



Clinical  
Oncological  
Society of  
Australia

# Regional and Rural Cancer Centres:

## A Way Forward

# Regional Cancer Centres

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- Regional and Rural Cancer care has been a high priority of COSA for over a decade.
- Regional Cancer Centres are a necessary component of regional cancer care
- Convincing the Federal Government to fund such centres was on our agenda.
- Delighted to be here discussing how the money should be spent.

# Regional Cancer Care

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- We have a once in a generation opportunity to develop centres that offer optimal cancer care to patients living outside metropolitan areas.
- It is incumbent on all of us to make sure this opportunity is not squandered.

# National Service Improvement Framework for Cancer, 2006

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## CRITICAL INTERVENTION POINTS FOR CANCER CONTROL

The Critical Intervention Points and their derivation are described in **Chapter 7**. The 19 Critical Intervention Points for cancer are placed in order of the continuum of care and are as follows:

1. Reduce Risk
2. Find Cancer Early
3. Management and Support During Active Treatment
4. Management and Support between & after Treatment
5. Care at end of life if cancer is not curable

National Health Priority Action Council (NHPAC) (2006), *National Service Improvement Framework for Cancer*, Australian Government Department of Health and Ageing, Canberra.

# National Service Improvement Framework for Cancer, 2006

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## NATIONAL PRIORITY ACTIONS FOR CHANGE

There are eight priority actions which underpin the Critical Intervention Points. If these actions were undertaken by Australian and State/Territory governments, the basis for many of the changes identified in the Framework would be in place.

National Health Priority Action Council (NHPAC) (2006), *National Service Improvement Framework for Cancer*, Australian Government Department of Health and Ageing, Canberra.

# National Service Improvement Framework for Cancer, 2006

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1. Establish integrated and networked cancer services to improve continuity of care from reducing risk to care at the end of life.
2. Establish accreditation for cancer services and credentialing of practitioners using as a basis the recommendations about optimal services outlined in the Framework.
3. Develop funding structures which support multidisciplinary care in hospitals and the community through specialist and general practitioner payment schedules.
4. Develop national, state/territory and local approaches to monitoring all aspects of cancer control including performance indicators.

National Health Priority Action Council (NHPAC) (2006), *National Service Improvement Framework for Cancer*, Australian Government Department of Health and Ageing, Canberra.

# National Service Improvement Framework for Cancer, 2006

5. Provide evidence-based consumer information about the environmental, behavioural and genetic risks of cancer, prevention, early detection, diagnosis and treatment, and supportive care.
6. Establish national approaches to assist primary care providers especially general practitioners to offer high quality and appropriate assessment of risk, detection of cancer, referral to treatment, coordination of treatment and supportive care (from diagnosis to palliative care).
7. Implement and evaluate culturally appropriate programs to improve cancer control with special emphasis on the needs of disadvantaged groups, particularly Aboriginal and Torres Strait Islander people.
8. Review the evidence, gaps in research and opportunities for action within a specific timeframe, at least every three years.

National Health Priority Action Council (NHPAC) (2006), *National Service Improvement Framework for Cancer*, Australian Government Department of Health and Ageing, Canberra.

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- Clearly the Regional Cancer Centre initiative will not address all of these Priority Actions for Change.
- We should however keep them in mind as we discuss and debate today