



5th October, 2017

Cancer Council Northern Territory submission to Standing Committee on Community Affairs References Committee to the Inquiry into the availability and accessibility of diagnostic imaging equipment around Australia

Cancer Council Northern Territory (CCNT) is a federated member of Cancer Council Australia (CCA), the peak national non-government cancer control organisation. Cancer Council Australia advises the Australian Government and other bodies on practices and policies to help prevent, detect and treat cancer. CCA also advocate for the rights of cancer patients for best treatment and supportive care.

Cancer Council NT undertake support & education programs for Territorians impacted by cancer as well an advocacy role for the more than 600 people diagnosed with cancer in the Northern Territory each year. Many of these people are already disadvantaged by poor health literacy, remote location, reduced access to services & increased cost of living.

CCNT welcomes the opportunity to comment on the following points of the inquiry into the availability and accessibility of diagnostic imaging equipment around Australia.

(a) geographic and other disparities in access to diagnostic imaging equipment;

- A PET scanner was promised for Darwin by the most recently elected coalition government in 2016. Due for delivery by May 2018 the scanner was first pledged back in 2010. Up to 300 local patients are currently forced to travel a minimum of a 4 hour flight interstate each year for this scan despite having access to other local oncology specialist treatment such as radiation therapy and chemotherapy. A PET scanner helps detect and monitor the extent of cancer spread throughout the body and guides the planning for most appropriate treatment for patients.
- Nuclear Medicine – limited facilities in Darwin, none in Alice Springs, NT's other major health hub.

'only 2 staff run this department and sometimes there is only one person. This has resulted in long waits and cancelled appointments'. - client who has regular nuclear medicine scans for metastatic disease

- Delays in diagnostic imaging create delays in diagnosis, multidisciplinary discussion and treatment planning.

'The main issue has been trying get MRI for outpatients in a reasonable timeframe for cancer patients. MRI is always a given diagnostic imaging tool for pelvic and rectal cancers as well as distinguishing liver metastases to name a few. I am having to wait approximately 2-3 weeks at times to get an MRI for a patient. This puts significant delays in their cancer journey, the road to definitive diagnosis, delays to MDT discussion and treatment plan.' – Cancer Care Co-ordinator

- Patient Assistance Travel Scheme are not always able to provide funding for escorts for remote indigenous patients requiring invasive procedures or treatments. Patients will decline to come into town unless accompanied by a family member or escort thus delaying diagnosis, treatment and with the potential for poorer outcomes in an already disadvantaged population. Cost of transport from airport to accommodation is not provided and is a significant outlay for people travelling.
- Patient Assistance Travel Scheme has limited funding for an escort or support person for patients currently needing to travel interstate for a PET scan. Currently family and friends are not able to support their loved ones through this process as there is not always PATS funding to assist and the burden of cancer already places families under significant financial pressure
- Lack of co-ordinated / national approach for sharing of digital images and reports between private and public radiology services can potential delay management plans & treatment when remote clients attend surgical or other appointments. Valuable staffing resources can be wasted trying to facilitate this sharing of information.

'I often call (regional private imaging company - name withheld) to make a CD and send it to the regional hospital who can then upload it on to the public system..... This will often happen after the surgeon has seen the patient'.
Breast Care Nurse

(b) out-of-pocket costs for services that are not subsidised by the Commonwealth and the impact of these on patients;

- There are currently no Medicare funded PET scans for some cancers including women with breast cancer.

'Yes, I needed to go to Sydney for a PET scan at the cost of \$450. In my situation, the Breast Care nurse put in an application to NT Breast Cancer Voice and they paid for mine. Very fortunate for me however not available for other cancer patients. Patient travel paid my flights and I stayed with family for the few days.' - metastatic breast client

- Discretionary Billing - Women who have had breast reconstructive surgery may be disadvantaged by individual radiology providers.

'The last time I went for my follow Mammogram and Ultrasound it was deemed I didn't need the Mammogram. So now I only need an Ultrasound when this is delivered I will have to pay the out of pocket costs whereas if I had a Mammogram and U/S together there is no out of pocket costs.' – client on yearly follow up

- Cancer and its subsequent treatment can cause other medical conditions that require management. With the expense of treatment and care as well as often loss of income this can become unmanageable for some patients.

'The 24 hour blood pressure monitor device from (name withheld) cost \$80 and is not covered by Medicare or private insurance'. – metastatic breast client

- Out of pocket expenses – the expense of the medical work up to obtain a definitive cancer diagnosis can be an expensive process

'My out of pocket expenses for the pre-diagnosis ultrasound and mammogram and then post diagnosis CT scan and nuclear bone scan added up to \$630. Added to this I had \$546 out of pocket for the fine needle aspiration and core biopsy.' - breast cancer client

- Follow up expenses recommended by specialists but not covered by Medicare rebate.

'I have breast MRI each year prior to my surgeon's appointment due to the type of cancer I had. There is no Medicare rebate for this. In 2014 the cost was \$200, in 2015 \$400 and 2016 \$600' – breast cancer client.

Cancer Australia state in their Strategic Plan 2014-2019 that “Despite the overall high cancer survival rates in Australia, there are ongoing challenges regarding disparity in the distribution of cancer, its impact, and variations in outcomes across population and tumour groups. Action is required on a number of levels to **ensure that all Australians receive accessible, best practice diagnosis and cancer care, including people from remote geographic locations and lower socio-economic areas, people from culturally and linguistically diverse backgrounds, and Aboriginal and Torres Strait Islander people. This requires definition of best practice pathways and networked services.**” (https://canceraustralia.gov.au/system/tdf/publications/cancer-australias-strategic-plan-2014-2019/pdf/2014_strategic_plan.pdf?file=1&type=node&id=4028)

The examples cited are a small representation of some of the issues faced by Territorians impacted by cancer around accessibility and availability of diagnostic imaging equipment.

CCNT urges the Committee to consider the needs of all Australians but particularly those from remote Australia and the Aboriginal and Torres Strait Islander community.

CCNT thanks the Standing Committee on Community Affairs References Committee for the opportunity to provide comment on the inquiry. For further information, please contact me on [REDACTED] or [REDACTED]

Yours Sincerely,

Marg Lavery

Manager Cancer Information and Support Services

for Kathy Sadler

CEO

