

National Health and Hospitals Reform Commission

Submission - Draft Principles for Australia's Health System

Cancer Voices Australia is the national consumer organisation representing Australians affected by cancer. It aims to ensure the voices of people affected by cancer are heard at a national level.

Our Objectives

- To promote the fundamental rights of Australians affected by cancer
- To effect improvements in cancer treatment, care and support by contributing to national cancer policy and program development, management and evaluation
- To promote the value and benefits of consumer participation in the development of national cancer policy and programs
- To provide a forum for member organisations to network and contribute to national activities

30 May 2008

Health Reform in Australia

There have been opportunities over the last few months to submit our views on policy changes that affect the health and wellbeing of cancer patients and their families throughout Australia - and we welcome the 'review and rationalisation' offered by your Inquiry.

Cancer is Australia's biggest killer, with more than 35,000 deaths and 88,000 new diagnoses every year. "Fighting Cancer" is an important and most welcome initiative.

The fight against cancer is a national challenge and we welcome the Government's commitment to researchers, clinicians, practitioners and allied health professionals involved in cancer research and treatment. Local investment for services e.g. Cairns, North/North-West Tasmania; PET facilities for Royal Hobart Hospital and Calvary Mater Hospital in Newcastle and fast-tracking radiotherapy services at Lismore Base Hospital are welcome measures for cancer patients there who will for the first time be able to receive their treatment closer to home.

We are pleased that the Government has honoured its election health promises. Adding in the post budget \$150m it promised two weeks after the budget to further reduce waiting times for elective surgery (now \$750m), it has committed more than \$3.5 billion in additional health spending over the next four years.

New spending of \$271m is allocated to direct cancer initiatives. But we question whether 7.8% of the total health spend matches cancer's high incidence, mortality and morbidity rates? We acknowledge there will be significant benefits to cancer sufferers from other initiatives such as hospitals, GP Super clinics, aged care and community health. Cancer in this budget has become the seventh of eight budget big ticket items.

The quality of the benefit from the government's commitment to Cancer will depend on the successful reshaping of Australia's multi-tiered health system. We are already engaged in support of this process and will be seeking maximum, consumer focused benefits from the changes.

What are the Major Obstacles to Making Improvements?

As cancer patients we have experienced some of the problems first hand; some of us have been full time carers of partners and relatives who have been treated for cancer over an extended period.

We see the issues as:

GPO BOX 4708 Sydney NSW 2001 T: 02 8063 4100 F: 02 8063 4101
ABN 93 322 703 427

www.cancervoicesaustralia.org.au

The Role of Government(s)

The continuing issue remains - where does allocation of responsibility for cancer in Australia lie – between the complementary roles of the Australian Government or the State and Territory Governments?

In the past decade many national reports have highlighted the gap between the Australian Government and its Dept of Health & Ageing and what are known as “the jurisdictions” – the state and territory health departments. National reports consistently and accurately identify the problems but the chasm between the Australian Government and the States and Territories in terms of ‘action’ prevents effective resolutions. The result is limited progress and cancer patients not being provided with well co-ordinated treatment and multi-disciplinary care.

Federal Government - Cancer Australia

The Australian Government’s initiative in setting up Cancer Australia provides a threshold for effective change, hopefully at all levels of all governments and with support from the non-government sector. It is essential that Cancer Australia remain well funded, otherwise fundamental changes will be unachievable.

State Governments

The NSW Government through the Cancer Institute NSW has invested significant funding throughout its cancer services network in order to reorganize its treatment services. This remains a ‘work in progress’.

Victoria has also taken initiatives to re-organise its services in having a Ministerial Task Force for Cancer, in setting up eight integrated cancer services and establishing the Victorian Cancer Agency.

Other states have or are in the process of or have developed cancer plans but are facing problems relating to lack of skilled personnel and appropriate funding. Collaboration between the States and Territories is recommended to help alleviate these problems.

Partnerships

As at May 2008 there are seven national reports, including two Senate Reports, which have outstanding recommendations that are yet to be addressed.

In addition there are outstanding recommendations from the now defunct National Cancer Strategy Group and reports from the National Cancer Control Initiative which ceased operating in 2005.

