



Clinical  
Oncological  
Society of  
Australia

# Regional Cancer Centres of Excellence

**Dr Adam Boyce**

# RCCE

---

- Distance = worse outcome
- Some cancers patients living in a remote area are up to 300% more likely to die within 5 years of diagnosis
- The problems of diagnosing and treating cancer in regional Australia reflect disadvantages seen across the healthcare spectrum experienced by rural and remote communities

# RCCE

---

- The National Service Improvement Framework for Cancer identified the need to improve access to diagnostic and treatment services for all Australians regardless of where they live
- Models of care need to be developed to link smaller centres to larger centres of specialist expertise with timely referrals so as to not compromise the quality of care

# RCCE

---

- The establishment of a network of RCCEs is the centrepiece of COSA's and Cancer Council Australia's plan to improve outcomes for rural and remote patients.
- This will require a whole of government approach, joint funding and investment in significant infrastructure
- 5 main benefits of RCCE's will be discussed

# RCCE

---

- ***Substantially reduce the distance rural and remote cancer patients must travel to receive multidisciplinary cancer care in a capital city***

# RCCE

---

- Location to be determined by existing infrastructure and an analysis of population density and future community need
- Radiation services are the most capital intensive component of a cancer centre
- Centres with radiation services in place or plans for this should be considered as priority locations for RCCE's
- A cost-effectiveness model needs to be developed to determine the minimum caseload to ensure the feasibility and sustainability of an RCCE

# RCCE

---

- 12 non metropolitan areas already have radiotherapy units
- Coffs Harbour, Port Macquarie, Wagga, Albury-Wodonga, Ballarat, Bendigo, Geelong, Latrobe Valley, Townsville, Nambour, Toowoomba and Wollongong.
- Lismore, Orange , Darwin and Bussleton are under construction or pending
- A pilot site(s) from this list could be used

# RCCE

---

- *Provide a considerable return on investments in radiotherapy equipment in regional centres by complementing costly (in capital outlay) radiation oncology services with additional oncology and allied health services*

# RCCE staffing and services

---

- 2 radiation oncologists
- 2 or more medical oncologists (haematologists)
- Radiation therapists, physicists, nursing staff
- Specialist surgical services and coordination of services to ensure patients with complex cases are referred in a timely manner to centres with higher caseloads
- Specialist pharmacy services

# RCCE staffing and services

---

- Timely access to reconstituted cytotoxics
- Specialist nurse educators for resident staff and for peer support of outreach and community nurses
- Procedures to ensure all nurses administering chemo have adequate training and accreditation and nurses are adequately trained to meet the educational and emotional needs of all patients wherever they reside

# RCCE staffing and services

---

- Palliative care. At least 1 FTE medical officer trained in PC with at least one palliative care nurse
- At least 1 FTE professional providing psycho-social support
- Local allied health professionals, e.g. nutritionists, physios, OT's etc trained in cancer care and engaged according to caseload.
- Blood banking services

# RCCE staffing and services

---

- Care co-ordination. A dedicated co-ordinator per 200 new patient referrals per year
- Appropriate out of hours emergency and assessment capacity
- Appropriate accommodation services

# RCCE

---

- ***Contribute to ongoing enhancements in regional cancer care through stronger links between regional centres and major teaching hospitals, access to clinical trials, tissue banks and involvement in research programs***

# RCCE research

---

- A clinical trials unit with at least 2 trial co-ordinators (data managers or research nurses)
- Data management and linking to cancer registries and ability to audit and report clinical indicators
- Link with major centres to provide a rotation of staff, students and trainees
- Improve telemedicine capability
- Up-skill local primary health providers and improve overall healthcare staff and retention

# RCCE

---

- *Operate as relay points for supporting remote services and communities, providing mentoring and referral links for rarer cancers and providing a template for setting up future centres in regional areas of similar populations that currently have no radiotherapy capacity*

# RCCE

---

- *Foster an overall culture of medical excellence in local communities through improved recruitment and retention of specialised medical staff and by providing a platform for the introduction of diagnostic and other hi-tech imaging and medical services throughout regional Australia*

# RCCE fostering excellence

---

- GP's and community nurses play a critical role in the provision of care to cancer patients. From providing supportive care, palliation and ensuring multi-disciplinary care co-ordination throughout the cancer journey.
- It is important to provide primary care givers adequate support and training to assist them in the delivery of optimum care
- RCCE's would act as a hub of cancer care expertise

# RCCE fostering excellence with diagnostic technology

---

- Ensuring access to high quality medical imaging- i.e. CT, MRI and Nuclear Medicine – is essential to optimal cancer service delivery and need to be included in modelling of an RCCE
- These services also facilitate local diagnosis and monitoring of cancers and *other* illnesses
- PET. A population profile that supports a radiation Oncology service could also support a PET centre. Future diagnostic technology could be facilitated through an RCCE.
- Ensuring adequate pathology services and access to conventional and molecular diagnostic and therapeutic monitoring tests

# Summary

---

- Regional Cancer Centres of Excellence are an important starting point in trying to close the gap in cancer care provision between regional and metropolitan Australia
- Capital expenditure is the first step in providing such a service but it must be complemented with adequate human resources, across all disciplines, to make these truly centres of excellence rather than just excellent centres.