1. Introduction

The National Cancer Work Plan was endorsed by the Council of Australian Governments (COAG) in 2012. Implementation has been overseen by the COAG National Cancer Expert Reference Group (NCERG) with funding for projects from the Australian Health Ministers’ Advisory Council (AHMAC) cost-shared budget, the Commonwealth and jurisdictions. A 2012-13 progress report was provided to AHMAC and the Standing Council on Health (SCOH) in December 2013. This report provides a brief overview of 2013-14 activities.

2. Overview of the National Cancer Work Plan

2.1 Context and Background

In Australia, 1 in 2 men and 1 in 3 women will develop cancer before the age of 85.\(^1\) With an ageing population new cancer cases will increase, putting pressure on health services and expenditure as well as patients, families and carers. Cancer survival rates in Australia are, on average, among the world’s best but outcomes differ by tumour type, remoteness, socioeconomic and Indigenous status and other features. These disparities compromise equitable survival, optimal quality of life and the efficient use of resources.

In 2010, COAG noted disparities in cancer outcomes across different groups and recognised that those disparities could be addressed through more effective cancer diagnosis, treatment and referral protocols. The NCERG was formed to develop a National Cancer Work Plan to address these issues.

NCERG is jointly chaired by the Commonwealth Government and Victoria with representation from all jurisdictions, Cancer Australia, the Cancer Council Australia, the Clinical Oncological Society of Australia and consumer input. It is Australia’s only government endorsed, high-level, expert national cancer forum, including government representation as well as clinical expertise.

2.2 The National Cancer Work Plan

In July 2012, COAG endorsed the National Cancer Work Plan. It is guided by the following three principles:

- focus on actions requiring national coordination; build on jurisdictional cancer plans and enhance current investments;
- be underpinned by best-practice research and evidence-based treatment and supportive care; and
- recognise the tight fiscal environment and the difficulty of funding significant new activity.

The National Cancer Work Plan includes initiatives to provide appropriate, efficient and well-coordinated care for people affected by cancer and their families - from diagnosis through treatment and support, to the management of follow-up care and survivorship. A partnership approach underpins the plan with national, jurisdictional and health professional leadership on specific priority projects, along with consumer involvement.

National Cancer Work Plan Initiatives

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

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

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

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

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

a) better use of multidisciplinary initial assessment and treatment planning cancer teams across both the public and private sector. Tele-health technology will be used to support multidisciplinary care in regional areas where feasible
b) the implementation of new research findings, evidence-based treatment and care, commencing with the national adoption of the NSW Cancer Institute’s eviQ database as an easily accessible, consistent, on-line, point-of-care treatment resource for cancer health professionals.
3. 2013-14 Projects

On 14 June 2013, the SCOH approved $250,000 from the AHMAC cost-shared budget to support the implementation of the National Cancer Work Plan in 2013-14. Of these funds $60,000 were allocated to secretariat support for the NCERG and $190,000 for the work program. Six key projects were undertaken, three of which received funding\(^2\) from the National Cancer Work Plan AHMAC cost shared budget. An overview of these projects, linked to the three National Cancer Work Plan initiatives is provided below.

Initiative 1: Pathways of Cancer Care
→ establishing best-practice pathways of cancer care with agreed referral protocols
→ improving practical support for patients, their carers and families

1) Profiling of Regional Cancer Services Project - *appropriate service provision in regional Australia*

There has been a recent investment in providing cancer services in regional Australia. The intention of this investment is to improve outcomes for cancer patients in regional Australia. This project, led by Cancer Australia, has documented the services provided by regional cancer services including the tumour types that are treated regionally and those that are referred to a metropolitan service. This has been mapped against a Service Capability Framework which defines the minimum service features (e.g. workforce competency, skills and experience; equipment and infrastructure; and clinical support services) required to provide treatment depending on the type/complexity of the tumour.

The project has identified opportunities to improve care and ensure that cancer care provided at regional cancer services is in line with national service capability frameworks so that people affected by cancer in regional and rural areas receive the right care at the right place at the right time. In 2015, Cancer Australia and NCERG will continue to work with jurisdictions to use the findings to promote safe and effective cancer care in regional areas.

2) Outcomes of complex surgery project - *how surgery volume affects outcomes*

There is evidence that the volume of cancer surgery undertaken at a hospital is a predictor of patient outcomes. Higher volume is associated with better outcomes. The Cancer Institute of NSW investigated this phenomenon for rare cancers in Australia by examining data on surgical outcomes and hospital volume of complex surgeries. The aim of the project is to provide evidence based information on appropriate surgery volumes to assist states and territories in cancer service planning and policy development.

This project has investigated the outcomes of complex cancer surgery (volume/tumour analysis), for the following tumours: oesophagus, stomach, pancreas, colon, rectal and ovary. This analysis has identified variations in outcomes and enabled outcomes across Australia to be benchmarked against international outcomes. By reviewing and understanding variations in outcomes, this project has identified areas for improving cancer outcomes and care within Australia.

