ACT and Southern NSW Local Health District
Cancer Services Plan 2015 – 2020
Foreword

It is with great pleasure that the partnership between SNSW LHD and ACT Health presents this cancer services plan for the Canberra and Southern NSW region. The ACT and Southern NSW Local Health District Cancer Services Plan 2015–2020, acknowledges the necessity for close collaboration between our two health services when planning services for the region’s population. The Plan provides overarching strategic direction for cancer services across both ACT and SNSW LHD and highlights the need to work together in order to provide person centred care that is equitable and timely.

The role of the ACT in developing a national level centre of excellence in cancer services at Canberra Hospital is pivotal to the delivery of the plan. Modern cancer services require strong linkages between disciplines such as research (where Canberra has such a good story), cancer service clinicians (e.g. Medical Oncology) and clinical trials in new cancer therapeutics.

Along with improvements in the science of cancer, we need clinicians who are skilled at dealing with the human dimensions of care, and the plan addresses that crucial area of workforce capability.

A fully comprehensive approach to cancer control needs to consider the role of primary and secondary prevention. Australia has a very strong record here, and the plan builds on these system strengths.

For the Southern NSW region the anticipated significant growth in the number of people needing cancer treatments (reflecting an ageing demographic) is a very important part of our health service planning. The Canberra service functions as the main tertiary referral Oncology service for the region. While clinicians in SNSW hospitals deliver much cancer-related care (e.g. Surgery, Medical Oncology Day Centres, Palliative Care), the leadership and support of Canberra-based Cancer specialists is critical for this region’s population.

We welcome the partnership between our two services that has generated this plan, given that improvements in access to care for regional patients is the biggest practical problem we face. SNSW LHD intends to use the principles and actions within the Plan to direct the development and implementation of SNSW LHD’s Cancer Services Action Plan, which will have quantitative and qualitative outcomes, targets and dates against which progress can be measured.

I acknowledge and thank all who have participated in getting to this point; and we look forward to working with ACT Health to develop more collaborative plans.

Dr Max Alexander
Chief Executive Southern NSW Local Health District

Ms Nicole Feely
Director-General ACT Health
Acknowledgements

We wish to thank the individuals and organisations that contributed their time, information and ideas to assist with the development of this plan.
Executive Summary

The **ACT and Southern New South Wales Local Health District Cancer Services Plan 2015-2020** (the Plan) provides strategic direction for the provision of comprehensive, patient-centred, integrated, and multi-disciplinary high quality cancer care and support services to the ACT and Southern New South Wales Local Health District (SNSW LHD) (total population 581,600 people).

The Plan is designed predominantly for service providers, planners and policy makers, to provide them with a strategic direction for cancer services in the ACT and SNSW LHD over the next five years.

A key focus of the Plan is to bring about the commitment made through the National Hospital and Health Reform (NHHR), including the National Health Reform Agreement (NHRA), to help improve access and support for cancer patients in regional and remote areas of Australia, and to help close the gap in cancer outcomes between rural and urban areas. To improve access to quality health care for the ACT and SNSW LHD communities, the ACT Health and NSW Ministry of Health Jurisdictional Departmental Committee was established in 2012. Its primary purpose is to develop collaborative frameworks and partnerships to address strategic issues requiring cross jurisdictional intervention.

The overarching principles that guide the Plan are:

- **Person-centred**: Provide and promote person-centred services and practices that respect and support the choices of individuals, their families and carers.
- **Integration**: Establish and maintain an integrated, collaborative way of working across the region with appropriate systems/infrastructure to provide seamless, efficient and effective services.
- **Access**: Provide equitable and timely access to the services necessary to achieve the Vision and Service Goal while managing and containing costs.
- **Excellence**: A culture of excellence will be established and maintained with evidence-based practice as the centrepiece.

The implementation of the plan will be the responsibility of the Steering Committee through the establishment of an Implementation Group as a joint venture or specifically for the ACT and SNSW LHD as separate groups, and will need to be aligned to a Clinical Network of service providers. As part of the process of implementation, the Group/s will need to identify and agree to priorities for action, and will need to agree on a set of measures for each identified priority. It will be the responsibility of the Implementation Group/s to use these measures to determine if progress has been made towards the agreed priorities for action.
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1 Overview

As the prevalence of cancer into the future is predicted to increase service demand for both the Australian Capital Territory (ACT) and Southern New South Wales Local Health District (SNSW LHD) the ACT and Southern New South Wales Local Health District Cancer Services Plan 2015-2020 (the Plan) provides strategic direction for the provision of comprehensive, patient-centred, integrated, and multi-disciplinary high quality cancer care and support services to the people of ACT and SNSW LHD (total population 581,600 people\(^1\)).

