

9th February 2021

Ms Kathrine Morgan-Wicks
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SUBMISSION – OUR HEALTHCARE FUTURE

Please find attached a submission from Cancer Council Tasmania into the Our Healthcare Future consultation process.

Regards



Penny Egan
Chief Executive Officer



**CANCER COUNCIL TASMANIA, IN RESPONSE TO
*OUR HEALTHCARE FUTURE – IMMEDIATE ACTIONS AND
CONSULTATION PAPER***

9 February 2021

Attention: www.health.tas.gov.au/ourhealthcarefuture

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1. GENERAL INTRODUCTION

Chronic diseases are Australia's greatest health challenge, and leading cause of illness, disability and death. However, much burden could be prevented by addressing modifiable risk factors and providing support to manage disease.¹ Early detection of pre-conditions is important to halt or slow down disease progression, prevent avoidable complications and provide treatment at an earlier stage of disease for better outcomes.² The incidence and survival rates of cancer are increasing. Cancer isn't always a one-time event, the fear of reoccurrence for survivors means that it never completely goes away. Cancer survivors experience an increased rate of chronic health conditions³, in some cases cancer is considered a chronic disease.

The response to this submission, encompasses recommendations that support better outcomes for Tasmanians both from a preventative health perspective and those impacted by cancer including people with other health issues. The overarching recommendations are based on a longer term strategy that will assist many Tasmanians, not just those impacted by cancer and incorporates the following factors:

- Collaboration

Improvements will come from utilising, investing in and leveraging off communities and organisations that can work together collaboratively rather than funding a myriad of smaller activities and individual organisations/communities. There must be connectedness between sectors to avoid, operating in silos to ensure the overall outcome of improved health outcomes for Tasmanians is to be achieved.

- Investment into Preventative Health

The importance of investment into preventative health is supported by economic evidence. The improvement into healthcare will eventuate from an investment made now that will seek to reduce health costs, improve quality of care and overall individual health benefits. The cost-effectiveness of prevention is achievable, but impacted by the length of time it takes to see effects of the intervention.⁴ It is a long term solution to a current problem that will not be eliminated without sustained investment.

Preventative care transcends demographics and is applicable to people of every age.⁵ An investment into preventative health in Tasmania with its smaller population base and aging demographic will have considerable short and long term benefits and positive economic and health outcomes for Tasmanians and Tasmania.

- Equality versus equity

¹ <https://www.acdpa.org.au/>

² <https://www.acdpa.org.au/submissions>

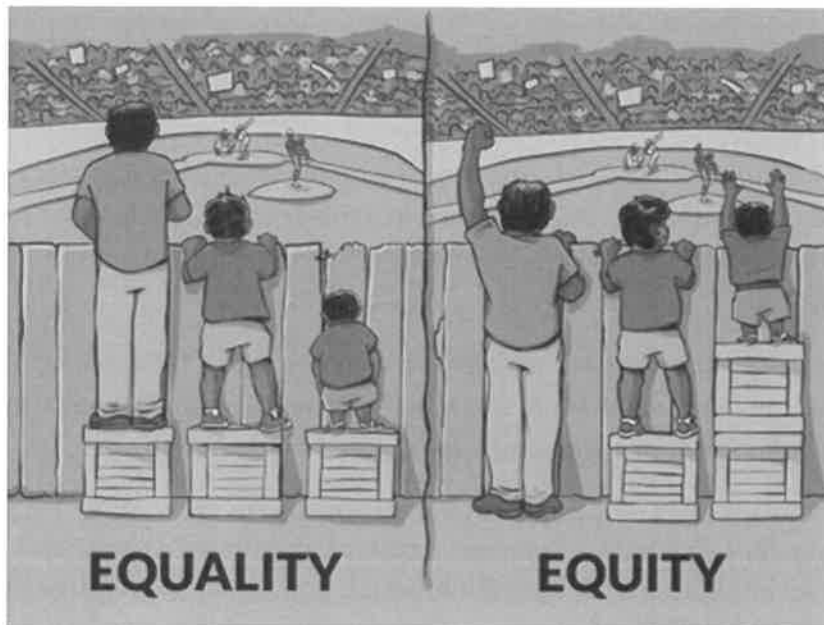
³ Clinical Oncology Society of Australia, *Model of Survivorship Care – Critical Components of Cancer Survivorship Care in Australia* Position Statement, Nov 2016, Vol 1

⁴ https://en.wikipedia.org/wiki/Preventive_healthcare#Economics_of_US_preventive_care

⁵ Ibid

The public health system is available to all, however equality only works if Tasmanians are all starting from the same base, which they are not. Equity ensures that everybody has what they need to improve the quality of their situation. This is also not true of Tasmanians as the social determinants of their health do not allow everyone to access preventative healthcare.

