



Health
South Western Sydney
Local Health District

SWSLHD Cancer Plan 2018-2023

**Leading care,
healthier communities**





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Foreword

South Western Sydney Cancer Services is a centre of world-class clinical care delivering high quality services and innovative research. As our community and service grows, SWSLHD has continued to lead the way in advancing cancer care and services.

Cancer is one of the most significant health issues facing our community. In NSW it is responsible for 30% of all deaths and has significant impacts on individuals, families and the overall economy. A diagnosis of cancer affects not only the individual but their whole family and the impacts of the diagnosis and associated treatments may be felt long after active treatment concludes.

The *SWSLHD Cancer Plan 2018 – 2023* identifies three main areas of focus for the LHD in relation to cancer. These relate to preventing cancer, improving outcomes for people with cancer and improving the quality of life for people with cancer, and their carers.

As a health service, we have a responsibility to ensure that all residents understand and are enabled to achieve good health. We do this through encouraging the community to lead healthy lifestyles, by promoting nutrition, physical activity, immunisation, responsible alcohol consumption and discouraging the use of tobacco and other drugs. We also work with the local community and General Practitioners to encourage participation in routine cancer screening.

Our community has access to a cancer care system that is of the highest quality and which continues to strive for improvement through research and the adoption of new technology, such as robotic surgery. We will continue to ensure that the range of services available to our local community grows in response to increasing and changing demand and that these services are delivered in a safe, respectful and flexible manner. We continue to aspire to deliver world-class, evidence-based, multidisciplinary care to our community and this plan provides the road-map for this to occur.

I would like to thank the many patients and carers, consumers, health professionals and service delivery partners who have so thoughtfully and generously contributed to the development of this plan and I look forward to continue to work with you all as we progress its implementation. Together, we are working towards our vision of leading care, healthier communities.



Amanda Larkin
Chief Executive
South Western Sydney Local Health District

Introduction



Cancer impacts on everyone in the community in some way, at some time. Although advancing age is a leading risk factor for cancer, people of all ages, genders and backgrounds are diagnosed with cancer on a daily basis.

Since being established, the South Western Sydney Local Health District Cancer Services have built a significant reputation in the local, and wider community, as a service of excellence with high quality feedback on patient satisfaction, high quality patient outcomes and an international reputation for innovative research and development. Preventing cancer and improving outcomes for people with cancer and their families are high priorities for the South Western Sydney Local Health District (SWSLHD) in achieving its vision of Leading care, healthier communities.

Research demonstrates that many cancers in Australia are preventable through lifestyle modifications and immunisation. Outcomes for individuals can be improved through participation in screening programs and through understanding risk factors and early symptoms of cancer, which enable early diagnosis and referral for treatment. Additionally, education of patients and enrolment into appropriate evidence-based screening programmes can reduce the burden of cancer treatment by ensuring that cancers are caught early in their natural history. However, for people experiencing socio-economic disadvantage, there are a range of barriers which result in lower levels of participation and poorer outcomes.

Services for people with cancer have been progressively developed across SWSLHD and the District now offers a comprehensive range of services. Opportunities to lead the delivery of cancer treatment and research have been progressed, through initiatives such as the MRI linear accelerator project and the robotic surgery program.

The availability of new technologies and therapies are improving outcomes for people with cancer, resulting in higher cure rates and greater longevity. Improvements in survivorship, though to be celebrated, also bring new challenges for the health system. The cancer service system in South Western Sydney (SWS) must grow and adapt to meet the increased demand for long term services to respond to the often complex physical and psychosocial needs which result from a diagnosis

of and/or treatment for cancer, including the need for additional specialist palliative care services.

To deliver leading care, SWSLHD must invest in developing and supporting an expert workforce and in continually trialling and evaluating new methods of treatment to improve outcomes for individuals in the short and longer term.

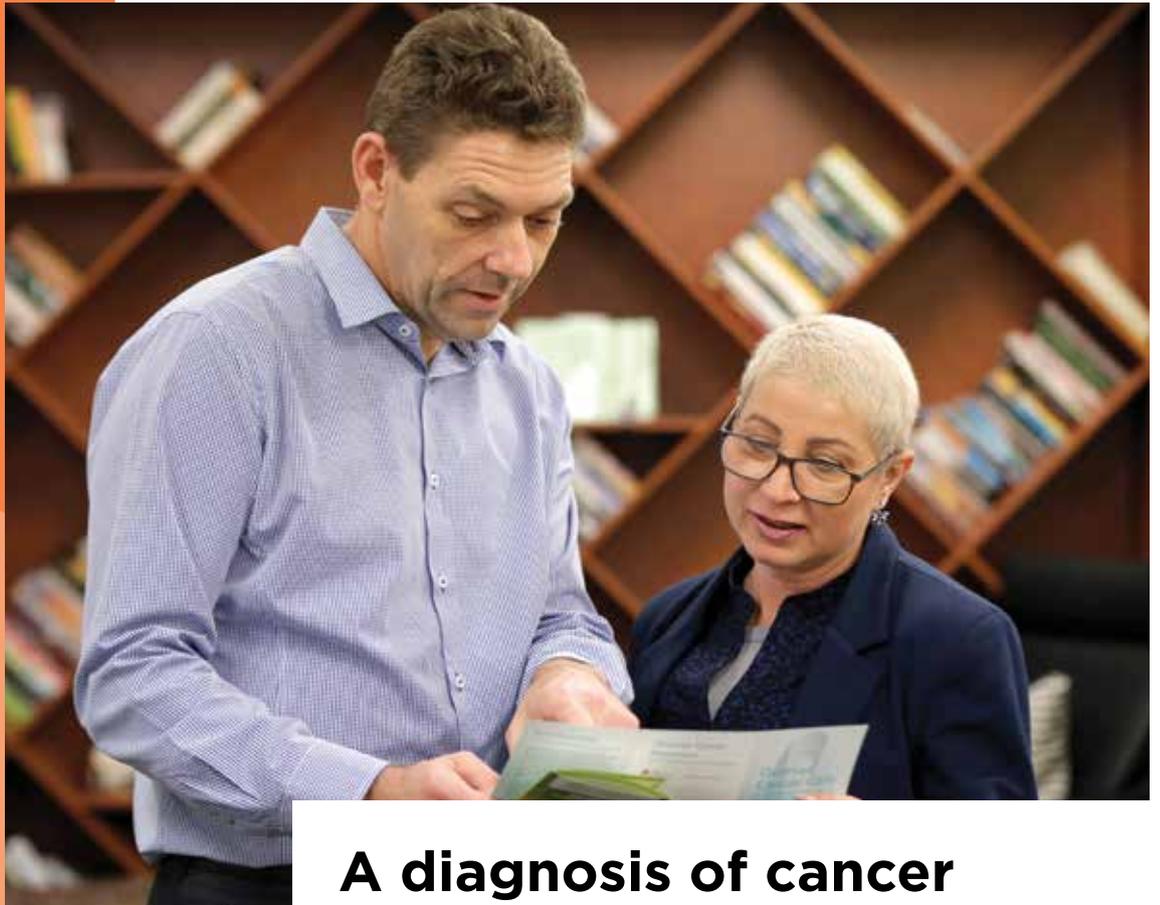
The SWSLHD Cancer Plan 2018 - 2023 has been developed in response to the future demands of the LHD and the wider community. It has been developed to align with the *NSW Cancer Plan*, which sets a strategic direction for cancer treatment in NSW in relation to reducing the incidence of cancer, increasing the survival of people with cancer and improving the quality of life for people with cancer and their carers.

Development of the *SWSLHD Cancer Plan 2018 - 2023* has been led by a Steering Committee comprising senior clinicians and managers from across the District, working in wide ranging areas of cancer care and prevention, as well as consumer representation. The Steering Committee has considered the current provision of cancer services across the District and within the broader public and private sectors. Current and anticipated demand for cancer services has been examined based on an understanding of the unique characteristics of the local population and projections produced by the Cancer Institute NSW.

Extensive consultation has been undertaken to develop the plan, with over 200 staff, consumers, carers and external stakeholders participating in the process through surveys, interviews and focus group discussions. Participants have been representative of the diversity of the community in terms of cultural background and personal experiences and with representation from across the District.

An Aboriginal Health Impact Statement has been completed, which recognises the relationship between the *SWSLHD Cancer Plan 2018 - 2023* and the *SWSLHD Aboriginal Health Plan 2017 - 2021*.

Policy Context



A diagnosis of cancer affects not only the individual but their whole family and the impacts of the diagnosis and associated treatments may be felt long after active treatment concludes.

2.1 National Policy

Cancer has been identified as one of the National Health Priority Areas by the Australian government in recognition of the burden it places on individuals, families, the community and the health system. The National Health Priority Areas (NHPA) program recognises the need for sustained, collaborative efforts to reduce the incidence of disease and to improve treatment and recovery, based on a robust evidence base.

Subsequent to the announcement of the NHPA's, Cancer Australia was established in 2006 to reduce the impact of cancer in Australia and increase the wellbeing of people living with cancer. *The Cancer Australia Strategic Plan 2014 - 2019*ⁱ identifies priority areas of focus to help shape a national cancer control and care system. Priorities of the plan relate to building strong leadership and partnerships; reducing variation in outcomes across settings, population groups, cancer stage and tumour

type; developing standardised frameworks for best practice care and indicators to measure performance; and enhancing the capability for research, particularly translational research.

