

INTRODUCTION

The Royal Women's Hospital has the largest gynaecology service in Australia, and is committed to developing high quality, equitable and responsive care for a diverse population of women. For women with gynaecological symptoms, a robust general gynaecology and pre-cancer service is essential for the early diagnosis and appropriate referral to gynaecological cancer services.

Gynaecology Service

The hospital integrates health information and promotion, screening, assessment, diagnosis and treatment for a comprehensive range of gynaecological conditions, including gynaecological cancers, within one organisation. In the first five months of 2006, the hospital treated around 5000 women in its gynaecological outpatients service. The hospital also has a comprehensive gynaecology inpatient service.

Cancer Service

As the state's specialist women's health service, the Royal Women's Hospital provides major and minor surgical and medical oncology services for women diagnosed with breast and gynaecological cancers on an inpatient and outpatient basis. This includes diagnosis and treatment of precancerous conditions. We provide satellite clinics in Geelong and Albury-Wodonga, and are exploring the capacity to provide a clinic in Gippsland. The cancer service treats around 1500 women each year. In 2005, there were a total of 205 women with newly diagnosed gynaecological cancer treated at the hospital: 63 cases of uterine cancer, 43 cases of ovarian cancer and 36 cases of cervical cancer. The Gynaecological Cancer Research Centre is co-located within the clinical service and currently conducts research into screening for ovarian cancer, markers of early uterine cancer and at least 12 collaborations or multi-centre clinical trials of new treatment methods.

Woman-centred care

As a result of the volume of work in women's health, the quality of staff and the models of care, the Royal Women's Hospital has evolved as a centre of specialist expertise. The clinical efficacy of the hospital's medical and surgical programs is supported by a model of care that recognises the social and emotional needs of women. Women's sexual and reproductive health is closely bound up with a sense of identity as a woman, at times mother and partner. Diseases that affect fertility and sexuality can have a devastating impact on women's self esteem, their relationships and expectations of the future. These issues can be particularly devastating for women diagnosed with breast and gynaecological cancer¹.

In recognition of this, the hospital provides women with access to physiotherapists, nurse practitioners, sexual counsellors, social workers, and pastoral and spiritual care workers. We have a sexual counselling service and employ accredited interpreters in all the major languages. Family accommodation for patients and families from country Victoria and evidence based consumer health information are integral to our capacity to provide comprehensive care. With this range of services we aim to provide women with information and support to make meaningful choices that meet their individual needs and preferences.

Access and Efficacy

Timely and sensitive access to health care is crucial to ensure early diagnosis and appropriate treatment. The gynaecology clinics are designed so that women can self-refer. Issues around health professional's gender and gendered sensitivity are particularly acute for young women, women whose religious beliefs restrict access to male practitioners or who have survived sexual violence². Access to female staff and continuity of carer in our gynaecology adolescent clinic has dramatically improved attendance by young women at these clinics. The hospital's Family and Reproductive Rights and Education Program (FARREP) has improved care for women who have experienced female genital mutilation. The Centre Against Sexual Assault (CASA

¹ National Breast Cancer Centre (2003) Clinical Practice Guidelines for the Psychosocial Care of Adults With Cancer, <http://www.nhmrc.gov.au/publications/synopses/cp90syn.htm>, table 2, p12

² *Barriers to cervical screening experience ed by victims/survivors of sexual assault*, http://www.rwh.org.au/casa/resources.cfm?doc_id=4103#Barriers_to_Cervical

House) and social work provides consultation, support and referral for women whose experience of violence affects their access to health interventions. The hospital's Aboriginal Women's Health Business Unit has been recognised by the State Government as best practice for improving Aboriginal women's access into hospitals.

The broad range of gynaecological services provided by the hospital provides an ideal platform to investigate improving access for women, for building effective services in gynaecological cancers and for integrating the service interdependencies between general gynaecology and gynaecology cancers.

BARRIERS TO BETTER CARE FOR WOMEN WITH GYNAECOLOGICAL CANCERS

Women suffering from breast and cervical cancer have benefited from comprehensive strategies to support improved service delivery. Outside of these two cancer streams, however, the health sector's capacity to meet the needs of women is weakened by inadequate government support. This has created discrepancies and gaps in funding, research, policy and workforce training, which are discussed below.