The need to provide equitable access to quality healthcare, be that primary, secondary and community healthcare is imperative in seeking positive physical and emotional health outcomes for Tasmanians.



2. CANCER COUNCIL TASMANIA – THE ORGANISATION

Cancer Council Tasmania (CCT) is a charity that works to minimise the incidence and impact of cancer on all Tasmanians that:

- Contributes funds towards local cancer related research projects
- Provides high quality support services for people affected by cancer
- Facilitates cancer support services individually, through support groups, services and programs to help improve the quality of life of cancer patients, people living with cancer, their families and carers
- Invests in cancer prevention programs to educate the community about lifestyle factors that can reduce their cancer risk
- Provides evidence based information
- Provides a respected voice for the needs of people affected by cancer, and
- Advocates as an independent voice for improved cancer prevention and cancer control policy.
- Manages and delivers the State Government funded Quit Tasmania program

Over the past few years there has been an increased demand for cancer prevention and cancer support services and programs with occasions of support increasing from 4,000 five years ago to over 8,200 in 2018-19 and 7,400 in 2019-20, even with a pandemic.

CCT operates state-wide. It has purpose designed Cancer Support Centres in Sandy Bay and Launceston and a centre in Devonport. The Centres provide emotional and physical support to anyone impacted by cancer at any stage in their cancer diagnosis. Prior to COVID, CCT had a formal presence three half days per week at the Icon Cancer Centre in Hobart and the Wellness Centre at the North West Cancer Centre in Burnie.

3. CANCER IMPACTS ON THE TASMANIAN COMMUNITY

In 2017, there were 3,476 newly diagnosed cancers in Tasmania (excluding non-melanoma skin cancers) and 1,268 cancer deaths.⁶ In Tasmania 1 in 3 males and 1 in 4 females risk developing any cancer by the age of 75 years. By age 85 years, the risk increases to 1 in 2 for both males and females.

The impact of just one cancer diagnosis on families and communities is far reaching. The multiplier effect is large. In many cases there is also a significant personal financial impost which then leads to broader economic impacts including the health system.

The proportion of Tasmanians aged 65 years and over is expected to grow from 19 per cent in 2017 to around 25 per cent by 2050.⁷ Tasmania's current and future population structure has widespread implications for ageing individuals and the people and systems that support their health and wellbeing⁸.

The combination of a high and increasing proportion of older Tasmanians, and the relatively high prevalence of risk factors and chronic diseases will, unless checked, mean an ever greater burden on healthcare, social and community resources⁹.

Tobacco smoking remains the largest cause of preventable death and disease in Australia. Smoking can be attributable to 16 cancers and is responsible for up to 30% of all cancers in Tasmania. 17.6%¹⁰ of Tasmanian adults are current smokers with Tasmania having the higher smoking rates of all states and territories except the Northern Territory. Lung cancer is the highest cause of cancer death in Tasmanian men and women.

The median age of Tasmanians is increasing and people are living longer; cancers are more prevalent than in the past and are now overtaking all other conditions in disease burden. The cancer disease burden ultimately translates to increased pressure on Tasmania's health

⁶ Tasmanian Cancer Registry, *Cancer in Tasmania: Incidence and Mortality 2017*, Menzies Institute for Medical Research Tasmania, Hobart, Nov 2019

⁷ Public Health Services, Tasmanian Department of Health, *The State of Public Health: Tasmania 2018*, April 2019, p6

⁸ *ibid.*

⁹ *ibid.*

¹⁰ ABS National Health Survey 2017-18, First Results, 2019

system. It is estimated that by 2040 over 15 Tasmanians a day will be receiving a cancer diagnosis.

The COVID-19 pandemic has seen a significant reduction in the number of participants in the national cancer screening programs for Breast Screen, the National Cervical Screening Program and the National Bowel Cancer Screening Program.¹¹ These results are likely to see an increase in late stage cancer diagnoses which will impact treatment options, patient outcomes and an impost on the health system.