*The National Aboriginal and Torres Strait Islander Cancer Framework 2015*ⁱⁱ (*the Framework*) has been developed to support health services and other professionals to improve cancer outcomes for Aboriginal people and communities, as part of the process of closing the gap in Aboriginal health outcomes. *The Framework* identifies the need to address seven priority areas. Priorities broadly cover attitudes and understanding of cancer across the continuum; prevention; participation in cancer screening and immunisation programs; early diagnosis of symptomatic cancers; the provision of optimal and culturally appropriate treatment; support for family and building relevant research and data monitoring capacity.

2.2 State Policy

The NSW State Health Plan: Towards 2021 identifies priority actions in relation to reducing smoking; reducing obesity and overweight in adults and children; reducing risk drinking and drug use; increasing immunisation rates and improving health literacy. From a health services perspective, the plan also identifies the need to provide world class clinical care; to better integrate care across all settings and providers; to build and support the workforce; research and infrastructure.

*The NSW Cancer Plan*ⁱⁱⁱ focuses on reducing the incidence of cancer, increasing the survival of people with cancer and improving

the quality of life of people with cancer. It specifically focuses on tobacco, ultraviolet radiation, healthy lifestyles, early detection, improving cancer outcomes, research and improving experiences of people with cancer. The plan identifies Aboriginal and Torres Strait Islander people and people from culturally and linguistically diverse (CALD) backgrounds as priority populations and also identifies lung, bowel and primary liver cancers as areas of particular attention, across all care settings.



2.3 Local Policy

The *SWSLHD Strategic Healthcare Services Plan: Strategic Priorities in Health Care Delivery to 2021* is the overall plan for health care services development for SWSLHD to 2021. The plan identifies a number of priority areas of relevance to cancer services relating to provision of health care in the community and improving the integration of health care services across systems and sites, including the development of telehealth. Priorities for service development were also identified including development of surgical centres of excellence, implementation of new models of care to improve accessibility of services and responsiveness to the diverse and long term needs of patients and extending the hours of service operation to meet demand. A new *SWSLHD Strategic Plan 2018 - 2021* is currently under development, with the intention of progressing implementation of the *SWSLHD Strategic Healthcare Services Plan*.

Numerous other initiatives and plans have been developed by SWSLHD which are relevant to the *SWSLHD Cancer Plan 2018 - 2023*, including:

- Transforming Your Experience
- SWSLHD Advance Care Planning, End of Life and Palliative Care Plan 2016 - 2021
- SWSLHD Mental Health Strategic Plan 2015 - 2024
- SWSLHD Aboriginal Health Strategic Plan 2017 - 2021
- Healthy Culturally Diverse Communities and Refugee Health Implementation Plan 2016
- Health Improvement for Children, Young People and Families 2016 - 2025
- Education and Training Strategic Plan 2015 - 2021
- Information Communications and Technology Strategy 2015 - 2021

The people of South Western Sydney



SWS is known for its cultural diversity, with 36% of the population born overseas and 49% of the population speaking a language other than English at home in 2011.

South Western Sydney comprises the Local Government Areas (LGA's) of Fairfield, Liverpool, Campbelltown, Camden, Wollondilly and Wingecarribee and the former Bankstown (now part of Canterbury-Bankstown), an area of over 6,000 square kilometres.

In 2016 there were an estimated 966,450 people living in SWS, equating to 12% of the NSW population. Due mainly to development in the South West Growth Centres (predominantly Liverpool and Camden LGAs) and extensive in-fill development, the population of the District is expected to grow by an additional 318,150 people by 2031, by when the District will be home to 1,284,600 people. Figure 1 shows the projected population growth by LGA from 2016 - 2031.

SWS is known for its cultural diversity, with 36% of the population born overseas and 49% of the

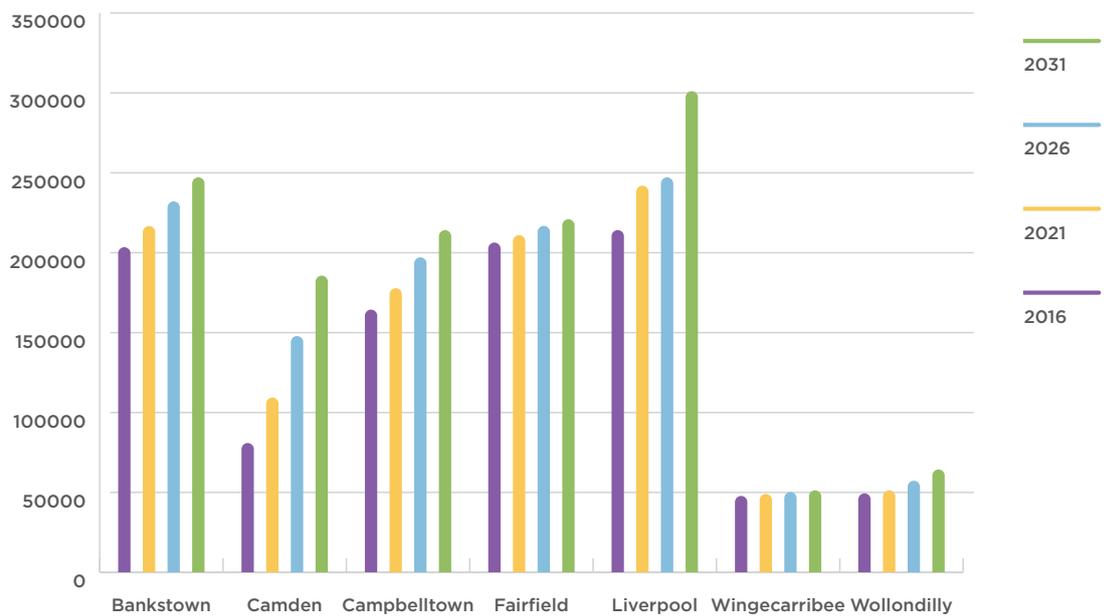
population speaking a language other than English at home in 2011. The region is home to a large Aboriginal population, with an estimated 16,551 Aboriginal people residing in the District in 2016.

There is also significant socioeconomic diversity in the District, with pockets of extreme disadvantage and areas of relative advantage. Specific communities have behaviours or exposures that places the community at higher risk of cancer such as obesity, poor nutrition, higher smoking rates and exposure to viral illnesses such as hepatitis B and Human Papilloma virus.

Figure 1

Projected Population Growth in South Western Sydney 2016 - 2031

Source: NSW Department Planning and Environment 2016 New South Wales State and Local Government Area Population and Household Projections, and Implied Dwelling Requirement





3.1 Cancer incidence

The Cancer Institute NSW, using data from 2008 to 2012, have identified regional variation in the incidence of cancer across the State.

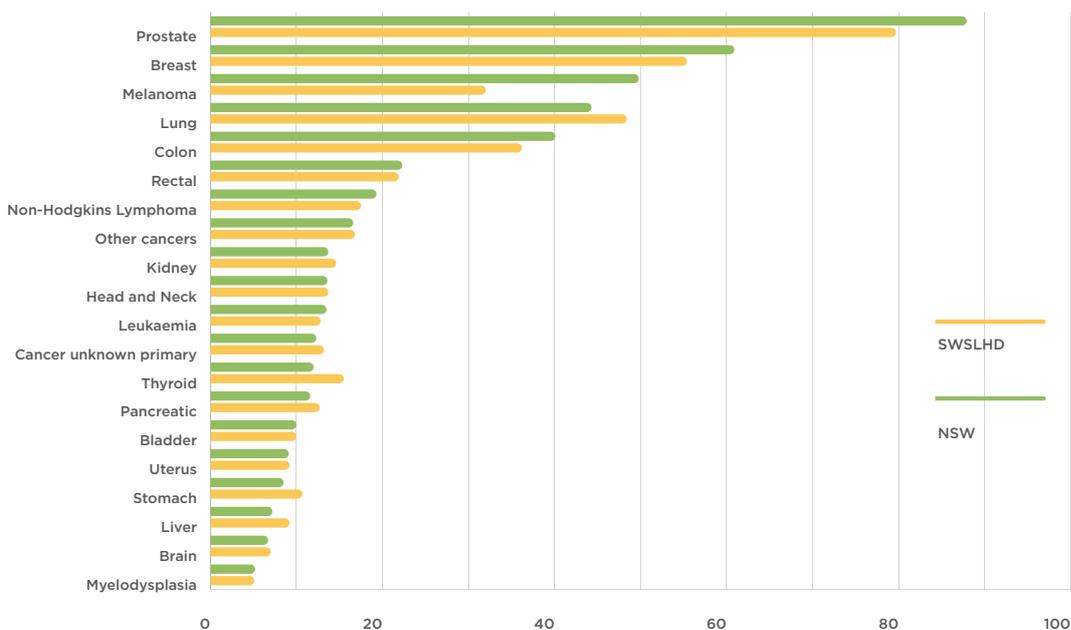
Figure 2 below describes the standardised cancer incidence rate per 100,000 people for SWS and NSW, depicting SWS has a higher

incidence rate than the NSW average for lung, kidney, head and neck, thyroid, pancreatic, stomach, liver and brain cancers in the period 2008 - 2012. The highest incidence cancers (prostate, breast, lung, colo-rectal and melanoma) are similar for SWS and NSW.

Figure 2

Age Standardised Cancer Incidence Rate by Cancer Type 2008-2012

Source: The NSW Cancer Registry (Accessed 7 July 2016) <http://www.statistics.cancerinstitute.org.au/>



Based on an understanding of population growth, current incidence, the population profile and risk factors in the local population, the Cancer Institute NSW has produced cancer incidence projections for each Local Health District from 2016 to 2031, by cancer site. Table 1 shows

the anticipated growth in cancer incidence between 2016 and 2031 for SWS, reflecting an overall growth in incidence of 62% and annual growth of 4%. Greatest increases are anticipated in lung cancer, myelodysplasia, upper gastrointestinal cancer and melanoma.

