

Submission to the Senate Community Affairs References Committee for the inquiry into services and treatment options for persons with cancer from the Victorian Department of Human Services, Programs Branch, Cancer Coordination Unit

March 2005

Introduction

The Senate Inquiry asks submissions to respond specifically to the following Terms of Reference:

(a) The delivery of services and options for treatment for persons diagnosed with cancer, with particular reference to:

- (ai) the efficacy of a multi-disciplinary approach to cancer treatment
- (aii) the role and desirability of a case manager/case co-ordinator to assist patients and/or their primary care givers
- (aiii) differing models and best practice for addressing psycho/social factors in patient care
- (aiv) differing models and best practice in delivering services and treatment options to regional Australia and Indigenous Australians
- (av) current barriers to the implementation of best practice in the above fields

(b) How less conventional and complementary cancer treatments can be assessed and judged, with particular reference to:

- (bi) the extent to which less conventional and complementary treatments are researched, or are supported by research,
- (bii) the efficacy of common but less conventional approaches either as primary treatments or as adjuvant/complementary therapies, and
- (biii) the legitimate role of government in the field of less conventional cancer treatment.

Lay out of this submission

This submission outlines the cancer reforms occurring in Victoria as they relate to the Senate inquiry into services and treatment options for persons with cancer Terms of Reference. The key work areas of the Department of Human Services include:

- Improving coordination of care along the cancer patient's treatment and care journey;
- Enhancing multidisciplinary care in cancer service delivery, including psychosocial care and support: and
- Reducing unexplained variations of care and embedding agreed best practice standards across the State for the delivery of cancer services.

The submission is divided into the key cancer reform areas relating to the Terms of Reference. These are:

1. Implementation of the *Cancer Services Framework for Victoria* final report recommendations and directions
2. Implementation of the Government's *Fighting Cancer* policy

3. The Ministerial Taskforce for Cancer
4. The establishment of the Cancer Coordination Unit within the Department of Human Services
5. Aims of the reforms

Where relevant, each section will detail activities/projects that address current system barriers that restrict best practice in the above areas.

In relation to issues surrounding less conventional and complementary cancer treatments, the current Victorian cancer reforms do not directly address these issues. However, the Department recognises that many cancer patients and their families seek treatment and support from complementary treatments and report improved quality of life as a result, for example, undertaking yoga, meditation and relaxation techniques in order to manage pain and stress. Where appropriate comment on complementary treatments are discussed in submission sections.

Please note that the reforms discussed in this submission represent the new reforms being undertaken by the Department in relation to the Terms of Reference, and does not represent the work the Department undertakes in cancer in its entirety.

Cancer reforms in Victoria

The need for a strategic approach to cancer control is a challenge that faces governments and service providers across Australia. New models of coordinated cancer care are required to manage the burden of cancer on the health care system, and to address the impact of cancer on individuals, families and communities.

The integration of cancer research into clinical practice is also critical to maximising the capacity of the Victorian health system to tackle the burden of cancer. This includes bio-medical advances, access to participation in clinical trials, health services research and ensuring that research is translated into clinical practice. Victoria has a very strong record of research in the cancer field. Integration of cancer research with cancer service delivery will be an important determinant in improving patient outcomes.

Victoria has made a significant commitment to policy and service development in cancer. The key policy documents guiding cancer reform in Victoria are the *Cancer services framework for Victoria* and the "*fighting cancer*" policy. Key cancer reform activities include:

1. Implementing the recommendations of the *Cancer Services Framework for Victoria*.
2. Enactment of the *Fighting Cancer* policy, which commits to enhancing screening, upgrading and expanding radiotherapy services, training and retaining specialist workforce and improving the coordination of cancer services.
3. Establishment of a Ministerial Taskforce for Cancer to advise on cancer reform and to facilitate the translation of research into practice.
4. Establishment of a Cancer Coordination Unit within the Department of Human Services to facilitate state-wide coordination of cancer reform.

1. Cancer Services Framework for Victoria

A major theme of the *Cancer Services Framework* is an integrated approach to service delivery. Clear referral pathways and role designation of services to outline appropriate levels of specialisation for the delivery of cancer services will improve awareness and choice for patients, and will ensure that patients have access to the highest quality cancer care. The *National Service Improvement Framework for Cancer* being developed by the Australian Government also provides strong support for the development of integrated cancer service models.

