

RECOMMENDATIONS

Availability of information at diagnosis and referral

Recommendation 1

3.9 The Committee recommends that Cancer Australia, in association with consumer based organisations such as Cancer Voices NSW and the Breast Cancer Action Group in Victoria, coordinate the development of information about cancer treatment services in each State and Territory. This information would be based on the successful breast cancer treatment directory developed by the Breast Cancer Action Group in NSW, published in 2002, which is also available on the Internet.

Recommendation 2

3.13 The Committee recommends that Cancer Australia, in conjunction with State and Territory Governments, develop appropriate referral pathways for the optimal management of all cancers for all Australians regardless of where they live.

Recommendation 3

3.23 The Committee recommends that, Cancer Australia, together with the Clinical Oncological Society of Australia and the Cancer Council of Australia develop and introduce accreditation and credentialing systems.

Recommendation 4

3.32 The Committee recommends that Cancer Australia in its role of providing national leadership and to foster improvements in the integration of networked cancer services, play a primary role in facilitating the sharing of information about Commonwealth and State and Territory Government cancer initiatives to improve treatment services.

Promoting multidisciplinary care

Recommendation 5

3.61 The Committee recommends that the use of and adherence to clinical guidelines is an essential component of multidisciplinary care and must be part of any system of accreditation of cancer treatment services.

Recommendation 6

3.62 The Committee recommends that multidisciplinary care, consisting of an integrated team approach in which medical and allied health care professionals develop collaboratively an individual patient treatment plan, continue to be widely promoted within the medical and allied health care professions.

Recommendation 7

3.65 The Committee recommends that the curriculum for medical professionals at the undergraduate and postgraduate levels include enhanced communication skills training and that professional Colleges also undertake a more active role in the provision of such training for their members. This training could be based on the National Breast Cancer Centre's communication skills training workshops that have been developed to improve the awareness and capacity of health professionals to communicate effectively with women with cancer.

Recommendation 8

3.72 The Committee recommends that the Cancer Funding Reform Project, established under the auspices of the Health Reform Agenda Working Group and reporting to Australian Health Ministers, include the differences in public and private hospital billing arrangements as an item for investigation and resolution.

Recommendation 9

3.73 The Committee recommends that the Department of Health and Ageing, in consultation with Cancer Australia, enhance current Medicare Benefit Schedule arrangements for relevant specialists and general practitioners to support participation in multidisciplinary care meetings in both hospitals and the community.

Recommendation 10

3.74 The Committee recommends that five multidisciplinary cancer centre demonstration projects be set up in consultation with consumer groups and be funded over three years in different parts of Australia. At least one demonstration project should be in the private sector. Within these multidisciplinary centres different models of psychosocial support, incorporating a range of complementary therapies and taking into account the cultural needs of patients, should be assessed. The assessment of all aspects of the demonstration projects should be scientifically based and involve consumer representatives in the process.

Improving coordination of cancer services**Recommendation 11**

3.98 The Committee recommends that all State and Territory Governments that have not yet done so, establish designated care coordinator positions to help cancer patients navigate their way through treatment and provide support and access to appropriate information.

Recommendation 12

3.99 The Committee recommends that use of the breast cancer nurse care coordinator model should be adopted for all cancers and that States and

Territories undertake a recruitment drive for skilled health professionals such as retired nurses to help fill these positions.

Recommendation 13

3.105 The Committee recommends that Cancer Australia provide access to authoritative, nationally consistent, evidence based information on services, treatment options, government and non-government assistance and links to appropriate support groups which can be used by health professionals including care coordinators, cancer patients and their families. This information should be available in different forms.

Improving support for cancer patients

Recommendation 14

3.121 The Committee recommends that the Department of Health and Ageing improve health professional and consumer awareness of allied health services for people with chronic conditions and complex care needs that can be claimed under the Medical Benefits Schedule. Current claim usage of allied health services should be determined and an evaluation should be conducted 12 months after promotion of the Medical Benefit Schedule items available.

Recommendation 15

3.122 The Committee recommends that Cancer Australia examine appropriate funding mechanisms for programs and activities like those operated by the Gawler Foundation, which specialise in providing learning and self-help techniques based on an integrated approach for cancer patients and their carers. This examination should include consideration from a health and equity point of view of providing Medicare deductibility for cancer patients accessing these services.

Recommendation 16

3.126 The Committee recommends the continued implementation and dissemination of the *Clinical practice guidelines for the psychosocial care of adults with cancer* to health professionals and people and families affected by cancer.