The focus of the Plan is at a strategic, rather than an operational level, and the scope of the Plan is broad, relating to all services across the continuum of care, from preventative services, screening, early diagnosis, diagnostic services, clinical treatment services, survivorship services and palliative care services.

The Plan is intended to guide the ACT and SNSW LHD towards improved population health outcomes in relation to all cancers and reduce disparity in outcomes between population sub-groups, by providing overarching principles and high level actions to guide the development of Action Plans (both annual and 5-year).

1.1 Planning for the future

Vision

People from the ACT and SNSW LHD have improved health outcomes in relation to cancer through equitable and timely access to an appropriate range of high quality preventative, early diagnosis, cancer care and support services.

Service Goal

People from the ACT and SNSW LHD experience seamless services along their cancer patient journey, receiving evidence-based care from a leading regional service of excellence with strong connections to high quality research.

To achieve the Vision and Service Goal, the ACT and SNSW LHD need to change ways of working to:
- better meet the needs of the ACT and SNSW LHD communities;
- address the challenges facing cancer services; and
- respond to increasing demand in an efficient and sustainable way.

\(^1\) ABS, 3235.0 Population by Age and Sex, Regions of Australia, 30 June 2013
2 Drivers of change in cancer care in the ACT and SNSW LHD

2.1 Opportunities to improve provision of current services

Analysis of the opportunities in relation to how services are currently provided was informed by discussions and information gathered through the stakeholder engagement process, as summarised in Table 1.

Table 1: Opportunities identified by stakeholders

<table>
<thead>
<tr>
<th>Themes</th>
<th>There is a need to:</th>
</tr>
</thead>
</table>
| Model of service delivery           | o  Ensure patient centred focus  
|                                     | o  Change ways of working to increase efficiency  
|                                     | o  Improve coordination of services along the patient pathway and across the region  
|                                     | o  Improve communication between patient, carer and staff  |
| Increased demand                    | o  Meet increased demand across range of services  
|                                     | o  Continue to meet standards  |
| Funding                             | o  Address funding constraints  
|                                     | o  Consider the impact of service changes on funding model/revenue  |
| Information and Communication       | o  Encourage sharing of records and access to information  
| Technology                          | o  Maximise the use of ICT solutions to support services  
|                                     | o  Improve ICT management systems and support  |
| Workforce                           | o  Address recruitment and retention issues  
|                                     | o  Facilitate appropriate administrative support  
|                                     | o  Develop a comprehensive workforce plan that addresses local workforce concerns  |
| Access                              | o  Ensure access to an appropriate range of services  
|                                     | o  Target vulnerable groups and individuals  |
| Regionality                         | o  Articulate what it means to be a regional service  
|                                     | o  Address inequity in health outcomes  |
| Research and Education              | o  Facilitate translation of research into operational practice  
|                                     | o  Promote the region as an attractive place to work and grow an active research program  
|                                     | o  Continue to support and extend existing training and quality assurance programs  |

2.2 Workforce

The cancer workforce encompasses a broad range of disciplines. Health Workforce Australia’s (HWA) *National Cancer Workforce Strategy: Cancer Workforce Planning Data Inventory* identified 56 occupational categories across 5 professional groups:

- medical officers;
- nurses;
- technologists/technicians;
- allied health practitioners; and
- health educators.
Many of these occupations do not work primarily in cancer services but may provide cancer services within their scope of practice. For example, General Practitioners (GP) may provide referrals and ongoing general health care, and Gastroenterologists and Pharmacists may provide consulting services.

Cancer Services are supported by hospital wide services such as Ward Services, Food Services, Clinical Coders, Security, Environmental Services and emerging roles such as volunteers, carers and peer support workers. Workforce issues in any of these occupational groups may affect the future provision of services. Significant challenges are expected to impact the delivery and sustainability of health services into the future, with an increase in service demand and a reduction in the available workforce. It is therefore important that both the ACT and SNSW LHD consider and develop a workforce plan. Such plans will benefit from consideration of all occupations directly involved in, or supporting, Cancer Services and include a recruitment and retention gap analysis to identify the priority occupations for immediate action. It will also be important to consider the issues and risks of each jurisdiction, and implement methods to support and deliver continuous services in all LHDs in such instances.

**Aligning Cancer Workforce Planning to the National Context**

In May 2013, HWA published the National Cancer Workforce Strategic Framework (NCWSF). This framework aligns its five priority recommendations with the national five domains for health workforce innovation and reform; outlined below.