Cancers (all types combined) are predicted to become the largest contributor to disease burden from 2003 to 2023¹². Research work continues to be undertaken related to the economic cost of cancer. This can be valued in a number of ways from the cost to health systems related to diagnosis, treatments, cures and palliative care to a value that can be attributed to a loss of life from loss of income, productivity and earning capacity. There is also a social and emotional cost albeit a value is difficult to attribute.

4. RESPONSE TO SUBMISSION

Reform Initiative 1 – Better Community Care

Question 1: How can we target better our current investment as well as future investments in health to ensure a sustainable and balanced mix of services is delivered across the whole of the health system to provide right care in the right place at the right time?

There needs to be a higher level of sustained investment into preventative health initiatives. It has been well documented that positive lifestyle choices provide an investment in health throughout life.¹³ Evidence shows spending on prevention and early cancer detection would save lives, improve population health and create economic and health returns on investment¹⁴.

There is enormous value to be gained from working with community to increase and understanding of the importance cancer prevention strategies and health promotion to enable Tasmanians to live longer and better quality lives. CCT would strongly support a strategy that incorporates investment into early interventions and targeting risk factors which incorporates health professionals undertaking risk assessments and help people understanding the management of risk through early detection and behavioural changes.

Investment should be proactive, not reactive. It should not be piecemeal. It must be significant and sustaining if the longer term benefits are to be achieved. The return from investment in community rather than investment through community grants will be

¹¹ Cancer Screening and COVID in Australia, AIHW, October 2020

¹² Population Health, Tasmanian Department of Health & Human Services, *Health Indicators Tasmania 2013*, p61

¹³ *Ibid*

¹⁴ <https://www.acdpa.org.au/submissions>

significantly increased through an agreed longer term plan in collaboration with the health sectors and community (being individuals and organisations).

A patient's family is often an untapped resource to share the burden of patient care. Understandably the clinical sector often doesn't have the resources to provide care and support to family members, however community based organisations are skilled in this area. It is recognised that often the carers level of distress can be higher than the patient's when it comes to cancer care, however if they are well supported they are often an invaluable resource to the patient and health care providers in recognising changes in symptoms and accessing early intervention. Well supported carers are also better equipped to care for their loved one at home with community support when acuity of the patient is at a lower level.

Question 2: How can we shift the focus from hospital based care to better community care in the community?

1. Pathways from acute to community

Cancer Council has developed *optimal care pathways* (OCP) for a number of tumour streams. The pathways are designed to promote a full understanding of the patient journey in order to foster quality cancer care from the point of diagnosis.¹⁵

Having pathways for cancer patients leaving cancer treatment into community services, including GP's and non for profit entities, helps them to navigate support to remain healthy, improve their health, or manage the late effects of their treatment after they leave the acute clinical care setting.

OCP for other chronic diseases would provide clearer pathways for patients to access assistance and avoid going back into the acute sector. It would increase access for people to better manage their own health and reduce the impost on acute services, and also allow people with higher needs eg co-morbidity's, complex care needs to be linked with specialist services as needed.

2. Clinical Referrals

Collaboration between health sectors, relevant non-government organisations and the community, actively including the client/patient/consumer, is vital, to improve access to treatments as well as linking people back into supportive community environment to increase support around the social determinants of health. The community sector can assist patients with health information and an example that demonstrates the type of information needs clients often have when exiting acute service is:

In discussion with a client today a CCT staff member reported

¹⁵ <https://www.cancer.org.au/health-professionals/optimal-cancer-care-pathways>

'She wanted more information about how to manage daily life after surgery. She has just had a port inserted and wanted to know if she could raise her arms up and hang the washing on the line, or cut her hedge with big hedge trimmers (or would this form of arm extension affect her port). I think it is assumed patients know this stuff! She is a knowledgeable woman who has worked in the medical world and still needs the basic info that medical people don't always think to give out. She also said she asks lots of questions and fears she is going to become the 'nuisance patient'...

Referral pathways into community based care exists on one level, however it needs to be improved so that non clinical based organisations are included. This allows patients and their families to be linked into health programs to optimise health outcomes. For this to work well there needs to be clear, efficient pathways for the referral process to be enacted that then translates into an effective outcome for the client. A review of current "gateways" may provide insights into the development of a community care gateway(s) that connect into credible and quality community care alternatives outside of the hospital sphere of care.