Table 1
Projected Cancer Incidence 2016 to 2031 by Cancer Site, South Western Sydney

Source: Cancer Institute NSW, 2016 - 2031 Projections

Cancer type	2016	2021	2026	2031	% increase	Annual increase
Lung cancer	496	600	730	873	76.2%	5%
Myelodysplasia	51	61	74	88	73.7%	5%
Upper gastrointestinal	438	529	640	758	73.1%	5%
Melanoma	329	392	472	560	70.5%	5%
Prostate cancer	887	1,083	1,294	1,497	68.8%	5%
Other cancers	799	951	1,132	1,322	65.6%	5%
Non-Hodgkins lymphoma	171	201	237	273	59.3%	4%
Eye cancer	10	12	15	17	59.2%	4%
Bowel cancer	582	678	792	917	57.5%	4%
Head and neck cancer	143	166	194	222	55.8%	4%
Leukaemia	126	144	167	190	50.6%	3%
Ovarian cancer	44	51	58	66	48.8%	3%
Brain cancer	69	79	90	102	47.3%	3%
Cervical cancer	31	35	40	45	44.8%	3%
Breast cancer	541	610	693	775	43.3%	3%
Cancer unknown primary	117	121	130	145	24.1%	2%
TOTAL	4,833	5,712	6,758	7,851	62.4%	4%

Internationally the cancer incidence profile varies, as result of factors such as environment and individual and cultural behaviours. Table 2 shows the cancer incidence profile for men and women in the most common countries of

birth for SWS residents, including Australia for comparison purposes. The higher rates of some cancers in SWS as shown in Figure 1 may be reflective of this demographic profile.

Table 2
Country of Origin - Cancer Profiles

Source: World Health Organisation - Cancer Country Profiles, 2014

Country	Gender	Incidence cancer type (top 5)
Australia	Male	Prostate; Colorectal; Melanoma; Lung; Bladder
	Female	Breast; Colorectal; Melanoma; Lung; Uterus
Afghanistan	Male	Stomach; Oesophagus; Lung; Non-Hodgkins Lymphoma; Lip, oral cavity
	Female	Breast; Cervix; Uterus; Stomach; Oesophagus
China	Male	Lung; Liver; Stomach; Oesophagus; Colorectal
	Female	Lung; Breast; Stomach; Colorectal; Liver
Egypt	Male	Liver; Bladder; Lung; Non-Hodgkins Lymphoma; Brain, nervous system
	Female	Breast; Liver; Non-Hodgkins Lymphoma; Brain, nervous system; Ovary
India	Male	Lip, oral cavity; Lung; Stomach; Colorectal; Other pharynx
	Female	Breast; Cervical; Colorectal; Ovary; Lip, oral cavity
Iran	Male	Stomach; Bladder; Prostate; Colorectal; Lung
	Female	Breast; Colorectal; Stomach; Oesophagus; Ovary
Iraq	Male	Lung; Bladder; Leukaemia; Non-Hodgkins Lymphoma; Brain, nervous system
	Female	Breast; Leukaemia; Brain, nervous system; Colorectal; Non-Hodgkins Lymphoma
Myanmar	Male	Lung, Liver, Stomach, Oesophagus, Colorectal
	Female	Breast, Cervix, Lung, Stomach, Colorectal
Pakistan	Male	Lip, oral cavity; Lung; Non-Hodgkins Lymphoma; Colorectal; Prostate
	Female	Breast; Lip, Oral cavity; Cervix; Ovary; Oesophagus
Syria	Male	Lung; Colorectal; Bladder; Prostate; Leukaemia
	Female	Breast; Colorectal; Leukaemia; Non-Hodgkins Lymphoma; Thyroid
Vietnam	Male	Liver; Lung; Stomach; Colorectal; Nasopharynx
	Female	Breast; Lung; Liver; Cervix; Stomach

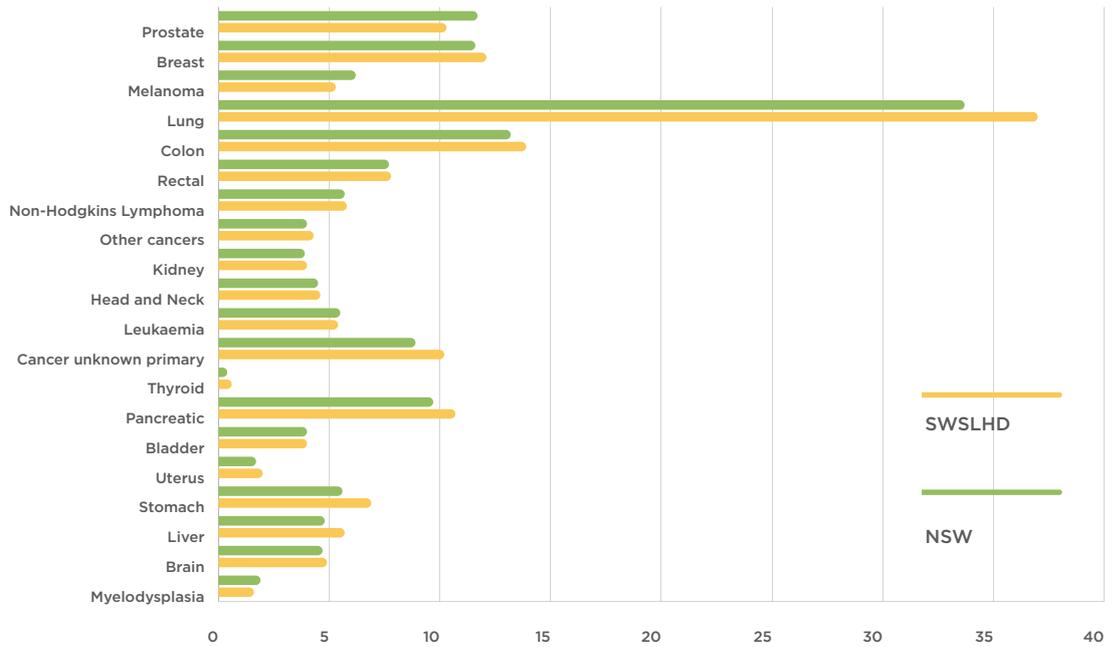
3.2 Mortality

The Cancer Institute NSW has used data from 2008 to 2012 to determine the mortality from cancer across the State, showing regional variation. Figure 3 below describes the age-standardised cancer mortality rate per

100,000 people for SWS and NSW, depicting SWS has a higher mortality rate than the state average for breast, lung, colon, rectal, pancreatic, stomach, liver and brain cancers, as well as cancers with an unknown primary origin, in the period 2008 - 2012.

Figure 3
Age Standardised Cancer Mortality Rate by Cancer Type 2008 - 2012

Source: The NSW Cancer Registry (Accessed 7 July 2016) <http://www.statistics.cancerinstitute.org.au>



It should be noted that late stage diagnosis may be the cause of higher mortality rates in SWS. Late stage diagnosis may be due to lower levels of health literacy, fear of health service providers and actual or perceived costs of treatment or perceived outcomes.

It should also be noted that changing models of care within SWSLHD since 2012 may have resulted in improvements in mortality rates. This will need to be validated when new mortality data is released.

The Cancer Institute NSW projected that cancer deaths in SWS would increase by 48% between 2016 and 2031¹⁹, with variation between tumour types (see Table 3). People who are dying from cancer may require a broad range of support services, including specialist palliative care.

Table 3

Projected Cancer Mortality to 2016 to 2031 by Cancer Site, South Western Sydney

Source: Cancer Institute NSW, 2017

Cancer type	2016	2021	2026	2031	% increase	Annual increase
Melanoma	55	68	85	106	92.8%	6%
Myelodysplasia	15	19	23	29	88.7%	6%
Upper gastrointestinal	302	364	443	533	76.3%	5%
Lung cancer	367	432	514	603	64.4%	4%
Other cancers	191	219	255	298	56.5%	4%
Ovarian cancer	29	33	38	44	52%	3%
Eye cancer	2	2	2	2	33.3%	2%
Breast cancer	115	124	137	150	31%	2%
Non-Hodgkins lymphoma	51	54	58	66	28.6%	2%
Brain cancer	45	49	54	58	27.8%	2%
Bowel cancer	199	214	231	246	23.7%	2%
Prostate cancer	99	106	114	120	21.2%	1%
Head and neck cancer	41	43	45	47	14.1%	1%
Leukaemia	46	46	47	50	8.3%	1%
Cervical cancer	11	11	11	12	4.0%	0%
Cancer unknown primary	85	82	83	86	0.8%	0%
TOTAL	1,653	1,865	2,141	2,449	48.2%	3%

Cancer services in South Western Sydney



SWSLHD provides cancer care through an integrated network of services, supported by a District-wide Cancer Clinical Stream structure, working with other internal and external services.

Services for people with cancer are provided by a broad range of organisations and in a diverse range of settings, including Population Health services, the public and private hospital systems, General Practice, community based health service providers, private imaging and laboratory services, charitable institutions and research organisations. The following sections provide a brief summary of the current service arrangements in relation to cancer service delivery in SWS. Appendix 1 provides a summary of current governance arrangements.