The *Cancer Services Framework* aims to ensure the right treatment and support is provided to patients as early as possible in their cancer journey. The reforms are being delivered through two mechanisms: the establishment of Integrated Cancer Services and the delivery of clinical treatment and care through ten major tumour streams

1.2 Current work activities to address barriers

1.2.1 Integrated Cancer Services

The establishment of **Integrated Cancer Services (ICS)** to support improvements in the integration and coordination of services within a geographic area. Four key principles guided decisions about the establishment of a statewide integrated cancer services system and the configuration of the ICS. The principles are:

- services will be population-based
- people with cancer will have access to a wide range of services from prevention, early detection, diagnosis and treatment, through to supportive and palliative care.
- services will be coordinated across the patient pathway, and delivered in multidisciplinary settings.
- self-sufficiency for critical mass to support quality, safety and access.

The integrated service model involves the establishment of three metropolitan and five regional ICS, based on specified geographic populations. The philosophy of an ICS is that hospitals, primary care and community health services develop integrated care and defined referral pathways for the populations they serve. This requires effective collaboration between hospitals and community based services including general practitioners. This will promote more effective local coordination of care for cancer patients, and a more rational, evidence-based approach to cancer service planning and delivery.

Please see the attached *Cancer Bulletin No 1 December 2004* for a map detailing the location and health services that make-up the integrated cancer service in Victoria.

The establishment of the ICS are supported by:

- Infrastructure funding for each ICS to appoint key staff such as a clinical director and strategic planner.
- A pro forma Memorandum of Understanding that details how health services within each ICS will work together.
- A Statewide service-mapping tool that will ensure each ICS collects baseline data about service capacity, referral patterns and linkages and provides a process for identifying service gaps for priority action.
- Pro forma job descriptions for key ICS staff, including for the Director, Strategic Planner and Cancer Nurse Coordinator roles.
- Pro forma Terms of Reference for key ICS committees such as Executive Advisory Committees.
- Series of Statewide workshops to ensure a consistent approach to service mapping, and to support development of newly formed ICS partnerships.

1.2.2 Tumour Streams

The **delivery of clinical treatment and care through ten major tumour streams** that reduce variations of care and promote best practice. Tumour stream work will include the development of care and facility standards, clinical and performance indicators and role designation of services based on specification of the range of services that could be provided at an institutional level. The standards will be developed through statewide tumour stream groups and implemented at the ICS level through local collaborating tumour groups.

The development of tumour streams is being supported by:

- The development of Patient Management Frameworks for the ten tumour streams. The patient management frameworks will describe the patient journey across the continuum of patient care, identifying the critical points along that pathway and describing the optimal care that is required at all steps. The Frameworks will provide a consistent statewide approach to care management across each of the tumour streams and in a modified form will provide consumers with a road map of their treatment & care.

- The establishment of Local Collaborating Tumour Groups within each ICS to implement the patient management framework standards and oversee cancer service improvement projects across tumour streams.
- The formation of a statewide tumour group to oversee the development of practice standards, guidelines and role designation across tumour streams and ICS.

The *Cancer Services Framework for Victoria* final report is available for your information at www.health.vic.gov.au/cancer. This report is 117 pages, and if you would prefer a mailed hard copy report, please contact Jackie.Kearney@dhs.vic.gov.au

2. Fighting Cancer Policy

The Fighting Cancer policy identifies a number of areas to improve cancer services, including the upgrading and expansion of radiotherapy equipment, enhance screening and prevention programs and training and recruitment incentives for radiation therapists. Of particular interest to the Senate Inquiry is the focus on improving the quality and coordination of cancer reforms through the establishment of a Cancer Care Fund that supports the Cancer Services Improvement Program (CSIP).

2.2 Current work activities to address barriers

2.2.1 Cancer Services Improvement Program

As part of the CSIP, eight priority areas for action have been identified. CSIP provides specific funding for health service initiatives that promote improvements to cancer service delivery coordination and design, based on evidence of best practice, with the overall aim of improving patients' experience of the cancer service system, and improving treatment outcomes. The eight priority areas are:

1. Developing multidisciplinary approaches to treatment planning and ongoing service improvement.
2. Ensuring early diagnosis and referral for appropriate specialist care.
3. Coordination of patient care, and ensuring continuity of care across acute, community and primary care settings.
4. Development of psychosocial assessment, support and referral services.
5. Care of patients with advanced disease including links to palliative care services.
6. Workforce training and support.
7. Improving accountability through protocol development and audit.
8. Reducing variations in practice.

