliative Care Network**

Cancer Network	Palliative Care Network	Help for Consumers
Cancer care resources	Models of care	Advice about treatment and services
Cancer nurse coordination service	Palliative care resources	Counselling for cancer patients and carers
Directory of cancer services	Indigenous palliative care	Directory of cancer services
Models of care	Metropolitan Area Health Service teams	Telehealth service for rural patients
Multidisciplinary clinic referrals	Paediatric palliative care	
National bowel cancer screening program	Pathways and protocols implementation	
Telehealth	Rural palliative care	
Tumour collaboratives	Telehealth	
WA Psycho-Oncology Service	Workforce development	

## Appendix 4: The planning process for cancer services

In WA, the planning process for hospitals and non-hospital services is based on the NSW Health *Guide to Role Delineation of Health Services – State wide services development branch, Strategic Development Division, 2005* available

[http://www.health.nsw.gov.au/policies/pd/2005/pdf/PD2005\\_602.pdf](http://www.health.nsw.gov.au/policies/pd/2005/pdf/PD2005_602.pdf).

It refers to a level of service that describes the complexity of the clinical activities undertaken by that service. Each level of service has associated minimum standards, support services and staffing profiles considered appropriate.

The intent of the role delineation matrix is to guide service planning across the health service continuum. The process starts with the identification of speciality groups which are classified as hospital or non-hospital services. Each speciality group is defined in terms of actual clinical treatment or service provided, the complement of staff required to provide the treatment or service and often, the type of facilities, tools and/or equipment that are needed.

Levels of service range from 1 to 6 for each major clinical activity or support service associated with health facilities, with Level 1 referring to the lowest complexity service and level 6 describing the most complex. A hospital or health care facility is considered as a particular level when the majority of clinical and support services provided are of that particular level.

Role delineation does not document the patient journey and the many different pathways that a patient may take to receive the best possible care. Instead the role delineation process defines various services and the level at which these are to be provided at different sites. It provides a consistent language to describe health services and acts as a tool for planning services developments.

## Appendix 5: Overview of cancer service gaps identified in the 2007 review of WA cancer services

Since the introduction of the WA Health Cancer Services Framework in 2005, there have been a number of major improvements and achievements in cancer control and service delivery in WA. However, significant gaps still exist. In a review of cancer services undertaken in 2007, a number of gaps were identified.<sup>5</sup>

Overview of cancer service gaps identified in the 2007 review of WA cancer services

**Table 6: Service Gaps**

Service gap	Detail
Access to different components of treatment	<ul style="list-style-type: none"> <li>Choice of surgery dictated by location, with mastectomy more likely and surgery for prostate cancer less likely in rural/regional areas</li> <li>Lack of statewide data about radiotherapy due to mix of public/private service delivery</li> <li>Proportion of patients receiving radiation therapy is well below the national benchmark of 52 per cent</li> <li>Long waiting times for specialist cancer services</li> <li>Low socio-economic groups are less likely to receive chemotherapy</li> </ul>
Workforce shortages	<ul style="list-style-type: none"> <li>Widespread shortages exist in the oncology workforce, with numbers of radiation oncologists, medical oncologists and specialist nurses too low to meet current and future demands</li> <li>Workforce shortages are influenced by difficulties in both recruitment and retention</li> <li>Training numbers are insufficient</li> </ul>
Facilities	<ul style="list-style-type: none"> <li>Shortage of linear accelerators across the state</li> <li>No comprehensive cancer centre (plans underway at the time of the 2007 review)</li> </ul>
New technology	<ul style="list-style-type: none"> <li>Limited access to new technology within the state</li> <li>Statewide lack of some newer components of radiation therapy (e.g. intensity-modulated radiotherapy) due to both funding and workforce shortages</li> <li>Teleconferencing rarely used</li> </ul>

Service gap	Detail
Rural and regional cancer services	<ul style="list-style-type: none"> <li>▪ Patient-assisted transport scheme (PATS) seen as restrictive and provides minimal financial relief for patients (has been improved since the 2007 review)</li> <li>▪ Clinics in rural areas are ad hoc and are reliant on the good will of clinicians rather than formalised processes and agreements</li> <li>▪ Indigenous patients with cancer present later, are less likely to complete treatment and have worse outcomes than non-indigenous patients</li> </ul>

## Appendix 6: Key issues impacting on future cancer control

The *WA Cancer Plan 2012–2017* has considered a range of factors that currently impact on cancer control in WA and nationally and that will impact on cancer control activities into the future. These include:

- projected increases in cancer incidence
- risk factors relevant to the current and future population (which may be different for people born overseas and may change over time)
- the ageing population and the associated increase in the incidence of cancers related to ageing and the number of cancer patients with co-morbid conditions
- the importance of patient-centred care (consumer preferences and access to information, care closer to home, involvement of consumers in health service planning)
- consumer expectations around the impact of better treatment of chronic diseases on cancer incidence
- workforce shortages due to factors such as increasing demand, increasing complexity of treatments, ageing workforce and moves towards shared care/community-based care
- the lengthy lead times involved in workforce development and establishment of new infrastructure
- the high proportion of cancer care that is delivered in a community setting and the focus of national health reform on supporting community-based care
- the needs of specific community groups, including Aboriginal and Torres Strait Islander communities and individuals from culturally and linguistically diverse backgrounds
- the changing nature of the ‘cancer team’ and models of cancer service delivery
- the impact of technology and innovation (including the e-health agenda, opportunities arising from better information technology, improved diagnostic and treatment technologies and communications)
- the safety and quality agenda (national standards and the move towards accreditation and credentialing).











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