



Opportunities to improve cancer care in Australia and New Zealand

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The report 'Optimising cancer care in Australia' provides an overview of issues in cancer care in Australia and recommendations for change.¹ It results from widespread consultations and was produced by the Clinical Oncological Society of Australia (COSA), The Cancer Council Australia (TCCA) and the National Cancer Control Initiative (NCCI), which is a Commonwealth-funded expert group with a mandate to look at new approaches to the control of cancer. These three organisations commissioned an independent consultant to produce a preliminary report, which was then followed by extensive consultation; two workshops involving health professionals, health planners and consumer representatives; and reviews of relevant literature. The report has been supported by the Cancer Strategies Group, which is the key committee at Commonwealth government level that plans cancer policy. Support for the report has come from consumer groups, professional colleges, and the Australian Medical Association. It is likely to have a major influence on cancer care provision in Australia. The report is available, in full and summary form, on the NCCI website (www.ncci.org.au).

There have been several steps in developing a systematic approach to cancer control in Australia. Cancer was designated as a one of five National Health Priority Areas in 1996.² In 1997, the NCCI conducted an extensive, nationwide consultation on cancer control, which considered an initial list of 276 interventions, culminating in 21 agreed priority interventions in cancer control.³ The Cancer Strategies Group expanded this by conducting an evidence-based and cost-benefit assessment of selected new developments, resulting in recommendations for new or expanded programmes related to aspects of cancer control from prevention to palliative care.⁴ The Cancer Council Australia has produced a comprehensive prevention policy for cancer.⁵

The report complements these initiatives by addressing issues of routine cancer care and achieving quality and equity. The recommendations in the report fall into four key areas. First, integration of care: the report highlights the need for incentives to encourage integrated, multidisciplinary cancer care based around the needs of the patient. Second, improvements in quality of care: methods proposed are a voluntary accreditation system for facilities providing cancer care, and greater support for clinical trials; the evidence that clinical outcomes improve when patients are treated in high volume centres is reviewed. Third, resources: workforce needs in regard to nurses, radiation therapists, pharmacists, and specialist clinical oncologists are highlighted, along with the need for extended services in psycho-oncology and training needs in regard to primary care and communication skills. Fourth, achievement of appropriate and equitable access to cancer care is stressed, including issues of access to drugs in hospitals and the community, support for patient travel for necessary care, and access to palliative care. The final recommendation is for an

implementation strategy; a high-level, national task force in cancer to implement and guide changes is proposed.

The development of the report has taken over a year and key health service planners have been involved throughout the process, so that even before its publication many of the issues were receiving increased attention at federal and state level. The two largest states in Australia, New South Wales and Victoria, have announced ambitious cancer care plans that are consistent with many of the recommendations in the report. At federal level, the Commonwealth is setting up a National Service Improvement Framework structure for cancer.

The report notes that clinical outcomes, assessed by five-year survival rates, are good in Australia; survival for women is the best recorded in the world, and survival for men is second only to the United States. Despite this, healthcare professionals and consumer groups feel strongly that considerable changes are required that could improve patient outcomes both in terms of survival and quality of life. It is also emphasised that many effective reforms could be achieved without a massive increase in the cancer healthcare budget.

In New Zealand, parallel developments are underway and, as in Australia, both government and non-government agencies are involved. A widely representative Workshop on Cancer Control in 1999⁶ recommended the development of a national cancer control strategy for New Zealand, a concept strongly advocated by the World Health Organization.⁷ Reducing the incidence and impact of cancer is one of the 13 population health objectives highlighted for action in the short to medium term in the New Zealand Health Strategy.⁸

In 2001, the New Zealand Cancer Control Trust was established with funding from the Cancer Society of New Zealand and the Child Cancer Foundation to represent the non-government sector in the strategy development process. Following a review of previous local and current overseas initiatives, the Trust has been working, in partnership with the Ministry of Health through a Cancer Control Steering Group and six expert working groups, to develop a New Zealand strategy. Public consultation on a discussion document, 'Towards a cancer control strategy for New Zealand *Marihi Tauporo*'⁹ has just been completed. It contains the foundations of the strategy, and its 25 proposed objectives and possible actions span the entire cancer control continuum from prevention to palliative care.

The definitive New Zealand cancer control strategy is expected to be launched by the Minister of Health in July this year. At the end of September, there will be a Workshop on the implementation of the strategy sponsored by the Genesis Oncology Trust and involving key stakeholders. Thus, there are interesting parallels and differences in the Australian and New Zealand approaches to controlling cancer. It is particularly important that the New Zealand strategy for cancer control is effectively implemented, monitored and periodically reviewed because cancer mortality and incidence in New Zealand compare unfavourably with Australia: in the order of 800 excess deaths per year.¹⁰ Australia could provide benchmarks against which the success of the New Zealand Cancer Control Strategy could be judged.

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