4.1 SWSLHD population health services

The Health Promotion Service, BreastScreen South Western Sydney and the Public Health Unit report through the Population Health Directorate. These teams and programs are responsible for improving health literacy in the local community, for undertaking enforcement of tobacco control legislation and targeted health promotion and illness prevention initiatives in areas such as tobacco smoking, cancer screening, immunisation, nutrition and food security, sexual health and physical activity.

BreastScreen South Western Sydney is responsible for the provision of biennial breast cancer screening to women who are asymptomatic

and are aged between 50 and 74. BreastScreen operates from five fixed locations (Bankstown, Bowral, Campbelltown and two locations at Liverpool). The Bowral based service is provided through a public-private partnership with a local Medical Imaging provider. One of the Liverpool sites is also a designated Breast Assessment Centre, to which all women requiring further review are referred. In addition to the fixed sites, the service operates 1.4 mobile vans. Mobile screening locations are chosen to target communities with low screening participation.

4.2 SWSLHD community based services

Community based services for people with cancer include community nursing and post-acute care services as well as community palliative care.

4.3 SWSLHD hospital based cancer services

SWSLHD provides cancer care through an integrated network of services, supported by a District-wide Cancer Clinical Stream structure, working with other internal and external services. A comprehensive range of general and specialist cancer diagnostic, interventional and therapeutic services are available and are summarised in Table 4. It should be noted that within the Cancer stream are medical and radiation oncology, palliative care, haematology, dermatology, gynaecological oncology, breast surgery and

cancer genetics. Haematology, palliative care and dermatology also have significant non-cancer services. A large component of the oncological surgical services are provided from within other clinical streams such as neurosurgery, cardiothoracic surgery, head and neck surgery, gastro-intestinal surgery, genito-urinary surgery and reconstructive surgery. Allied health and nursing services are also part of the service although they are managed by the facilities largely.



Liverpool Hospital

Cancer services for SWSLHD are most predominant at Liverpool Hospital as it currently has the most sophisticated diagnostic, interventional imaging, surgical and support services, associated with medical oncology, radiation oncology and haematology services and provide for the largest of the SWSLHD populations.

The Liverpool Cancer Therapy Centre (LCTC) currently operates during business hours only. It includes outpatient clinic and consulting rooms, a 21 chair chemotherapy unit, four bed assessment unit, chemotherapy pharmacy, radiation oncology treatment spaces with four linear accelerators (with a 5th bunker for service expansion), an orthovoltage and brachytherapy machine, a six chair ambulatory haematology unit and an apheresis service. In 2016/17 the LCTC delivered 93,853 outpatient occasions of service.

Liverpool Hospital's inpatient capacity includes a dedicated 26 bed haematology ward, with additional flexible capacity, a 10 bed medical oncology/radiation oncology ward and a 20 bed palliative care ward. Demand for inpatient beds continues to grow, resulting in admitted patients being treated as outliers across the hospital.

In addition to undertaking surgery for high volume cancers such as breast and colorectal, Liverpool Hospital is the only site within the District undertaking surgery for neurological, head and neck, cardiothoracic, liver and gynaecological cancers and has recently introduced robotic surgery for prostate

and gynaecological cancers. The hospital also provides a broad range of high volume cancer surgery services.

LCTC also has an active clinical trial unit and with clinical trial and oncology pharmacy available.

Liverpool Hospital also has a Cancer Wellness Centre delivering a range of complementary programs to improve consumer and carer quality of life during and after treatment.

A specialist Palliative Care service provides a hospital wide consultation service and a medical outreach service to support people in the community.

Campbelltown and Camden Hospitals

Campbelltown Hospital accommodates the District's second busiest cancer service. The Macarthur Cancer Therapy Centre (MCTC) at Campbelltown Hospital currently operates during business hours only and includes outpatient clinic and consulting rooms, 10 chemotherapy treatment spaces, two cancer therapy assessment chairs (with two scalp cooling machines), chemotherapy pharmacy, radiation oncology treatment spaces with two linear accelerators and a wellness room. Additional Cancer Wellness activities are conducted off-site. There is no chemotherapy service for people with haematological conditions provided in the MCTC, though the Paediatric Ambulatory Care Service does provide day only chemotherapy to children in collaboration with the Sydney Children's Hospital Network. In 2016/17 the MCTC delivered 40,624 outpatient occasions

of service. Campbelltown Hospital has a 14 bed ward providing inpatient care for people who require management of toxicities of treatment, symptom control and/or pain management or palliation. Admissions are managed by medical and radiation oncology. There are currently no identified inpatient beds for Palliative Care or Haematology at Campbelltown Hospital.

Patients requiring palliative care are generally transferred from Campbelltown Hospital to the inpatient Palliative Care Unit at Camden Hospital.

Campbelltown Hospital provides a broad range of high volume cancer surgery services, including breast, colorectal, genito-urinary, upper GI and thyroid cancers.

MCTC also has an active clinical trial unit and with clinical trial and oncology pharmacy available.

A specialist Palliative Care service provides a hospital wide consultation service, outpatient clinics and a medical outreach service to support people in the community.

Bankstown - Lidcombe Hospital

The Bankstown Cancer Therapy Centre (BCTC) currently operates during business hours only and includes outpatient clinics and consulting rooms for medical oncology, radiation oncology, palliative care, haematology and allied health, as well as inpatient services for medical oncology, and an inpatient consultation services for the other specialties. The chemotherapy suite has 10 chemotherapy chairs and two assessment rooms however no chemotherapy is currently available for patients with haematological malignancy and these patients need to travel to Liverpool Hospital whilst awaiting an enhancement of the Bankstown Service to provide this. There is no on site radiation therapy service. Residents of the Bankstown area requiring public radiation treatment generally access services at Liverpool Hospital. BCTC also has an active clinical trial unit and with clinical trial and oncology pharmacy available. In 2016/17 the BCTC delivered 9,630 outpatient occasions of service.

Bankstown-Lidcombe Hospital (herein referred to as Bankstown Hospital) has a strong focus on upper gastrointestinal and colorectal cancer services, particularly the provision of low volume, complex surgery for pancreatic and oesophageal cancers in partnership with the Illawarra Shoalhaven LHD.

Bankstown Hospital does not have an on-site wellness program or facilities, although consumers are encouraged to use services and facilities at Liverpool Hospital or provided by private providers. The barrier for on-

site Wellness service provision is the limits on space currently being experienced.

The specialist Palliative Care Service provides an inpatient consultation service in addition to outpatient clinics and a community based service.

Bowral and District/Southern Highlands Private Hospital

People living within the Bowral and District Hospital catchment have the majority of their cancer care provided at Southern Highlands Private Hospital through a Public Private Partnership (PPP) arrangement, with public radiotherapy and most cancer surgery provided within the District's larger hospitals. Transport is provided to enable residents of the Wingecarribee Shire to access public radiotherapy at the MCTC through an Agreement with Cancer Council NSW using volunteer drivers. Bowral and District Hospital also provides inpatient care for adults and children and supports Campbelltown Hospital to provide inpatient care as required.

Bowral Hospital undertakes some breast and colo-rectal cancer surgery.

There is a clinical trials unit working within the Bowral based cancer service.

The specialist Palliative Care Service includes inpatient capacity and provides an inpatient consultation service in addition to a community based service.

Fairfield Hospital

Fairfield Hospital plays a limited role in diagnosing and treating cancer. No specific cancer services are provided on site except for low acuity cancer surgery such as breast cancer surgery. The co-located Braeside Hospital provides inpatient and outpatient palliative care services.

A part time, nurse led Palliative Care consultation service is available.

Table 4

Current Cancer Services by Facility, 2017

*Networked with the Sydney Children's Hospital Network for day only admissions

^ Networked with Illawarra/Shoalhaven LHD through Low Volume Surgery partnership

Service	Bankstown Hospital	Liverpool Hospital	Fairfield Hospital	Campbelltown / Camden Hospital	Bowral & District / Southern Highlands Private Hospital
Paediatric Oncology*	-	-	-	✓	-
Adolescent and Young Adult Cancer Services	-	-	-	-	-
Cancer Genetics	-	✓	-	-	-
Cancer Clinical Trials	✓	✓	-	✓	-
Clinical Trials Pharmacy	✓	✓	-	✓	-
Diagnostic Imaging	✓	✓	✓	✓	✓
Interventional Radiology	✓	✓	-	✓	-
Nuclear Medicine	✓	✓	-	-	-
Ambulatory Haematology	-	✓	-	-	-
Autologous and matched sibling blood stem cell transplantation	-	✓	-	-	-
Medical Oncology	✓	✓	-	✓	✓
Chemotherapy	✓	✓	-	✓	✓
Radiation Oncology	✓	✓	-	✓	✓
Radiation Therapy	-	✓	-	✓	-
Orthovoltage	-	✓	-	-	-
Brachytherapy	-	✓	-	-	-
Oncology pharmacy	✓	✓	-	✓	-
Care Coordination	✓	✓	-	✓	-
Wellness Centre	-	✓	-	✓	-
Haematology Inpatient	-	✓	-	-	-
Radiation Oncology Inpatient	-	✓	-	✓	-
Medical Oncology Inpatient	✓	✓	-	✓	-
Palliative Care Inpatient	-	✓	Braeside	✓	✓
Palliative Care Consult	✓	✓	✓	✓	✓

Service	Bankstown Hospital	Liverpool Hospital	Fairfield Hospital	Campbelltown / Camden Hospital	Bowral & District/ Southern Highlands Private Hospital
Oncology Surgery					
Brain/Neuro	-	✓	-	-	-
Head & Neck	-	✓	-	-	-
Thyroid	✓	✓	-	✓	-
Breast	✓	✓	✓	✓	✓
Colorectal	✓	✓	✓	✓	✓
Gastric	✓	✓	-	✓	-
Pancreatic [^]	✓	✓	-	-	-
Oesophageal [^]	✓	✓	-	-	-
Liver	-	✓	-	-	-
Lung	-	✓	-	-	-
Gynaecological	-	✓	-	-	-
Genito-urinary	-	✓	-	✓	-



4.4 The South Western Sydney PHN

The South Western Sydney PHN is a not for profit organisation dedicated to supporting General Practitioners (GPs), practice nurses and other primary health providers to improve the efficiency and effectiveness of health services for patients, particularly those at risk of poor health outcomes, and improving coordination of care to ensure patients receive the right care in the right place at the right time. SWSLHD and the South Western Sydney PHN have an active partnership and work collaboratively on priority initiatives to improve local health services and systems. Shared governance structures support the implementation of this partnership approach.