The CSIP is being supported by:

- Specific funding to ICS to undertake CSIP projects.
- Statewide guidelines for the development of CSIP projects
- Funding for a Victorian Multidisciplinary Care Project. This project is a state-wide approach to develop and implement principles of multidisciplinary care across all ICS. The project aims to effectively coordinate and implement multidisciplinary care, spread expertise across ICS, to sustain cancer care delivered in a multidisciplinary way, as well as explore new models and applications of multidisciplinary care in different settings.

3. Ministerial Taskforce for Cancer

The MTFC was established in November 2003 to provide strategic advice and clinical leadership on the implementation of cancer services reforms. The Taskforce provides advice to the Minister for Health on the implementation and evaluation of the Government's directions for cancer services

reform. Advice will also be provided to the Minister for Health and the Minister for Innovation on matters relating to cancer research.

3.1 Current work activities to address barriers

In order to progress the implementation of the cancer reforms, the MTFC has established three working groups in areas where leadership and focus are vital to achieving the goals of cancer reform. These working groups are:

3.1.1 The Clinical Services Working Group.

This group aims to collaborate with stakeholders in the development and implementation of strategic directions and service improvement programs to enhance patient care. The Clinical Services Working Group is currently:

- Overseeing the development of the patient management frameworks
- Overseeing a project to develop a consumer involvement framework

3.1.2 The Data/Information Working Group.

This group is working on the identification and development of cancer data collections to facilitate quality improvement, performance monitoring and reporting for clinical practice and research. The Data/Information Working Group is currently:

- Promoting the collection of the National Cancer Control Initiative Minimum Data Set (NCCI MDS) through the review of technology to support the collection and add to information collected through the Victorian Cancer Registry.

3.1.3 The Cancer Research Working Group.

The group provides advice on better integration, coordination and development of cancer research in Victoria and promotes communication between research centres and health services to facilitate the translation of cancer research into clinical practice. The Research Working Group is currently:

- Undertaking a survey of cancer research activity to identify current cancer research activities and areas for development. Information from the survey will be used to inform the development of a Cancer Research Strategic Plan for Victoria.
- Building expertise in key areas through professional workshops:
 - Translational research seminar and workshop (conducted November 2004)
 - Personal support/psychosocial research seminar planned for August 2005.

3.1.4 MTFC Consultation documents

The MTFC is providing direction and leadership to the cancer service system and clinicians through the development of a number of consultation documents including:

- The role of tumour groups in the establishment of tumour streams discussion paper
- Draft Patient management frameworks for the ten tumour streams
- Care Coordination Position Paper
- Volume/Quality Position Paper
- Clinical Trials Position Paper
- Privacy Position paper
- Supporting Specialisation in Regional Areas Position Paper

The Final Draft of the MTFC Action Plan is attached for your information.

4. Cancer Coordination Unit

The Cancer Coordination Unit (CCU) has been established to oversee the implementation of the Government's *Fighting Cancer* policy and to coordinate the cancer service reform agenda including the implementation of the Cancer Services Framework. The CCU has particular responsibility for the policy commitments around improving the coordination of cancer services, including the establishment of a Cancer Care Fund to facilitate service coordination and improvement of cancer care and implementation of the *Cancer Services Framework* (establishing integrated cancer services and developing services in 10 priority tumour streams). The CCU also supports the overall administration of the Taskforce and the Clinical Services and Data/information Working Groups.

5. What the reforms aim to do

The cancer reforms represent a significant change in thinking about how services will be delivered in the future. The table below identifies some of the differences in how the delivery of cancer services across Victoria will change.

Current cancer service system	Integrated cancer service system
Health service planning focused on the needs of health services	Health service planning focused on the needs of populations
Health services work independently to deliver services	Health services work together to deliver cancer services
Treatment and care options delivered by location	Treatment and care options planned by streams along the patient pathway
Clinical treatment based on local practice and interpretation of clinical practice guidelines	Clinical treatment based on state-wide standards of practice
Unexplained variation in practice across Victoria	Agreed best practice implemented across Victoria
Management of resources for treatment and care by individual health services	Management of resources for treatment and care by integrated cancer service along the patient pathway
Levels and scope of service delivery historical or based on individual experience and expertise	Levels and scope of service delivery based on agreed standards and needs of population
Care is delivered through individual clinicians	Care is delivered through a multidisciplinary team

Submitted via email with attachments:

- *Cancer Bulletin No 1 December 2004*
- *Cancer Services Framework for Victoria* final report (access via web site)
- The Final Draft of the *MTFC Action Plan*

This submission has been endorsed for electronic transmission by:

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