**Table 2: Workforce Strategic Framework**

<table>
<thead>
<tr>
<th>National Workforce and Innovation Framework Domains</th>
<th>National Cancer Workforce Strategic Framework priority recommendations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health workforce reform for more effective, efficient and accessible service delivery.</td>
<td>Develop the cancer workforce in alignment with agreed national best practice pathways of cancer care and current health reform initiatives.</td>
</tr>
<tr>
<td>Health workforce capacity and skills development.</td>
<td>Build workforce capacity to respond and adapt to the rapid rate of change in cancer care, including the impact of emerging technologies.</td>
</tr>
<tr>
<td>Leadership for the sustainability of the health system.</td>
<td>Support leadership at all organisational levels to ensure sustainability of the health system and responsiveness to the health needs of people with or affected by cancer.</td>
</tr>
<tr>
<td>Health workforce planning.</td>
<td>Plan for the optimal use of skills and adoption of workforce innovation and reform, by developing data and information based on the current gaps and perceived shortages in the cancer workforce.</td>
</tr>
<tr>
<td>Health workforce policy, funding and regulation.</td>
<td>Support work by governments, regulatory, funding and policy bodies to deliver cancer workforce</td>
</tr>
</tbody>
</table>

The NCWSF focuses on workforce roles involving early intervention, referral, diagnosis, treatment and care of a person with or affected by cancer. It includes roles in government, non-government, community, private, primary health, acute care and ambulatory services.

The national cancer workforce strategic framework sets out the required shift in the cancer workforce from the current status to the future workforce as outlined in the table below.
Table 3: Future workforce implementation model

<table>
<thead>
<tr>
<th>Current status</th>
<th>Future workforce</th>
</tr>
</thead>
<tbody>
<tr>
<td>Roles based</td>
<td>Skills based</td>
</tr>
<tr>
<td>Vertical and hierarchical</td>
<td>System wide, multi disciplinary, consumer focused</td>
</tr>
<tr>
<td>professional decision making</td>
<td></td>
</tr>
<tr>
<td>Discretionary use of information</td>
<td>Universal uptake of information and communication</td>
</tr>
<tr>
<td>and communication technology</td>
<td>technology</td>
</tr>
<tr>
<td>Individualistic practice based on</td>
<td>System wide evidence based practice subject to</td>
</tr>
<tr>
<td>interest and skills</td>
<td>benchmarking</td>
</tr>
<tr>
<td>Change is optional</td>
<td>Change is embedded in a flexible and adaptive workforce</td>
</tr>
<tr>
<td>Health professionals as experts</td>
<td>Health professional as facilitators of self care</td>
</tr>
</tbody>
</table>

2.3 New and emerging technologies

Significant improvements in cancer outcomes have been achieved with improvements to cancer prevention and treatment services. However, while further breakthroughs are anticipated, there are concerns around the increasing costs of care\(^2\). Overseas trends indicate that health care systems of the future will utilise more technology, and ACT Health and the SNSW LHD will need to leverage the introduction of new technologies with their strategic and operational processes.

The following health goals have been identified to increase the efficiency, productivity and sustainability of resources within ACT and SNSW LHD region:

- provide consumers with greater access to a broad range of health information to improve their involvement in the management of their own healthcare and their overall consumer experience;
- facilitate seamless, secure and timely access to health information so that care providers will have the information required to make appropriate and timely clinical decisions;
- improve the quality, safety and outcomes within the health care environment; and
- implement technologies to support new models of care and service delivery planned in the Health Infrastructure Program.

ACT Health has commenced a clinical technology mapping process which will provide a technology ‘roadmap’ to identify where investments in biomedical technology and procedures should be prioritised to support existing and new services. Roadmaps for radiation oncology technology and genetics technology are being developed to provide information necessary for planning new services and facilities.

A technology disinvestment process will be developed to identify potentially ineffective practices and technologies and inform decisions about resource allocation.

2.4 Cancer research and education

A recent review of health and medical research in Australia\(^3\) emphasises the crucial contribution that health and medical research can make to increasing longevity and quality of life for individuals and to

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\(^3\) Australian Government Department of Health and Ageing, Strategic Review of Health and Medical Research Final Report (February 2013)
supporting economic prosperity. Indeed, over recent decades, sustained research has helped to make significant improvements in cancer detection and treatment of cancer, leading to reductions in mortality rates. Today, more than half the new cases of cancer diagnosed will be successfully treated, with survival rates for many common cancers having increased by more than 30 per cent in the past two decades, due to treatment improvements and new interventions facilitated by research.

Cancer services in the ACT and SNSW LHD will play an active and integral part in the development and application of the cancer research agenda. Key strategies are to ensure:

- an increased focus on translational research that directly improves the diagnostic and treatment modalities and services available to patients;
- a greater emphasis on research that can be readily applied to evidence-based practice; and
- a greater collaboration between health professionals and researchers to deliver research with greater impact.