The findings have been a useful catalyst for conversations regarding appropriate surgery volumes and some changes have been made to practice in NSW as a result. In 2015, the Cancer Institute of NSW will provide data and information to states and territories to highlight opportunities for service delivery improvements.

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\(^2\) Profiling of Regional Cancer Services Project - $100,000
Outcomes of complex surgery project - $20,000
Public and Private Cancer Care Project - $70,000
3) **Public and Private Sector Cancer Care Project** - *moving between public and private services*

Many cancer patients move between public and private cancer services in the course of their treatment. This project, led by the Commonwealth Department of Health, examined the enablers and barriers to well-coordinated care between the two sectors through consultation with key stakeholders in public and private services at four different sites across Australia. The sites were selected to ensure representation across jurisdictions, geographical diversity, a variety of service levels and models, and opportunities to explore management of different tumour types. The project has produced a number of recommendations that will assist service planners and providers to provide better coordinated care as patients move between public and private services. In 2015, NCERG will finalise the report and provide it to jurisdictions and services.

4) **Development of Optimal Care Pathways by Tumour Stream** - *assisting services to provide safe and effective care*

Victoria is developing tumour specific Optimal Care Pathway (OCP) guides for use by health services and professionals and consumers. The diagnosis and treatment of cancer is complex and often involves multiple health professionals and services. To facilitate consistent care across the nation the OCPs provide guidance on the specific components of care to be provided at each stage from prevention and early detection through to end-of-life care. The documents identify specific steps, or critical points along the care pathway and the recommended care at each point.

In 2014, OCPs were completed for lung and colorectal cancer which were well received by the specialist medical colleges. In 2015, work will begin on guides for up to 17 more tumours as well as consumer versions which aim to give cancer patients an overview of the whole cancer care pathway. The OCP development process involves significant consultation with health professionals and public consultations. A process has been established to facilitate NCERG, Cancer Australia and Cancer Council Australia endorsement of the OCPs to support national uptake of the guides.

In 2015, as well as developing further guides each jurisdiction will be encouraged to adopt and co-badge the OCPs for local use. This will facilitate consistent, evidence-based care across the nation, and help reduce disparities in treatment outcomes between different populations.

5) **Service Capability Frameworks Project** - *assisting services to provide safe and effective care*

Victoria is leading the development of a nationally consistent Service Capability Framework for cancer services to establish clinically safe and effective cancer care pathways. The Service Capability Framework will define the minimum service features (e.g. workforce competency, skills and experience; equipment and infrastructure; and clinical support services) required to provide cancer treatment depending on the type and complexity of the tumour. This Framework is assisting the Profiling of Regional Cancer Services project.

In 2014, a pilot was undertaken to test the Service Capability Framework toolkit in three regions in Victoria. The toolkit assists service providers to assess the cancer services that are in place and classify them against the Service Capability Framework levels. The outcome will be a tool kit, refined through the pilot process, which will be distributed in 2015.
Evidence-based care for lung cancer - better lung cancer care

Lung cancer is the most common cause of cancer death in Australia. Evidence indicates that people with lung cancer have high levels of unmet need and there are considerable variations in the care, service delivery experiences and treatment outcomes of people affected by lung cancer.

Cancer Australia is leading a project to support four health service sites across Australia to deliver best practice lung cancer care against defined criteria and in accordance with Cancer Australia’s Principles and elements for lung cancer care. The project will identify strategies to support the implementation of best practice lung cancer care more broadly and promote consistent, evidence-based care for people affected by lung cancer.

In 2014, four collaborations were engaged via a select tender process: Metro North Hospital and Health Service, Queensland; Southern Tasmanian Collaboration; Sydney Local Health District; and the West Australia Cancer and Palliative Care Network. The collaborations completed a self-assessment of current practice and participated in an implementation workshop to enable the identification and development of strategies to support the delivery of best practice lung cancer care, utilising a staged approach.

In 2015, Cancer Australia will support the collaborations to focus on implementing principles relating to timely access to evidence-based pathways of lung cancer care and multidisciplinary care.

4. Future Directions

Cancer survival rates in Australia are world best but outcomes differ unacceptably by remoteness and Aboriginal and Torres Strait Islander and socioeconomic status. Further action is needed to make cancer care more efficient and to give all Australians access to high quality care.

In 2014-15 and 2015-16 NCERG will consolidate work undertaken to date in implementing the National Cancer Work Plan and continue to provide a crucial forum for coordination of cancer policy and control at a national level. The focus will be on continued development of national level protocols and programmes and working with jurisdictions to encourage uptake. This work will contribute to consistent cancer care across the country that maximises efficiencies and builds on the considerable recent investment in cancer infrastructure by all governments.