In relation to cancer services, the South Western Sydney PHN is responsible for:

- The development and implementation of a project to improve cancer screening rates
- Supporting GP delivery of health education programs
- Supporting GP delivery of immunisation programs
- The development of HealthPathways for identified priority issues (in collaboration with SWSLHD)
- Coordination and delivery of GP and Practice staff education in relation to cancer risk, diagnosis, treatment, long term management and palliation
- Providing practice support to improve data collection, management and transfer.

4.5 Private hospitals, imaging and laboratory services

Private hospitals across Sydney are utilised by SWS residents for cancer care, with patients travelling long distances to access services, particularly surgical services.

Locally, Southern Highlands Private Hospital supports SWSLHD to deliver medical oncology and palliative care consultation services to residents of Wingecarribee through a Public Private Partnership. The ICON Cancer Centre

at Revesby has recently been established, providing medical oncology, haematology and radiation oncology outpatient services. There are no inpatient or emergency services associated with the ICON Cancer Centre.

Private imaging and laboratory services also play a significant role in diagnosing and monitoring cancer.

4.6 The non-government sector

A number of charitable and community based organisations operate within SWS providing a range of support services to people with cancer, their carers and families. Of particular note is Braeside Hospital, operated as a Third Schedule Facility by Hammond Care and providing a high proportion of the LHD's inpatient palliative care.

A brief description of other key organisations, including those based in SWS, is provided in Appendix 2.

Vision, values and principles



As our community and service grows, SWSLHD has continued to lead the way in advancing cancer care and services.

Leading care, healthier communities

Vision

The South Western Sydney Local Health District Cancer Strategic Plan 2018 - 2023 is consistent with the District's vision of Leading care, healthier communities.

Values

Strategies contained within this plan are consistent with the CORE values of the NSW Ministry of Health and SWSLHD reflected below.

Collaboration

Working as one team with patients, carers, the community and other service partners

Openness

Services are transparent and open and explain the reason for decisions

Respect

Everyone involved in patient care or a health project can contribute and their views will be heard, valued and respected

Empowerment

Staff, patients, consumers, carers and the community can make choices and influence outcomes. Systems and processes will enable participation, supply necessary information, support delegation and ensure accountability

Purpose

The SWSLHD Cancer Services Purpose is

“to provide timely, high quality, comprehensive and compassionate care to people within the Local Health District who are affected by cancer and to those referred to our facilities and services for specialist care”.

Principles

By 2021 the people living in South Western Sydney will have access to a cancer system which:

- Focuses on the **prevention and early detection** of cancer in **partnership** with the community, other government and community based services with a focus on improving **health literacy**
- Designs and delivers programs and services with a focus on equity, recognising our community is diverse in age, history, cultural and linguistic backgrounds, geographic location, financial circumstances and lifestyle
- Ensures the **safety** of all consumers through rigorous staff training, service monitoring and **quality** improvement programs, linked to improved data systems
- Offers a **greater range of services** to meet the needs of the local community and offers **flexibility and choice** in where and how cancer treatment and support services are provided to better reflect individual needs and circumstances and **improve accessibility**
- Delivers **innovative, high quality, evidence-based** cancer treatment and support services
- **Continuously improves** services as a result of **responsiveness** to consumer, community and staff feedback, evaluation and research and through the **involvement of consumers, carers and the community in the planning** and development of new services, models of care and facilities
- **Collaborates** with partners to ensure **care coordination and service integration** across the service system, with the roles and responsibilities of individuals and the public, private and community sector clearly articulated and with robust data systems supporting this service model
- Treats each individual with **respect and dignity** and facilitates the **informed** involvement of individuals in the development of treatment and ongoing care plans which are **holistic and person-centred**, taking into account individual **clinical and psychosocial needs**
- **Recognises and rewards staff** for their achievements in delivering care and supports staff through providing ongoing **education, training and research** opportunities
- Recognises SWSLHD as an **employer of choice** for people wishing to build a career in cancer care
- Demonstrates delivery of services which are **efficient and cost effective**

The future of cancer services in South Western Sydney



People who are referred to SWSLHD for the diagnosis or treatment of cancer will feel assured they are receiving care of the highest quality, as the District strengthens its reputation for excellence with both the community and GPs

Demand for cancer services continues to grow, despite significant efforts in cancer prevention. However, the profile of cancer incidence will change as the impacts of cancer prevention initiatives in some areas e.g. tobacco and alcohol control and specific vaccination programs such as that for the human papilloma virus, come to fruition, whilst other cancers may increase in incidence e.g. those associated with poor diet, ageing.

New regimens and methods of cancer detection will need to become embedded into routine care, increasing the demand for services such as diagnostic endoscopy, interventional radiology, nuclear medicine, cancer genetics and genomic testing.

The way in which cancer treatment is delivered is rapidly changing in response to information gathered from research and the development of new techniques and equipment capable of more accurately targeting individual cancers. This relates to both physical and psychosocial treatment, with increasing recognition of the long term health, social and economic benefits of providing a holistic approach to treatment and wellbeing.

Cancer prevalence also is likely to increase, as a result of increasing survival rates. Increasingly, cancer is viewed as a chronic condition, with people living longer and more productive lives whilst balancing ongoing treatment, long-term toxicity and monitoring. Ultimately increased prevalence will result in an increased demand for specialist palliative care services, along with enhanced capacity for all services to respond to the needs of individuals and families at end of life.

Changing models of care as well as expansion of physical infrastructure will be required to meet the anticipated demand for cancer services into the future. Significant infrastructure enhancement within the NSW public health system is dependent

on capital funding through the NSW Government. SWSLHD undertakes regular clinical services planning to inform capital allocation processes. Current clinical services planning for SWSLHD has recommended that services for people with cancer continue to be provided in a networked arrangement, with each site providing specialist support appropriate for the needs of the broader community and the overall role of the hospital.

In 2017 the NSW Government committed \$632 million for Stage 2 redevelopment and expansion of Campbelltown Hospital to improve access to acute adult and paediatric services. Clinical services planning, in collaboration with NSW Ministry of Health and the Sydney Children's Hospital Network is being progressed with the aim of providing the necessary information to inform the capital planning with the goal of completing the infrastructure redevelopment at Campbelltown Hospital by 2025.

The following sections describe proposals for the development and delivery of cancer services into the future. These proposals will be further refined through future capital and service planning processes. Over the period 2018 - 2023 SWSLHD will progressively work towards achieving this level of service delivery at each facility.

6.1 Future model of cancer service delivery in South Western Sydney

SWSLHD is committed to delivering safe, high quality, person centred care.

Most progressive cancer services consider the tumour based multidisciplinary team (MDT) as the crucial step towards quality in cancer care. The future model of cancer service delivery in SWS will see the District move from a specialist driven service to a more person-centred service, with all care designed and delivered within specialised tumour streams to improve coordination and the concentration of expertise.

People who are referred to SWSLHD for the diagnosis or treatment of cancer will feel assured they are receiving care of the highest quality, as the District strengthens its reputation for excellence with both the community and GPs. People who have a positive cancer screening result or who present with obvious symptoms will have their access to the cancer care pathways fast-tracked, with strong linkages and communication between private and public practitioners and diagnostic providers to ensure the immediate transfer of relevant information. This will include defined and measured clinical pathways.

MDT's will have documented, clear referral pathways to ensure GPs and other health service providers understand how and where to make referrals to minimise waiting times. Tumour stream leaders will be appointed with expertise in clinical care, research and quality improvement across at least eleven tumour streams, allowing the District to focus on high volume cancers as well as rarer cancers and cancers of high prevalence in SWS. The tumour stream leaders will have clearly defined roles in leading their tumour stream. Research groups specific to each cancer stream will be embedded into the multi-disciplinary groups.

A clear set of meeting guidelines and additional administrative capacity will be available to tumour stream leaders to facilitate high quality MDTs, including in-meeting data collection and reporting. Systems will be established to support broad and sustained participation by the multidisciplinary care team, including medical and radiation oncologists, radiologists, pathologists, surgeons, palliative care specialists, care coordinators and a range of allied health professionals. Each member will be enabled to participate in multidisciplinary treatment and care planning, with input from consumers and carers. MDT meetings will routinely collect and report on data which will improve accountability and the District's overall research effort. Systems to monitor the short and long term outcomes of individuals and groups and to reduce unwarranted clinical variation will be

implemented. Access to the MDT meetings will be facilitated by high-end teleconferencing facilities at all sites, with options for desktop dial-in.