SNSW LHD sites participate in research activities at the Canberra Hospital through the contribution of data for a variety of research projects. The Medical Oncology Research Unit at Canberra Hospital is currently involved in conducting clinical trials with cancer patients. These trials are aimed at exploring new agents and methods of treating malignancies. Radiation Oncology Clinical Trials actively participate in national cooperative group studies that result in the implementation of modern treatment technologies for cancer patients. Other studies involve facilitation of more rapid treatment access for palliative patients. Radiation Oncology also have active translational cancer and lab-based radiation biology research.

There is an existing relationship with the Australian National University Medical School and its Rural Clinical School in relation to research and teaching. This link is strengthened by a constant roster of registrars and interns rotating through the Canberra Region Cancer Services. Staff have access to extensive professional development programs enabling them to broaden and extend their clinical skills.

The Centenary Chair in Cancer Research was established in 2013. The position is associated with the John Curtin School of Medical Research (JCSMR) at the Australian National University and facilitates collaboration between cancer researchers at the JCSMR, clinicians at the Canberra Region Cancer Centre, Canberra Hospital, and students.

2.5 Other strategic directions

**Clinical networks facilitating integrated care**

Strengthened and resourced clinical networks will involve clinicians working flexibly across hospitals and community health centres within ACT Health and with other health care providers such as general practice, consumers, and regional services where appropriate. Networks will consider trends and indicators, develop and recommend standardised assessment and treatment protocols, models of care and service delivery, benchmarks, efficient of resource utilisation and identify research projects that will lead to improvement in patient outcomes. This approach provides the opportunity to develop and implement sustainable, collaborative processes for the ACT and SNSW LHD.

**HealthPathways**

*HealthPathways* offers an opportunity to embed a system improvement process that promotes more efficient and effective patient journeys in health care and supports enhanced integration between the primary health care and secondary/tertiary health care sectors. *HealthPathways* are essentially local agreements jointly developed by general practitioners, specialists and other primary health care providers on how to assess, manage and refer in a timely manner in the local context of available

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4 *ACT Clinical Services Plan 2015 - 2018*
services. It is an approach underpinned by evidence based practice. This collaboration between clinicians is key to its success and the process of documenting and agreeing to a care pathway results in a review of how care is delivered and where redesign will support better clinical care for patients.

**Regional satellite services around centres of excellence**

In developed countries there is an increasing move towards centrally organised cancer care, a policy promoted in Australia. While this may prove inevitable due to the workforce/expertise shortages, it represents a challenge to the Canberra Region Cancer Service due to the geography of the region and the distance from the ACT of some regions of the SNSW LHD.

**Survivorship and post-acute care**

The ACT and SNSW LHD population is growing, the incidence of cancer is increasing, early detection of disease will become more apparent in the coming years and new technologies are influencing patient outcomes. For example, improvements in treatment mean people are living longer with and after cancer, leading to changing service and support needs for patients. Tailored support is required to enable the early recognition of, and preparation for, the consequences of treatment, as well as for the early recognition of the signs and symptoms of further disease and / or impact of the disease on the person both physically and psychologically.

**Screening and Surveillance**

It is vital to ensure there is adequate information to inform policy, for investment in future years, and to evaluate the Plan. In doing so, and to reduce the incidence of cancer in the ACT and SNSW LHD, it is important to work towards a more coordinated approach to cancer screening and better use of data for decision making.

The National Cervical Screening Program is undergoing renewal and there is opportunity for efficiencies if ACT Health and the SNSW LHD coordinate implementation of changes to the screening program.
3 Direction for the future

3.1 A strategic cancer services plan for ACT and SNSW LHD

To provide people from the ACT and SNSW LHD with

- improved health outcomes in relation to cancer through equitable and timely access to an appropriate range of high quality preventative, early diagnosis, cancer care and support services, and
- an experience of seamless services along their cancer patient journey, receiving evidence-based care from a leading regional service of excellence with strong connections to high quality research.

the ACT and SNSW LHD need to change ways of working to:

- better meet the needs of the ACT and SNSW LHD communities;
- address the challenges facing cancer services; and
- respond to increasing demand in an efficient and sustainable way.

The overarching principles that guide the provision of cancer services in the ACT and SNSW LHD are therefore:

**Person-centred:**
Provide and promote person-centred services and practices that respect and support the choices of individuals, their families and carers.

**Integration:**
Establish and maintain an integrated, collaborative way of working across the region with appropriate systems/infrastructure to provide seamless, efficient and effective services.