There is a wealth of information and knowledge in all these reports which can assist the reorganisation of cancer services in Australia. They can help towards existing funds for cancer services being spent more effectively.

We believe that the development of a National Primary Health Care Plan and the work of the National Preventative Healthcare Task Force will identify important issues for cancer patients; namely, .

- Understanding Cancer
- Prevention and Early Detection
- Improving Treatments
- Attitudes to Risk
- Quality of Life
- Effective Consumer Consultation and Communication

Our health system must continue to provide access to appropriate acute services to meet the needs of cancer patients.

The 'Beyond the Blame Game' Report from the National Health and Hospitals Reform Commission (NHHRC) has proposed some performance indicators for use in the Australian Health Care Agreements that are to be rolled over for a year from 1 July 2008 and then converted into a new broad banded National Healthcare Agreement from 1 July 2009. The indicators have the capacity to provide information about how health services are being provided and accessed in rural areas by comparison with metropolitan areas. Access and equity of health services throughout Australia must be addressed.

The 2008 Federal Budget confirmed the implementation of some of the pre-election commitments to rural and Indigenous health. For too long these have been significant issues that need Government commitment and action.

Access and Equity of Cancer Services

In Australia there is a great disparity of Cancer services, not only in the capital cities but especially in relation to patients in rural and remote areas.

Furthermore, properly funded, well organised Multi-Disciplinary Care is not available in most parts of the country – and this is despite the meaningful work over the years of consumer groups and dedicated clinicians.

The role then of governments and non-government providers alike is to provide the appropriate funding and means to ensure that cancer services are vastly improved for all Australians.

This **is** the major concern for cancer patients, their family and carers. Surveys taken amongst state advocacy and support groups and other cancer charities, foundations and support organisations confirm this.

National Consumer Representation

The most important role of the consumer representative is to bring a consumer perspective to the planning process when services are being proposed or developed. This input is valuable when policy makers meet to 'develop strategies' for service improvements - it helps by keeping the focus squarely on the people they are there to treat – cancer patients and their families.

We have the expertise and the dedication to provide valuable input to cancer policy in this country. We are informed advocates who contribute to the government process in making decisions about cancer and cancer services throughout Australia.

Patient Travel and Transport Schemes

There is considerable evidence that people with cancer who live in rural and remote areas, experience greater problems and concerns associated with travel for treatment and follow up than those patients who reside in urban or regional cities with greater access to cancer services.

Each State in Australia operates its own travel and accommodation subsidy schemes and the eligibility criteria differ between the Commonwealth and States and Territories.

A recent Senate Inquiry into this matter has highlighted inadequacies/inequities that exist through the current State control of this system. With Australia having some of the largest out of pocket expenditure payments in the world a decision to review and initiate a family focused payment system is paramount.

e-Health

Cancer Australia has in broad terms made reference to a range of clinical registry projects in their recent paper "Towards a National Cancer Data Strategy for Australia: Foundation Document". We understand there has been a wide industry response including from ourselves.

The broader government eHealth policy agenda has attracted wide interest.

Initial involvement at the national level was commenced by COAG on the recommendation of AHMAG about four years ago with the creation of the National e-Health Transition Authority (NeHTA). Its role is to recommend how eHealth should be developed in Australia.

NeHTA is currently undertaking wide ranging consultations with relevant organisations to provide a roadmap for the future. We await the outcomes.

We believe that these consultations will assist in directing the Government to address the real overriding strategic, organisational structure and management issues in health that currently exist in our Federated government system.

Health patients/consumers have finally been asked to contribute in a meaningful way. The eHealth climate must change for the better under the new AHMAG/COAG management.

eHealth is frequently spoken about just in terms of computer hardware and software aspects when it is not primarily about that. The so called IT is of course a component as are all the other aspects that comprise a holistic eHealth system. It is all about people and enabling a better health regimen by means of all participants co-operating, communicating and collaborating across the whole health arena in successfully managing and operating a comprehensive national eHealth system that can satisfy the needs of all participants.

Sounds simple but, as is very apparent, it is quite a challenge.

We ask NHHRC to firmly address these issues.

Ends.