An important contributor to ensuring cancer patients are aware of the support that CCT provides relies on clinical referrals. This allows clients to receive emotional support outside of the clinical setting, away from hospital based care.

3. Telehealth

The past 12 months has proven that telehealth can play an important part in providing health care to clients outside of the hospital.

The importance of equitable access to digital health outcomes must be a priority, however not all Tasmanians can avail themselves to use telehealth options. Some of our clients have accessed their interstate telehealth appointment in our Centres using our technology and assistance from our staff so they had a supportive environment to engage in their clinical appointment. To improve this ad hoc approach we need clear pathways that allows access to community settings to enable patients and their families to have a supportive link when using technology. This would make access easier for Tasmanians who do not have the digital technology skills or confidence to use this facility.

Seeking increased investment into technical solutions that can provide efficient and effective outcomes for clinicians and clients and provide equitable access to Tasmanians will contribute to a reduction in visitations to the acute settings and increase safety for vulnerable clients.

Refer to the Health Consumers Tasmania recommendations.

4. Tasmanian Cancer Plan

The Tasmanian Cancer Framework and Strategic Plan (2010-2013)¹⁶ was the product of wide consultation. It requires urgent updating.

Tasmania should have a current State Cancer Plan. In reviewing the cancer plans of other Australian States the benefits of such a plan ensure that there is a focus on improving cancer outcomes, but in effect, that also equates to improving health outcomes for the general population.

Cancer affects all Tasmanians in some way. A cancer plan sets a long term vision for improving health outcomes. It must include priorities and goals and provide an equitable outcome to all Tasmanians.

Victoria is legislated to develop, initiate and report against a 4 year plan. The Victorian Cancer Plan¹⁷ is based around the pillars of:

- Primary prevention
- Screening and early detection
- Treatment
- Wellbeing and support
- Research

A Tasmanian cancer plan could incorporate all of the above but also focus health promotion and supportive community based care, thereby providing positive outcomes for all members of the community.

Understanding and planning for infrastructure investment is a crucial component. Providing care in the community is not necessarily home based. As noted in this submission, the development of cancer support centres in Launceston and Sandy Bay provides support to many people in our community. The long term vision for a support centre on the North West coast is an important consideration for future needs in that region of Tasmania.

Question 5: How can we make better use of telehealth, so people can receive care closer to home, and what are the barriers preventing utilisation of telehealth?

Similar response to question 2 and includes:

My response may go better down here

- Promoting the benefits of telehealth to consumers. Provide targeted marketing to the community to increase their awareness and confidence in utilising telehealth and the benefits to them of taking up the opportunity.

¹⁶ https://www.health.tas.gov.au/__data/assets/pdf_file/0006/74229/UPDATED_2010-07-27_Tasmanias_Cancer_Framework_and_Strategic_Plan_2010-20131.pdf

¹⁷ Victorian Cancer Plan 2016-2020, *Improving cancer outcomes for all Victorians*

- Increase investment into telehealth options to ensure that the systems are efficient and that technology is not the problem
- Seek from consumers what are the barriers to them of not utilising the telehealth option.
- Providing equitable access to telehealth options
- Ensuring telehealth is not the only option.

Question 10: How can we build health literacy, self-management and preventative health approaches into the day-to-day practices of our health services across the whole of the health system?

Referral pathways from health professionals into community organisations and programs can produce effective results in the self-management of health issues and longer term positive health outcomes. There needs to be an equitable process and a supportive process.

Example – Smoking Cessation

It is estimated that smoking costs the Tasmanian economy approximately \$465.8 million per year, including direct healthcare costs.¹⁸ Research indicates that smoking cessation brief advice (e.g. ask, advise, help) connects patients to evidence based population-level tobacco dependence treatment (TDT). TDT is a combination of multi-session behavioural intervention (such as that offered through Quitlines and smoking cessation pharmacotherapy such as nicotine replacement therapy (NRT), if clinically appropriate, and gives people the best chance of stopping smoking.¹⁹ This would mean that every patient in Tasmania should be:

- asked about their smoking and record status in their medical record
- advised of the best way to quit, in a clear non-confrontational, personalised way,
- helped by being offered an opt-out referral to behavioural intervention (such as through Quitline), and
- by prescribing/facilitating access to free combination NRT (e.g. using two forms of free NRT such as nicotine patches and gum) to assist their quit attempt.

It would need Government to:

- Invest into system support to embed brief advice into healthcare and community services as part of routine care, and the provision of Quitline as an opt-out referral provider. Compulsory brief advice training would also be necessary.