**Access:**
Provide equitable and timely access to the services necessary to achieve the Vision and Service Goal while managing and containing costs.

**Excellence:**
A culture of excellence will be established and maintained with evidence-based practice as the centrepiece.

Underneath the overarching principles are five key long-term objectives that will guide this work (Figure 1). These have been identified in response to the drivers of change and issues facing the delivery of cancer services. While the achievement of these objectives may sit beyond the immediate planning horizon (to 2020), part of the implementation strategy to be developed by the Implementation Group/s would be to monitor progress towards their achievement.

3.2 Development of Action Plans

An Implementation Group/s will be established through the Steering Committee, and will take responsibility for the development of both annual and five year Action Plans for the ACT and SNSW LHD. Action Plans will include each overarching principle in Figure 1 and the high level actions to which they are linked (Table 4).

3.3 Implementation and Evaluation

Implementation of the Action Plans, including the prioritisation of actions to determine annual workloads, will be the responsibility of the Implementation Group/s. As part of the process of agreeing to priorities for action, the Implementation Group/s will need to agree on a set of measures for each identified priority. It will be the responsibility of the Implementation Group/s to use these measures to determine if progress has been made towards the agreed priorities for action.
**Figure 1: A strategic cancer services plan for ACT and SNSW LHD**

**ACT and SNSW LHD Cancer Services Plan 2015 - 2020**

| Vision | People from the ACT and SNSW LHD have improved health outcomes in relation to cancer through equitable and timely access to an appropriate range of high quality preventative, early diagnosis, cancer care and support services |
| Service goal | People from the ACT and SNSW LHD experience seamless services along their cancer patient journey, receiving evidence-based care from a leading regional service of excellence with strong connections to high quality research |

**Overarching principles**

| A. PERSON-CENTRED: services are person-centred | B. INTEGRATION: ACT and SNSW LHD operate as a single entity | C. ACCESS: access to services is equitable and timely | D. EXCELLENCE: a culture of excellence is fostered |
| Provide and promote person-centred services and practices that respect and support the choices of individuals, their families and carers | Establish and maintain an integrated, collaborative way of working across the region with appropriate systems/infrastructure to provide seamless and efficient and effective services | Provide equitable and timely access to the services necessary to achieve the Vision and Service Goal while managing and containing costs | A culture of excellence will be established and maintained with evidence-based practice as the centre-piece |

| Objectives | Reduced incidence of cancer through primary prevention | Reduced incidence and mortality from cancer through effective screening and early detection | Reduced cancer morbidity/mortality through effective diagnosis and treatment | Improved quality of life for patients through programs of supportive care | Reduced incidence and impact of cancer through research |

**Outcome**

Improved population health outcomes in the ACT and SNSW LHD in relation to all cancers, and reduced disparity in outcomes between population sub-groups
### Table 4: High level actions to guide the development of Action Plans under the ACT and SNSW LHD Cancer Services Plan 2015 – 2020

**Overarching principles**

<table>
<thead>
<tr>
<th>A. PERSON-CENTRED</th>
<th>B. INTEGRATION</th>
<th>C. ACCESS</th>
<th>D. EXCELLENCE</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Services are person-centred</strong></td>
<td><strong>ACT and SNSW LHD operate as a single entity</strong></td>
<td><strong>Access to services is equitable and timely</strong></td>
<td><strong>A culture of excellence is fostered</strong></td>
</tr>
<tr>
<td>Provide and promote person-centred services and practices that respect and support the choices of individuals, their families and carers.</td>
<td>Establish and maintain an integrated, collaborative way of working across the region with appropriate systems/ infrastructure to provide seamless and efficient and effective services.</td>
<td>Provide equitable and timely access to the services necessary to achieve the Vision and Service Goal while managing and containing costs.</td>
<td>A culture of excellence will be established and maintained with evidence-based practice as the centrepiece.</td>
</tr>
</tbody>
</table>

**High level actions to guide development of annual and 5-year action plans**

| A1: Partner with consumers, families, carers and their representatives in the provision, planning, monitoring and review of care. | B1: Establish strong clinical network arrangements to support an integrated, multi-disciplinary regional service with effective clinical and strategic leadership. | C1: Ensure the provision of high quality and safe services along the continuum of care (supported by continuation of quality assurance processes). | D1: Improve the delivery of services through active monitoring and evaluation. |
| A2: Work in ways that promote the delivery of seamless care and support the choices of patients, their families and carers. | B2: Identify and develop strategies that will support the vision of delivering an effective regional cancer service. | C2: Ensure access to an appropriate range of services to meet identified needs of the population within available resources. | D2: Invest in workforce and skills development. |
| A3: Develop and disseminate information that will support GPs and cancer patients to navigate the patient journey. | B3: Improve continuity and coordination of care across related services for people with cancer. | C3: Identify and implement strategies to improve access to services. | D3: Foster the development of an active and effective research programme that supports the translation of research findings into clinical practice. |
| A4: Work in partnership with volunteers and community groups. | B4: Improve information management and communications systems to better support integrated care and sharing of information. | C4: Respond to growing and changing demand by adapting ways of working to improve efficiency. | |
4 Context

The Plan builds on and aligns with existing international, national and state jurisdictional evidence, plans and policy directions.