All patients will have access to a Care Coordinator (preferably tumour-site-specific) who is able to support them and advocate for their needs. The use of patient reported outcomes (via the PROMPT Care project) will be embedded as routine practice and the physical and psychosocial effects of cancer will be recognised and responded to through early screening and/or assessment. Consumers requiring physical or psychosocial support services as a result of their cancer or cancer treatment will be supported through the District, or through referral to private services best placed to meet individual needs and preferences. Cultural requirements and preferences will be understood and factored into care and treatment planning. Information and education will be available in a variety of formats and languages to meet community needs.

To better meet the needs of the district's ageing population, enhanced linkages will be developed between multidisciplinary Aged Care and oncology services providing hospital avoidance programs and facilitating models of care with residential and home based aged care services.

At the conclusion of active treatment consumers will be assessed based on their risk profile and streamed into appropriate programs, including long term follow up programs, to ensure ongoing monitoring and access to wellness services in the community. Agility will be built into the system to enable rapid re-entry for patients identified with cancer recurrence or new cancer symptoms. For people requiring palliative care, additional inpatient, outpatient and community based services will be available to ensure patient and family wishes in relation to end of life care can be supported.

The SWSLHD Cancer Registry captures data on patient and treatment outcomes to compare our results with other Districts and to monitor that appropriate evidence-based therapy is given. SWSLHD Cancer Registry data will be used to continually improve and refine services, to inform the development of new services to meet increasing demand and to build the District's clinical and research profile and reputation.

The existing volunteer programs will be coordinated and expanded to provide improved patient and carer support in inpatient and outpatient centres, with links to the Palliative Care Volunteer Program.



6.2 Liverpool Hospital

Liverpool Hospital will continue as the principal site within the District for the delivery of services to people with cancer, leveraging off its reputation for excellence in clinical service delivery and research.

A state of the art Comprehensive Cancer Centre (LCCC) is proposed for Liverpool Hospital, bringing together a wide range of cancer diagnostic, treatment and support services, through to end of life care. The centre will be open extended hours, with a view to increasing accessibility to support people working during treatment and working carers and to better utilise parking and transport capacity. The LCCC will encompass services for the District's most common cancers (prostate, breast, lung, colorectal, liver and blood cancers and melanoma) and will also have an enhanced capacity to treat less common cancers, particularly those more commonly found in South Western Sydney.

Liverpool Hospital will continue to provide the District's most sophisticated diagnostic and imaging services. Imaging and nuclear medicine services will also be expanded to ensure new treatment modalities can be offered, building on the potential of Liverpool Hospital's own cyclotron to improve nuclear medicine services. Liverpool Hospital's leading interventional radiology service will be strengthened with enhanced capacity to respond to emerging treatment options shown to improve patient outcomes.

In relation to the most common cancers, a range of key initiatives will be undertaken to expand local service availability, including:

- ➔ NSW's first public, collaborative prostate cancer clinic enabling patients to choose between treatment options such as robotic surgery and radiation oncology will be strengthened. Results from research will

be used to improve patient choice and experience. Other tumour sites where robotic surgery is developing or proposed will also incorporate multidisciplinary pathways

- ➔ Breast cancer services will be enhanced through the integration of diagnostic and treatment services, including establishment of a comprehensive public breast mammography and assessment service, together with an onco-plastic breast surgery service, providing immediate breast reconstructive surgery
- ➔ Lung cancer surgery will continue to be delivered at Liverpool Hospital, with strong links to other sites for ongoing medical and radiation oncology as required
- ➔ Diagnostic colonoscopies for colorectal cancer will be performed in high volume, short stay units and potential for partnerships with the private sector to deliver these service will be explored. Complex colorectal surgery will continue to be undertaken at Liverpool Hospital
- ➔ A multidisciplinary melanoma service will be established in recognition of the increasing incidence of melanoma projected for the District and the current demand for complex melanoma surgery services associated with late diagnosis. This service will undertake highly complex surgery
- ➔ Haematology services will be expanded to include haplo-identical, unrelated donor and umbilical cord stem cell transplantation. Ambulatory haematology and apheresis services will be augmented.

In relation to less common cancers:

- ➔ Liverpool Hospital will be recognised as one of the few gynaecological oncology units in NSW, with gynaecological oncologists supporting work in general gynaecology and complex pelvic surgery, using robotic techniques. Gynaecological oncology brachytherapy will be available for outpatients within the LCCC
- ➔ With liver cancer more common in SWS than elsewhere in NSW, primarily as a result of high rates of chronic hepatitis B infection, increased capacity will be required to undertake liver cancer surgery and lead research to improve outcomes, with surgery centred at Liverpool Hospital. The Liver Cancer Academic Unit will continue to work with the community and the primary care sector to prevent primary liver cancer, to ensure early diagnosis and delivery of effective treatment
- ➔ Liverpool Hospital will continue as the only site within the District to undertake neurological cancer and complex head and neck cancer surgery, with a single site required in order to meet the complex physical and psychosocial needs of patients.

Cancer genetics services will be enhanced in recognition of the increasing community awareness of inherited cancer risk and the introduction of new clinical guidelines and will be able to respond to emerging needs as a result of advances in genetic cancer identification.

Allied health services will be available to meet the needs of an increasingly complex set of patients. Patients will be able to access psychosocial support, oral health care, pain management, lymphoedema management and other care to support their treatment or as a result of their treatment and will be linked with private and community based services where appropriate.

Cancer Council NSW will continue as a significant partner in providing information and support to people with cancer and their families, through the continued presence of volunteers and an Information Hub.

A Wellness Centre within the LCCC at Liverpool Hospital will be established, with consumers engaging in programs to assist them to improve their overall health and wellbeing. Wellness programs will be designed to meet individual needs and preferences and might include exercise, nutrition, complementary therapies to assist in managing pain and other side effects and other social and psychological support services. Evaluation and research will be embedded within programs to ensure ongoing refinement, with research linked to individual outcomes.

Palliative Care services will be expanded at Liverpool Hospital, in recognition of the complex needs of some patients, with the inpatient unit supported by Braeside Hospital for patients of lower acuity. Outpatient clinics and community based services will be available, including specialised bereavement services. Patients with complex pain management needs will also be supported.

6.3 Campbelltown and Camden Hospitals

Campbelltown Hospital will develop into a tertiary referral hospital, with services for people with cancer expanded commensurate with this new role. Capacity and capability of the facility will be significantly enhanced to cater for the demand anticipated as a result of new developments within the South West Sydney Priority Growth Areas and to support people accessing a greater proportion of their cancer care and treatment close to where they live. The hospital will provide a comprehensive range of inpatient, ambulatory and community-based services for patients with diagnosed or potential malignancies including malignant and non-malignant haematological conditions.

Cancer diagnostic services will be expanded. A nuclear medicine service will be established, including provision of a Positron Emission Tomography (PET) scanner to support timely diagnosis of cancer, with expansion in all

imaging services to enable the provision of timely, local care including after-hours MRI.

There will be a shift to the provision of less invasive procedural activity with the development and enhancement of interventional radiology, interventional vascular and endoscopy services offering new treatment options for many conditions. Patients will be able to have vascular access devices inserted on-site and will have access to interventional radiology to deliver more effective cancer treatment. Short stay units will be established for many diagnostic procedures.

The Macarthur Cancer Therapy Centre will operate over extended hours with expanded capacity and space to deliver medical and radiation oncology and malignant haematology, including additional chemotherapy chairs, an orthovoltage machine and linear accelerators. Outreach services in gynaecological oncology and cancer genetics will be established, supported

by Liverpool Hospital. Outpatient services will be complemented by the enhancement of inpatient capacity for medical oncology and establishment of haematology inpatient beds for patients requiring hospital admission.

A melanoma service will be established in a networked arrangement with Liverpool Hospital. Other cancer surgery services will also have enhanced capacity, notably for breast, colorectal and urological cancers, including reconstructive surgery.

A direct cytology service will be developed as well as access to the lymphoedema service will be expanded.

The SWSLHD Enhanced Paediatric Capacity Plan has identified the need to expand paediatric and adolescent, young adult (AYA) cancer services at Campbelltown Hospital to improve service accessibility for local residents. A range of treatment and support services will be developed locally, supported by the Sydney Children's Hospital Network (SCHN) for complex diagnostics, surgery and treatment and SWSLHD's adult cancer services. Proposed services and service models include:

- ➔ Continued delivery of some drug treatments and chemotherapy in the Paediatric Ambulatory Care Unit and the establishment of haematology/oncology clinics
- ➔ Development of inpatient capacity to provide care to children with cancer requiring hospitalisation
- ➔ A transition program for older adolescents in partnership with adult SWSLHD Cancer services and the SCHN. Survivorship issues including health-related education, health surveillance and screening, management of cancer-related complications, and psychosocial support to children and their families would be considered

- ➔ A late effects clinics including paediatric endocrine services, to support people transitioning from paediatric to adult cancer services and to ensure ongoing monitoring of paediatric cancer survivors in recognition of their elevated cancer risk
- ➔ A comprehensive, family based, palliative care for children, adolescents and young people will be strengthened
- ➔ Teleconferencing capability will be enhanced to enable prompt liaison between SWSLHD and the SCHN to assist in the management of children and adolescents admitted to SWSLHD inpatient units and presenting to local Emergency Departments.

Future opportunities to develop a paediatric and/or AYA radiation therapy service will be considered, in partnership with the adult cancer service and the SCHN cancer service.

Wellness and supportive care services will continue to be expanded in collaboration with partner organisations, including the potential development of a Cancer Council Information Service within the MCTC. There will be improved access to allied health services including lymphoedema education and management, psychology, social work, speech therapy, physiotherapy and care coordination.