¹⁸ Peter Bennett Consulting (2015). The economic benefits of a reduction in the incidence of smoking in Tasmania 2013-14. Unpublished report, Hobart: Cancer Council Tasmania.

¹⁹ Kotz, D. (2014). 'Real-world' effectiveness of smoking cessation treatments: a population study. *Addiction*, 109(3), 491-499.

- Ensure that all future funding agreements for healthcare and community services include activities and key performance indicators for embedding brief advice for smoking cessation and referral to behavioural intervention such as Quitline.

Question 11: How can we better incorporate preventative health and health literacy initiatives into current and future care, across the range of settings, including acute, community, primary and private?

1. Investment into Preventative Health

The strategic and priority investment into preventative health with the understanding and recognition of the importance that it must be sustained funding for prevention is essential to achieve any real impact. Investment includes:

- Creating healthy physical environments which support physical activity and encourage people to be active in their everyday lives.²⁰
- Development of a strategy that includes a broad demographic, those impacted by chronic disease and young people who will can make a significant contribution to future outcomes.
- Embedding prevention into routine health service delivery. Risk assessment, management of risk and early detection also need to be embedded into the health system to prevent disease progression, complications, avoidable hospitalisations and adverse outcomes.²¹ The current health system is set up to prioritise treatment of existing conditions rather than promoting prevention, risk assessment and early detection.²²

2. Investment into social marketing campaigns

Social marketing is a broad medium. It has the ability to reach all ages, demographics and geographical areas. The messaging can be targeted or broad.

As an example, the State Government’s investment into social marketing campaigns through funding provided to Quit Tasmania for anti-tobacco campaigns has produced excellent results. It is acknowledged that there are many components of a tobacco control strategy but research over many years shows that social marketing campaigns are highly effective in reducing smoking prevalence and cost effective.²³ The reach and frequency of campaigns is a significant contributor to the reduction in smoking rates in Tasmania over the past few years. Investment in social marketing campaigns are considered the highest priority as part of a comprehensive tobacco control strategy.

3. Don’t “reinvent the wheel”

²⁰ <https://www.acdpa.org.au/submissions>

²¹ Ibid

²² Ibid

²³ Commonwealth of Australia (2013) Tobacco control and mass media campaigns: evidence brief. Prepared by Cancer Council Victoria for the Australian National Preventive Health Agency.

Tasmania can learn and leverage from others. We don't have to be the leaders.

For example, the Federal Government has invested into the Preventive and Public Health Research initiative which includes the "Keeping Australians out of Hospital initiative"²⁴. The goals of the project are to:

- Reduce avoidable hospitalisations
- Help people better manage their chronic and complex health conditions
- Promote lifestyle changes that improve health
- Support patient care out of hospital such as timely care at home

Reform Initiative 2 – Invest in modern ICT infrastructure to digitally transform our hospitals, improve patient information outcomes and better manager our workforce

Question 6: What technology would best help you to deliver improved patient outcomes?

Cancer perspective

The cancer services in Tasmanian are well served by an oncology specific electronic medical record (ARIA). However it needs ongoing investment into infrastructure support to ensure the timely dissemination of information both to and from stakeholders.

There is limited forward planning. ARIA requires investment into resourcing (funding, technical support and clinical application support) to ensure timeliness and availability of information.

Southern Tasmania

- IT support is required to continue expansion and delivery of services in the community. Unlike the north of the state, the south has been much more RHH centric.
- Huge need for investment in survivorship support
- Investment in developing and maintaining the RHH Cancer Services intranet and internet interfaces. This would help facilitate referrals from the community.

General

- Increase investment into telehealth options to ensure that the systems are efficient to ensure that technology is not the problem
- Promoting the benefits of telehealth to consumers. Provide targeted marketing to the community to increase their awareness and confidence in utilising telehealth and the benefits to them of taking up the opportunity.

²⁴ <https://www.health.gov.au/initiatives-and-programs/preventive-and-public-health-research-initiative>

- Seek from consumers what are the barriers to them of not utilising the telehealth option.
- Access to Wi-Fi in the hospital system including outpatients is requested by many of our clients
- Access to laptops/I-Pads in clinical settings to improve access to health information and linkage to services.
- Access to mobile Health Apps so patients can direct their own efforts to improving health post clinical intervention
- The ability for clients to have email access to clinical staff

Question 7: How can we use technology to empower patients with their own self care?