4.1 Cross border collaboration

The ACT and NSW Governments recognise the importance of closer working relationships. In 2011 they signed a Memorandum of Understanding (MoU) on Regional Collaboration which noted the health sector as a priority area.

The ACT Health and NSW Ministry of Health Joint Departmental Committee’s Work Plan identifies development and implementation of a long term framework for delivering coordinated regional health services to the residents of the ACT and SNSW residents living in the areas surrounding the ACT as a key priority.

In addition to government-to-government policy and funding initiatives, work is underway on opportunities for cross-border collaboration at a service level.

4.2 Regional planning and policy context

Southern New South Wales Local Health District

Eight metropolitan and seven rural and regional Local Health Districts (LHDs) are responsible for providing NSW publicly-funded health services. The services are provided across a variety of settings, ranging from primary care to tertiary hospitals and are supported by specialty health networks including the Sydney Children’s Hospital Network.

SNSW LHD extends from the South Coast and Southern Tablelands, across the Great Dividing Range and the Snowy Mountains and almost surrounds the ACT. It consists of 10 Local Government Areas covering an area of 44,534 km.

The SNSW LHD Health Care Services Plan 2013-2018 identifies the priorities and directions for public health care in the district. This includes the significance of ACT public hospitals as the closest tertiary referral hospital for many SNSW LHD residents and the need to enable SNSW LHD services to grow with the increasing and ageing population whilst also reducing flows to ACT services.

The SNSW LHD Community Health Strategy 2013-2017 outlines the way forward for Community Health Services within the District.

New South Wales’ cancer control strategy is led by the Cancer Institute NSW, a statutory body of the NSW State Government dedicated to the control and cure of cancer through prevention, detection, innovation, research and information. The NSW Cancer Plan 2011-2015, Lessening the impact of cancer in NSW is framed around the following goals:

- To reduce the incidence of cancer (through improving modifiable risk factors);
- To improve the survival of people with cancer; and
- To improve the quality of life for people with cancer and their careers.

Australian Capital Territory

The ACT Local Hospital Network (LHN) was established under the NHR to improve the networking and coordination of health services across the ACT. The ACT LHN consists of a networked system that holds service contracts with ACT Health and comprises Canberra Hospital, Calvary Public Hospital, Clare Holland House and the Queen Elizabeth II Family Centre.

Primary health care is crucial to the health and wellbeing of the community and the overall functioning of the health system. The ACT Primary Health Care Strategy 2011-2014 provides a road map for current and future policy, planning and practice in the ACT primary health care sector.
The *ACT Clinical Services Plan 2015-2018* provides strategic guidance to the development of publicly funded clinical services in the ACT and within the surrounding region of NSW. One of the priorities under the Clinical Services Plan is the development of a Cancer Services Plan for the region.

4.3 Population demographics

Canberra is the major health referral centre for the region and the location of the principal referral hospital. ACT Health partners with Calvary Hospital and SNSW LHD to plan, manage and deliver public sector health services to both the ACT and SNSW LHD region.

**Southern New South Wales LHD**

SNSW LHD’s population in June 2013 was 200,100 and this is expected to grow to around 208,600 by 2016. There is a high proportion of adults aged over 65 years (19%) which is the fastest growing age group. In the 2011 Census, about 5,500 residents (2.9%) identified as being of Aboriginal and/or Torres Strait Islander descent. Nearly 25,000 residents (12.6%) stated that they were born overseas, and about half of these migrants were born in a predominantly non-English speaking country (6.4% of the LHD population).

**Australian Capital Territory**

The ACT’s population in June 2013 was 381,500 and this is expected to grow to around 390,100 by 2019. The proportion of population aged 65 years and over (11%) is lower than Australia as a whole (14%) and the second lowest of all states and territories after the Northern Territory (6.2%). In the 2011 Census, about 5,185 residents (1.4%) identified as being of Aboriginal and/or Torres Strait Islander descent. Over 102,000 residents (28.6%) stated that they were born overseas, and three quarters of these migrants were born in a predominantly non-English speaking country (22.2% of the ACT population).