An inpatient Palliative Care unit will be established at Campbelltown Hospital for patients with complex care needs, supported by the lower acuity unit at Camden Hospital. Consultation and liaison services, outpatient clinics and community based services will be delivered, with increased capacity to respond to children and young people requiring palliative care. Bereavement support services will be available.

6.4 Bankstown Hospital

Planning to determine the future role of Bankstown Hospital will commence in 2018. It is anticipated that cancer diagnostics and staging services at the Hospital will be expanded with the establishment of a PET scanner and after hours MRI and that interventional radiology services will be expanded to provide CT guided biopsy as well as onsite central venous access device placement.

The Bankstown Cancer Therapy Centre will be redesigned and extended to improve overall capacity and amenity, with improved access to drop-off zones and parking. Additional capacity for the delivery of chemotherapy and ambulatory haematology will be provided, with the potential for extending the hours of the chemotherapy unit to complement the existing extended hours ambulatory care unit. Opportunities for provision of local radiotherapy treatment services will be explored through either a public private partnership arrangement or addition of a linear accelerator at Bankstown Hospital.

Bankstown Hospital will continue to be a centre of excellence in upper gastrointestinal, oesophageal and pancreatic cancer surgery and research, with low volume partnerships strengthened across Sydney and the Illawarra.

Surgical services will be enhanced through the development of high volume, short stay units for procedures such as diagnostic colonoscopy and associated stand-alone or virtual stand-alone endoscopy units.

Outpatient services will be expanded including access to gynaecological oncology and cancer genetics clinics, and ultimately a breast

assessment clinic linked with existing surgical, radiology and pathology services. To better meet the needs of Bankstown's ageing population, enhanced linkages will be developed between multidisciplinary Aged Care and oncology services providing hospital avoidance programs and facilitating models of care with residential and home based aged care services. A dedicated clinic endorsed enrolled nurse will allow rapid assessment, facilitation of investigation and treatment planning, and delivery of parenteral endocrine and other supportive therapies.

Inpatient services at Bankstown Hospital will be expanded to include haematology beds.

Allied Health services at Bankstown Hospital will be enhanced to provide local supportive care including lymphoedema education and management and psychosocial support, including consulting psychiatry.

Wellness programs will be expanded from the current education and referral model to include a wellness space providing a range of flexible group and individual education and support services, using emerging technologies and peer support models, which are suitable to the culturally diverse Bankstown community. Linkages with appropriate community based service providers will be created.

An inpatient Palliative Care Service will be established at Bankstown Hospital. Existing consultation services and outpatient clinics will be expanded, along with services provided in the community.

6.5 Bowral and District Hospital

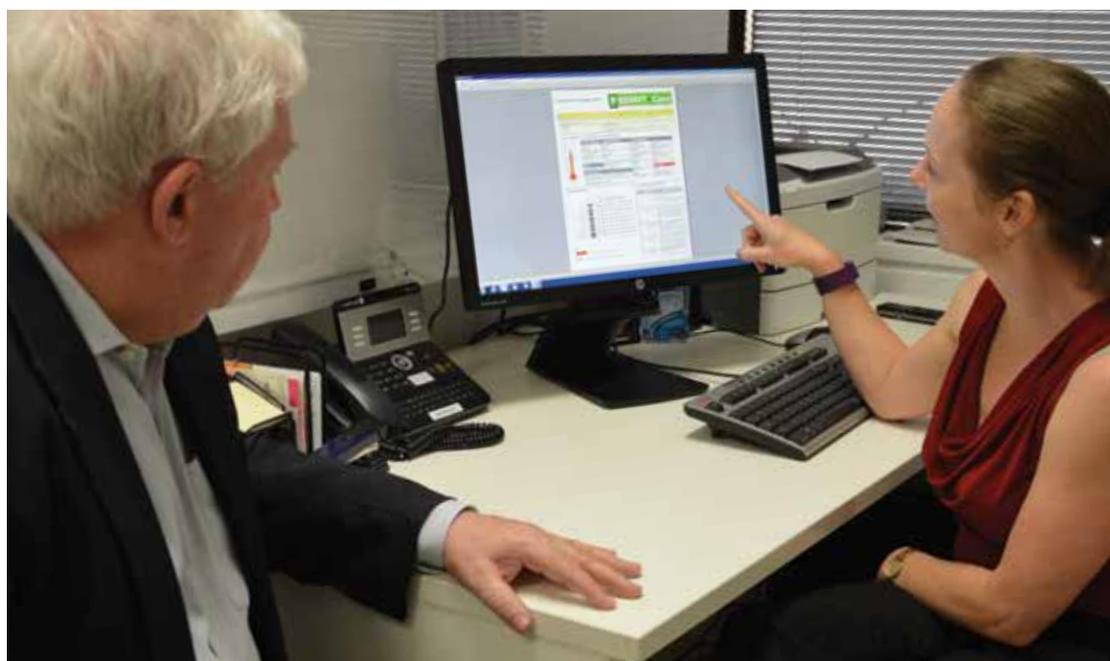
For residents of the Wingecarribee Shire, Southern Highlands Private Hospital will continue to deliver medical and radiation oncology services on behalf of SWSLHD and will expand to provide haematology services. Clinicians will be enabled to hold joint appointments with SWSLHD hospitals to improve integration between the two systems. To ensure the provision of safe, high quality services to residents of Wingecarribee, public cancer

surgery will be networked with larger centres, including Campbelltown and Liverpool Hospitals.

Inpatient palliative care capacity will be enhanced through the planned redevelopment of Bowral and District Hospital.

6.6 Fairfield Hospital

Fairfield Hospital will continue its role in providing low risk cancer surgery and diagnostic procedures. Patients assessed as having a high surgical risk will be transferred to an alternative facility. Support services will be expanded, particularly allied health.



6.7 Proposed integrated health hubs and community based services

Additional health service settings will be essential to meeting the anticipated demand for health services from the District's rapidly growing population. A new health facility, the Oran Park Integrated Health Hub (IHH) (formerly known as the Oran Park Integrated Primary and Community Care Centre) has been proposed to bring together community based services usually provided by the private sector (such as GPs) with public community and ambulatory health services. Demand for other similar health service facilities within SWS has also been identified. Other proposed sites for IHHs are Wilton New Town and Leppington.

Provision of services to people with cancer such as imaging, blood collection, pharmacy, consultation, chemotherapy, ambulatory services and day procedures at such sites is possible, subject to further planning.

Additional services will be provided in peoples' homes and in residential aged care facilities, including expanded community nursing, post- acute care and palliative care, along with hospital avoidance programs for people undergoing chemotherapy or radiation therapy.

Implementation



To achieve the District's vision and to support the development and delivery of a cancer services system which meets the current and future needs of the local community, a program of ongoing growth and development is required.

The following sections describe how SWSLHD will progress work towards achieving this level of service over the period 2018 - 2023. Where applicable, longer term actions are also identified.

The strategies included in the following sections have been developed in collaboration with consumers, carers, staff, the community managed sector and other stakeholders. The strategies are presented in a structure which is closely aligned with the NSW Cancer Plan and is reflective of

key directions in cancer service provision in Australia and internationally. Each strategy has been allocated a timeframe for completion and a position responsible for leading the action has been identified. Abbreviations used in the following sections are described in full in Table 5.

Table 5

Positions with responsibility for implementing actions

Abbrev	Position	Abbrev	Position
CDs	Clinical Directors	DHLS	Director Health Language Service
CDAC&R	Clinical Director Aged Care & Rehabilitation	DMH	Director Mental Health
CDCC	Clinical Director Critical Care	DMS	Director Medical Services
CDCS	Clinical Director Cancer Services	DN&M	Director Nursing & Midwifery
CDG&L	Clinical Director Gastro & Liver Services	DOH	Director Oral Health
CDMI	Clinical Director Medical Imaging	DPH	Director Population Health
CDP&N	Clinical Director Paediatrics & Neonatology	DR	Director Research
CDSS	Clinical Director Surgical Specialties	DRH	Director Refugee Health
CE	Chief Executive	DSC&M	Director Strategic Communications & Media
CIO	Chief Information Officer	DW	Director Workforce
DAH	Director Allied Health	GM	General Manager
DAHU	Director Aboriginal Health Unit	GMP&CH	General Manager Primary & Community Health
DCT	Director Clinical Trials	MCCP	Manager Consumer & Community Participation
DDH	Director Drug Health	NSW Path	NSW Pathology
DDS	District Director Surgery		

Responsibility for implementing the *SWSLHD Cancer Plan 2018 - 2023* is shared across the organisation. Many of the strategies require collaboration between multiple internal and external stakeholders and changes to current systems. Strong leadership and collaboration is required to implement this plan.

Regular monitoring and review of the strategies is necessary to ensure it is responsive to any changes in the operating environment, emerging models of care and new diagnostic and treatment modalities. Monitoring will be undertaken by the SWSLHD Cancer Governance Committee, with reporting to the District's Clinical and Quality Council on an annual basis.

Goal 1: To reduce the incidence of cancer

Reducing the incidence of cancer across the community is vital, as growth in cancer services will be unable to meet the increasing demands from a growing and ageing population.

The Cancer Institute NSW predicts that at least a third of all cancer cases are associated with lifestyle factors^v and are potentially preventable.