During COVID the ability for CCT and many other organisations to provide on-line programs to clients proved to be an important initiative and gave many Tasmanians access to support that otherwise would have been unavailable. Consideration should be given to investing funds with appropriate organisations who can demonstrate that on-line connectivity with clients is providing positive physical and emotional health outcomes.

Refer to the Health Consumers Tasmania submission recommendations.

Reform Initiative 3 – Planning for the future

3a – Develop a long term health infrastructure strategy for Tasmania

As stated in the consultation document, development of health infrastructure requires:

- Broad but specific consideration of many factors
- Ensuring facilities (new or redesigned) deliver the right care in the best place whether that is in the acute, primary or community setting.
- That the strategy is flexible, scalable and adaptable and responsive to changing models of care in appropriate settings
- The need to cover a broad spectrum of health care needs
- Ensuring infrastructure investment is supported by recurrent cost needs

Consideration needs to be given to having external representation on the committee developing the infrastructure strategy, rather than solely an internal government senior executive structure. Broad consultation is assumed to be a given in the development of the strategy, however committee membership which includes external parties with the appropriate skills, knowledge and a genuine interest in the long term outcome would be beneficial. An appropriate governance structure should also be put into place.

Consideration of public and private investment to achieve outcomes in some areas should certainly be included. In 2012 CCT opened its purpose build cancer support centre in Launceston with the assistance of state, Federal and private funds. Our clients are experiencing many positive outcomes related to the model of care provided to them, the

facility itself and the bonus of its proximity to the Launceston General Hospital and the Holman Clinic.

The centre now also have several community organisations who lease space in the centre. The collaboration between CCT and the tenants ensures that all clients and users of the centre benefit from the investment into a purpose built supportive care facility.

3b – Build a strong health professional workforce, aligned to a highly integrated health service, to meet the needs of Tasmanians.

A professional health workforce is integral to quality patient care and positive health outcome. So also is the need to collaborate with external professional organisations who are outside of the clinical sector and provide care and emotional support.

Cancer Care Co-ordination is vital in ensuring optimal cancer outcomes and delivery of high quality and efficient cancer services²⁵. Tasmania has a number of dedicated Cancer Care co-ordination nurses however not all cancer streams are covered equitably. Areas requiring more support are brain cancer, as patients usually have to travel within Tasmania for treatment, lung cancer, as it has the highest incidence of mortality in Tasmanian and a co-ordinator to assist patients who travel interstate for complex treatment eg sarcoma.

The importance of clinical referrals and “pathways” that are effective and efficient to ensure that equitable support can be provided to all Tasmanians. This assists to respond to the questions on alignment between the health services staff with external providers of other services.

The public sector does not have to hold all the skills. There are many non-clinical services that support clinical needs which can be undertaken outside of the acute sectors. Collaboration can be formalised through Memorandum of Understandings (MOU) between public and private sector organisations to ensure with alignment of meeting client/patient needs.

3c – Strengthen the clinical and consumer voice in health service planning.

Question 1: How could a State-wide Clinical Senate assist in providing advice to guide health planning in Tasmania?

CCT would support the initiative of a State-wide Clinical Senate that would provide advice to guide health planning and be comprised of persons who have the credibility and appropriate background knowledge and skills. The Senate would need to be well informed, well supported and have an effective engagement plan that involved consumers and all relevant stakeholders.

²⁵ Clinical Oncology Society of Australia ‘Cancer Care Co-ordinator’ Position Statement, Nov 2015

The submission from Health Consumers Tasmania provides a number of recommendations in relation to this reform initiative. CCT is supportive of their responses.

Question 4: Are there particular models of consumer engagement and participation that we should consider?

Community Development model e.g Health Consumers NSW.

http://www.hcnsw.org.au/wp-content/uploads/2018/11/2015_07_17_Final_report_and_template.pdf

Key elements include:

- ensure consumer engagement is a priority
- address organisational facilitators
- actively include disadvantaged/marginalised groups
- build the capacity of consumers to engage
- build the capacity of staff to support engagement
- focus on outcomes and evaluation.

Question 5: How can we improve opportunities for consumers to feed back on their healthcare including following discharge from care?

- Anonymous feedback via survey monkey for people comfortable with IT
- Anonymous hardcopy feedback forms given to clients on discharge from clinical settings