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5 ABS, 3235.0 Population by Age and Sex, Regions of Australia, 30 June 2013
6 NSW Department of Planning & Environment: NSW State and Local Government Area Population Projections: 2014 Final
7 ABS, 3235.0 Population by Age and Sex, Regions of Australia, 30 June 2013
5 Cancer services in the ACT and SNSW LHD

5.1 Range of services

Services are required to meet the needs of patients from across the continuum of care, from preventative and screening services, diagnostic and treatment services, pharmacy and psychosocial services, survivorship services, and palliative care.

The population covered by this plan accesses services from a range of different providers (both public and private) in a variety of geographic locations. GPs are currently involved in the initial phase of detection, complementing existing screening processes such as breast and cervical screening. Through GPs and diagnostic services within the region, patients are referred to a specialist or to hospital based services. These discrete areas work together in providing comprehensive cancer diagnosis and treatment in the region.

Service providers work to deliver care in a range of settings, including hospitals, hospices, residential aged care facilities, general practice, community health centres, patients’ homes and in the community.

Role delineation

The provision of acute services is categorised by a system of role delineation according to the complexity of care available at each facility, with level 6 representing the highest acuity of services.

- Canberra Hospital operates as the regional tertiary centre for cancer services providing:
  - level 6 services in haematology; and
  - level 5 in medical oncology and radiation oncology services.\(^9\)

- Calvary Hospital operates as a satellite cancer centre providing:
  - level 4 for medical oncology services; and
  - level 4 in haematology services.

- SNSW LHD:
  - operates 12 hospitals including 3 Multipurpose Services (MPS) as well as community health, telehealth, Aboriginal health, health protection and other services; and
  - in terms of outpatient services, the medical oncology service operates at level 2/3, supported by some level 4 radiation oncology services.\(^10\)

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\(^9\) In the life of this plan, the radiation oncology service will be working towards achieving a level 6 role delineation

\(^10\) There is no radiotherapy modality in SNSW LHD
Prevention services

The scope of what is meant by cancer prevention services is broad. Programs that encourage proper nutrition, physical activity and avoidance of excess body fat could be seen to be cancer prevention services in that a low intake of fruit and vegetables, physical inactivity, and high body mass are all risk factors for cancer.\(^{11}\)

The ACT and NSW Governments support such programs and messaging at a population level and for targeted populations.

Specific cancer prevention services that operate in both the ACT and SNSW LHD include:

- smoking cessation services; and
- SunSmart programs.

For vaccine-preventable cancers such as cervical cancer and many cases of primary liver cancer, cancer prevention services that are available to the ACT and SNSW LHD include:

- free human papillomavirus (HPV) vaccinations for year 7 high school female and male students;
- infant hepatitis B vaccination through the National Immunisation Program Schedule;
- hepatitis B and C screening; and

Screening services

Screening services fulfil an indispensable link in the cancer care continuum as they enhance the chance of early detection and treatment and therefore can lead to higher survival rates. Screening can facilitate the identification of apparently healthy persons at elevated risk of disease, who may benefit from follow-up investigation and care.\(^{12}\)

The screening programs endorsed by the National Health and Medical Research Council include:

- Breast screening (Mammography);
- Cervical screening; and
- Bowel screening (Colorectal).

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\(^{12}\) Australian Capital Territory Chief Health Officer’s Report 2012, p.43
**Diagnosis services**

Since 2002, the ACT Genetics Service has provided a cancer genetics risk assessment and surveillance recommendation service to the people of the ACT and surrounding regions. As research and the body of knowledge regarding the genetic component of cancer increases, so too has the need for support and advice from genetic counsellors and specialists. Increasing referrals to the genetics service in the ACT are placing pressure on these services. The service is based with the Women, Youth and Children Division and has strong links with the Pathology service. Currently pathology costs are not eligible for a Medicare rebate which impacts on the clinic’s ability to operate ‘high risk’ clinics for people who are at greater risk of developing cancer due to being a gene carrier. SNSW LHD has a visiting genetic service.

Both public and private pathology services are an essential part of the treatment care plan for cancer patients. Every case of cancer is diagnosed by a specialist pathologist.

**Treatment services**

Radiation Oncology: Radiation Oncology is located at Canberra Hospital and provides a comprehensive, multidisciplinary service to patients diagnosed with solid tumour cancer and for some malignant haematological disorders. The Radiation Oncology Department is equipped with 4 linear Accelerators and provides an estimated 1,745 new consultations per year.

The following services are provided in the Radiation Oncology Department:

- External Beam Radiation Therapy;
- High Dose Rate Brachytherapy;
- Superficial Radiation Therapy;
- Stereotactic Radiotherapy;
- Computer Tomography (CT) based planning with close links to diagnostic imaging centres offering Positron Emission Tomography (PET) and Magnetic Resonance Imaging (MRI);
- Patient education; and
- Wound management and review.