Recommendation 17

3.132 The Committee recommends that psychosocial care be given equal priority with other aspects of care and be fully integrated with both diagnosis and treatment, including the referral of the patient to appropriate support services.

Recommendation 18

3.133 The Committee recommends that patients and carers should be made aware of additional support services provided by organisations such as The

Gawler Foundation in VIC, Balya Cancer Self Help and Wellness Inc in WA and Bloomhill Cancer Help in QLD.

Recommendation 19

3.135 The Committee recommends that State and Territory Governments consider ways to increase the availability of psychosocial support services.

Travel and accommodation issues for regional Australians

Recommendation 20

3.169 The Committee recommends States and Territories adopt and implement the consistent approach to the benefits for travel and accommodation recommended by the Radiation Oncology Jurisdictional Implementation Group to ensure that benefits are standardised across Australia. These benefits should be indexed or reviewed annually for increases in travel and accommodation costs.

Improving cancer care for Indigenous Australians

Recommendation 21

3.184 The Committee recommends Cancer Australia, in consultation with Aboriginal and Torres Strait Islander people and the States and Territories, auspice work to improve access to cancer screening, diagnosis and treatment for Aboriginal and Torres Strait Islander people that is culturally appropriate.

Increasing research into complementary therapies

Recommendation 22

4.39 The Committee recommends the National Health and Medical Research Council provide a dedicated funding stream for research into complementary therapies and medicines, to be allocated on a competitive basis.

Recommendation 23

4.49 The Committee agrees with the recommendation of the Expert Committee on complementary medicines in the health system, that the NHMRC convene an expert working group to identify the research needs addressing the use of complementary medicines, including issues around safety, efficacy and capacity building. The Committee recommends that this working group should include complementary therapists in order to develop a strategy to coordinate and prioritise a dedicated research funding stream for complementary medicine and therapy research, taking into account research conducted overseas. The group should also encourage the development of collaborative partnerships across disciplines.

Recommendation 24

4.50 The Committee recommends that the NHMRC develop workshops for complementary therapy researchers intending to compete for funding, where experienced researchers discuss their preparation of research proposals.

Recommendation 25

4.51 The Committee recommends that the NHMRC appoint two representatives, (including one consumer), with a background in complementary therapy, to be involved in the assessment of research applications received by the NHMRC for research into complementary and alternative treatments.

Improving access to and information on complementary therapies**Recommendation 26**

4.70 The Committee recommends that complementary therapy organisations form a collaborative group with the authority to negotiate with representatives from the established medical organisations and to make recommendations to government. This body should organise a regular forum for representatives of complementary therapies to come together and discuss issues affecting their members such as regulation, research funding issues, collaboration and health and cancer initiatives at the Commonwealth, State and Territory levels.

Recommendation 27

4.90 The Committee recommends that Cancer Australia access the information available internationally on different complementary therapies and alternative products in order to provide up-to-date, authoritative, evidence-based information which can be regularly updated. This information should be made available in different forms and made available to cancer patients and their families as well as health professionals and other interested individuals.

Recommendation 28

4.98 The Committee recommends that where quality of life may be improved by complementary approaches, methods to make such therapies more accessible be discussed by State and Territory cancer services, including consumer representatives.

Recommendation 29

4.104 The Committee recommends that State and Territory governments include the views of peak complementary therapy bodies in each State and Territory regarding the planning and delivery of cancer services.

Access to breast screening

Recommendation 30

5.12 The Committee recommends that the target age groups for BreastScreen Australia and the National Cervical Screening Program should be reviewed regularly, given the increasing trends in life expectancy for Australian women. In addition, a review should be conducted of how women outside the age limits are made aware of their cancer risk.

Cancer care for adolescents

Recommendation 31

5.30 The Committee recommends that Cancer Australia consider the development of appropriate referral pathways that take account of the particular difficulties confronted by adolescents with cancer.

Recommendation 32

5.36 The Committee recommends that State and Territory Governments recognise the difficulties experienced by adolescent cancer patients being placed with inappropriate age groups and examine the feasibility of establishing specialised adolescent cancer care units in public hospitals.

Improving data collection

Recommendation 33

5.55 The Committee recommends that Cancer Australia, in consultation with State and Territory Governments and the Australian Institute of Health and Welfare, take a leadership role in coordinating the development of a national approach to the collection of cancer staging data.