Magnetic Resonance Imaging

Currently, Magnetic Resonance Imaging (MRI) scans for spine, head, neck, musculoskeletal and cardiovascular system are listed on the Medicare Benefits Schedule, while scans that would benefit diagnosis and treatment of women, such as scans of the pelvic, abdominal and breast areas, are not. From the perspective of providers, there is no financial incentive to provide scans that do not attract a Medicare rebate. This has a considerable impact on the supply of women's MRI imaging. While ultrasound is still the mostly useful diagnostic tool in gynaecology, access to MRI on site would significantly enhance this hospital's diagnostic and research capacity.

Research into Gynaecological Cancer

Research in women's health needs greater support. As the National Health and Medical Research Council does not prioritise gynaecology and gynaecological cancers, research centres are dependent on philanthropic funding and limited in their capacity to experiment and innovate. Over the past 8 years, the Gynaecology Cancer Research Centre has received only 30% of its funding, or \$200 000, from government grants and relies on the corporate sector to sustain its research.

Training & Professional Development

Gynaecological cancer suffers from a lack of academic support. There are only two full professorial positions in gynaecological oncology in New South Wales, one in Victoria, one in Western Australia and none in Queensland, South Australia or Tasmania. Allied health staff working in cancer services would benefit from structured training and professional development programs. Post-graduate specialist gynaecology nursing courses significantly improve workforce capacity.

Quality Improvement

There is no national unified database for cancer services or framework for measuring the quality, safety and health outcomes in gynaecological oncology and gynaecology more generally. In the absence of the national standards and benchmarks, the Royal Women's Hospital's Dysplasia Unit measures its performance against the United Kingdom's National Health Service clinical indicators³.

A COMPREHENSIVE NATIONAL STRATEGY

Gynaecology and gynaecological cancer needs a national strategy. Australia's experience in breast and cervical cancer can provide models for improving community understanding and the responsiveness of health care. Gaps persist in the health care system that could easily be remedied. Cancer services need to be resourced to provide clinics in regional areas, and to employ multi-disciplinary staff, including psychologists, with specific expertise in this area. Funding needs to be invested in research into the following areas:

- screening for ovarian and other gynaecological cancers,
- vaccines for prophylactic and therapeutic use,
- trials of new treatment methods, as well as
- the development of innovations in treating gynaecological conditions.

Funding for research needs to include infrastructure support such as data management and equipment.

³ Information about the NHS cancer screening program is available from the website <http://www.cancerscreening.nhs.uk/cervical/index.html>.

The Royal Women's Hospital results are published in the 2005 *Quality of Care Report*, http://www.rwh.org.au/quality_report_rwh/index.cfm?doc_id=4415, p Table 10, p34

A national database of gynaecological cancer diagnosis and management needs to be established. This should include data on quality and safety measures, as well as effectiveness and outcomes

A CENTRE FOR WOMEN'S HEALTH RESEARCH

The trials to develop the HPV vaccine are an example of what can be achieved by medical research. The Royal Women's Hospital is well positioned to be a national centre for women's health research. The hospital has an international reputation for its achievements in neonatal care, pregnancy research, microbiology and infectious diseases. In partnership with Melbourne Health and the University of Melbourne, a Professor/Director of Breast Services has recently been appointed. The hospital collaborates closely with the Key Centre for Women's Health and the Centre For Mothers and Children's Health, and has recently secured government and corporate funding to establish the first Australian women's mental health centre.

RECOMMENDATIONS

That the Federal Government develops a strategic framework for gynaecological cancer that recognises gynaecological cancer's interdependencies with a broad range of gynaecology services and supports a women centred model of care. This strategy should include:

- priority status for gynaecological research
- improved access to MRI for diagnostic imaging
- support for services to employ multidisciplinary staff to provide psychosocial support to women diagnosed with gynaecological cancer
- support to expand cancer services into regional areas
- a national quality framework for gynaecology and gynaecological cancer
- support for a National Centre for Women's Health Research at the Royal Women's Hospital