Medical Oncology: Calvary Hospital and Canberra Hospital both provide outpatient services, Canberra Hospital at the Medical Oncology Unit and Calvary at the Zita Mary Clinic. Inpatient oncology services are provided in the Haematology/Oncology Ward at Canberra Hospital. The range of treatments/procedures provided in the Haematology Unit at Canberra Hospital is vast – from intrathecal chemotherapy, bone marrow biopsy, blood collection and blood product transfusions including palliative support transfusions to patient, carer and staff education. Chemotherapy services are provided in the region at centres in Young (Murrumbidgee LHD), Cooma, Goulburn, Moruya and Bega.

Paediatric services: At present, children diagnosed with cancer are referred to Sydney Children’s Hospital (SCH) for initial assessment and management because there is not an appropriate level of demand to support such a service in the ACT and surrounding region. However some follow up treatments are administered in the ACT under the direction of the service based at Sydney Children’s Hospital, and some outreach clinics are provided in Canberra by SCH staff.

Cancer Surgery: Surgical services are not a formal component of the Canberra Region Cancer Service; however surgery is one of the main treatment modalities for many types of cancer and associated issues. It is planned to develop a greater integration of a cancer patient’s surgical experience with their overall treatment. In general there is a high level of demand for surgery associated with the most common types of cancer, especially skin, colorectal and breast cancers.

Surgeries are conducted at Canberra and Calvary Hospitals in the ACT. Surgery in SNSW LHD is performed at Queanbeyan, Bega, Goulburn, Moruya, Batemans Bay and Cooma hospitals.
Palliative care services
The ACT Palliative Care Services Plan\textsuperscript{13} notes that because the incidence of cancer in the ACT and SNSW LHD is increasing, this will have a cumulative impact on demand for palliative care services in the ACT. ACT Health provides palliative care services for the population of the ACT plus a tertiary inpatient service for parts of the surrounding SNSW LHD. Specialist palliative care services are provided from Clare Holland House, the Canberra and Calvary Hospitals, and the Home Based Palliative Care team. Services are also provided by Palliative Care ACT which trains and supports volunteers. Efforts are being made to improve the provision of palliative care in aged care and retirement homes.

SNSW LHD delivers palliative care services through a primary health care model.

Survivorship services
Cancer services are supported by diagnostic, psychosocial, allied health and other services. These services are provided both in the public and private sector and may include pharmacy, medical imaging services and allied health related services such as social work, nutrition, occupational therapy, physiotherapy, speech pathology and psychology. They also include support services such as the wig service and breast prostheses service. As demand for public cancer services continues to grow and the model of multidisciplinary care planning and service delivery evolves within the region, the demand for clinical support services will increase. Work has begun on establishing effective networks with and between the various clinical support services.

Demand for rehabilitation services is also predicted to grow. Due to advancements in cancer care, patients will live longer, and sometimes experience multiple episodes of cancer during their lifespan. Combined with an ageing population this will change the characteristics of the rehabilitation period after a cancer episode. The rehabilitation trajectory may be complicated by other (pre-existing) chronic conditions.

## Glossary of terms

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<thead>
<tr>
<th>Abbreviation</th>
<th>Full Form</th>
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<tbody>
<tr>
<td>ABS</td>
<td>Australian Bureau of Statistics</td>
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<td>ACT</td>
<td>Australian Capital Territory</td>
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<td>GP</td>
<td>General Practitioner</td>
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<td>HWA</td>
<td>Health Workforce Australia</td>
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<td>HPV</td>
<td>Human Papillomavirus</td>
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<td>ICT</td>
<td>Information and Communication Technology</td>
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<td>JCSMR</td>
<td>John Curtin School of Medical Research</td>
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<td>LHD</td>
<td>Local Health District</td>
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<td>LHN</td>
<td>Local Hospital Network</td>
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<td>MRI</td>
<td>Magnetic Resonance Imaging</td>
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<td>MPS</td>
<td>Multipurpose Services</td>
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<td>NCWSF</td>
<td>National Cancer Workforce Strategic Framework</td>
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<td>NHHR</td>
<td>National Hospital and Health Reform</td>
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<td>NHRA</td>
<td>National Health Reform Agreement</td>
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<td>NSW</td>
<td>New South Wales</td>
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<td>PET</td>
<td>Positron Emission Tomography</td>
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<td>SCH</td>
<td>Sydney Children Hospital</td>
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<td>SNSW LHD</td>
<td>Southern New South Wales Local Health District</td>
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