To reduce the incidence of cancer in the South Western Sydney community, SWSLHD will invest in achieving the following objectives:

- ➔ Improving the health literacy of the SWSLHD community, particularly in relation to cancer
- ➔ Reducing the rate of smoking in the SWSLHD community
- ➔ Increasing the proportion of SWSLHD residents eating adequate fruit and vegetables, undertaking adequate physical activity and being immunised
- ➔ Increasing the proportion of SWSLHD residents exhibiting sun smart behaviours
- ➔ Reducing the proportion of SWSLHD residents drinking at unsafe levels and participating in unsafe injecting drug use

Success will be measured by:

- ◆ Extent of disease at diagnosis – bowel, breast, lung and prostate cancers and melanoma
- ◆ Percentage of SWSLHD residents aged over 16 who smoke (Aboriginal and total population)
- ◆ Percentage of SWSLHD residents who smoke during pregnancy (Aboriginal and total population)
- ◆ Number of staff completing the Smoking Cessation: A Guide for Staff online training
- ◆ Overweight and obesity rates for people aged 16+
- ◆ Fruit and vegetable consumption rates for people aged 16+
- ◆ Physical activity rates for people aged 16+
- ◆ Hepatitis B and human papilloma virus immunisation rates
- ◆ Referrals to Get Healthy Coaching Service
- ◆ Suntan preferences for young people aged 12 - 17
- ◆ Incidence of melanoma
- ◆ Rate of risk drinking in adults
- ◆ Units of sterile injecting equipment distributed by the SWSLHD Needle and Syringe Program

HEALTH LITERACY AND HEALTH EQUITY

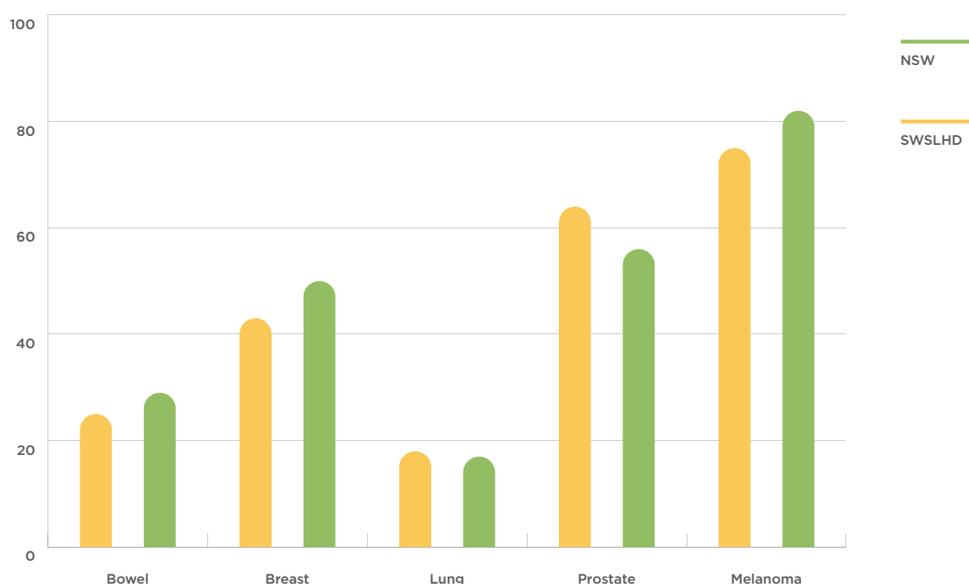
Health literacy is the degree to which individuals can obtain, process and understand the health information and services they need to make appropriate health decisions. People from CALD backgrounds, Aboriginal people and people with low levels of educational attainment often have low levels of health literacy. Health literacy is strongly linked to health inequity, as those people with poor health literacy often have overall poorer health as a result of their socioeconomic status.

Understanding the extent of disease at diagnosis provides an insight into the health literacy of the local community. Analysis undertaken by the Cancer Institute NSW shows that residents of SWS are less likely than residents across NSW to be diagnosed with bowel cancer, breast cancer or melanoma when their disease is localised. The extent of disease at diagnosis is strongly linked to five-year survival rates (see Figure 4).

Figure 4

Proportion of Cancer Cases where disease was localised at diagnosis SWS and NSW 2012

Source: Annual NSW Cancer Incidence and Mortality Data Set, 2012; NSW Cancer Institute (Reporting for Better Outcomes Report 2016, Cancer Institute NSW)



Alignment with other plans:

NSW Cancer Plan

Objective: To improve the health literacy of the SWSLHD community, particularly in relation to cancer

ID	Action	Responsible	Timeframe
1.1	Develop systems to respond to identified health inequity in relation to access to and utilisation of health care	DPH; CDCS	Ongoing
1.2	Build the capacity of Aboriginal Health Workers, Multicultural Health Workers and Bilingual Community Educators to understand the risk factors for developing cancer, warning signs and symptoms, screening and treatment services	DPH; DAHU; DRH	2018 & ongoing
1.3	Undertake a research project to investigate factors attributable to late diagnosis of cancer	DPH; CDCS	2018

TOBACCO SMOKE

Tobacco smoking is a leading cause of cancer and chronic disease, with smoking linked to lung, oral, upper gastrointestinal, colorectal, genito-urinary, haematological and gynaecological cancers^{vi}. Reducing the rate of smoking will assist in reducing the incidence of some cancers.

In 2016, 15.6% of SWS residents aged over 16 smoke, similar to the rate for NSW (15%)^{vii}. Whole of community programs and strategies to reduce smoking rates are implemented by National and State governments, with the support of organisations such as the Cancer Council. SWSLHD is partnering with community organisations to deliver tobacco education and smoking cessation programs to local groups with high smoking prevalence, such as Aboriginal people (particularly women pregnant with an Aboriginal baby)^{viii ix} and people from other countries or cultural groups^x. People with a mental health issue, people with

drug and/or alcohol issues and those with a history of incarceration are also more likely than the rest of the population to smoke.

For individuals, evidence shows that brief interventions in clinical practice are highly effective in encouraging quit smoking attempts^{xi}. NSW Health, through the Health Education and Training Institute has developed an online training program for staff, entitled *Smoking Cessation: A Guide for Staff*. Completing this training is mandatory for Oral Health staff but uptake from other clinicians is low. GPs also have an important role to play in delivering these interventions, supported by the South Western Sydney PHN.

Despite legislation, exposure to environmental tobacco smoke still occurs in public spaces and in peoples' homes and cars. Smoking still occurs outside public hospitals.

Alignment with other plans:

NSW Cancer Plan, SWSLHD Aboriginal Health Plan 2017 - 2021, SWSLHD Healthy Culturally Diverse Communities and Refugee Health Implementation Plan 2016, SWSLHD Mental Health Strategic Plan 2015 - 2024

Objective: To reduce the rate of smoking in the SWSLHD community

ID	Action	Responsible	Timeframe
1.4	Embed brief interventions for smoking cessation in clinical practice by: <ul style="list-style-type: none"> encouraging clinical staff to complete the online training module <i>Smoking Cessation: A Guide for Staff</i> available through My Health Learning ensuring referrals are made to QuitLine for patients identified as smokers 	CDs	Ongoing
1.5	Develop, implement and evaluate sustainable tobacco control programs for: <ul style="list-style-type: none"> local CALD communities with high smoking rates, commencing with the Vietnamese community pregnant women Mental Health consumers 	DPH	2018 & ongoing
1.6	Provide support for organisations and businesses within the local community to implement and enforce smoke-free environments, including smoke free dining	DPH	Ongoing
1.7	Continue to implement the <i>Smoke Free Health Care Policy</i> across all SWSLHD facilities, including implementing environmental design projects to reduce smoking around hospital entrances	GMs	Ongoing
1.8	Continue implementation of the Aboriginal Tobacco Control Project	DPH	2020

HEALTHY LIFESTYLES (PHYSICAL ACTIVITY, NUTRITION, IMMUNISATION)

Overweight and obesity is associated with an increased risk for cancers of the bowel, oesophagus, kidney, liver, pancreas, gallbladder, endometrium, ovary, post-menopausal breast and prostate^{xii}. In 2015, 32% of people aged over 16 were overweight and 22.8% were obese^{xiii}. Low levels of participation in adequate physical activity (in 2015, only 34.6% of people aged over 16 exercised enough^{xiv}) and low rates of fruit and vegetable consumption contribute to this (3.7% of SWSLHD residents consume the five serves of vegetables daily and 48% consume 2 serves of fruit daily^{xv}).

Immunisation can protect against certain cancers. The incidence of liver cancer can be reduced by ensuring immunisation against hepatitis B^{xvi}. In SWS in 2015, 97.8% of live born babies were immunised against hepatitis B at birth with 91.9% of babies fully vaccinated at one year^{xvii}. However, in 2016 SWSLHD reported

the highest number of notifications and the highest prevalence of hepatitis B in NSW^{xviii}. An estimated 60% of people living with hepatitis B in NSW were born overseas^{xix}, with the number of hepatitis B notifications in SWSLHD most likely a reflection of migrant settlement patterns of people who acquired infection at birth overseas^{xx}. Without appropriate treatment and management, the lifetime risk of advanced liver disease, including liver cancer, as a result of chronic hepatitis B infection is 20-30%^{xxi}.

Cervical and other cancers may be prevented by a course of the human papilloma virus (HPV) vaccination. Local female Year 7 students have been offered the HPV vaccine since 2011 in schools, with completion rates between 78% and 85%^{xxii}. Similarly, since the introduction of the vaccine for male Year 7 students, completion rates have been 78% and 81%.

Alignment with other plans:

NSW Cancer Plan, NSW Healthy Eating and Active Living Strategy 2013 - 2018, SWSLHD Hepatitis B and C Implementation Plan 2016 -2020

Objective: To increase the proportion of SWSLHD residents eating adequate fruit and vegetables, undertaking adequate physical activity and being immunised

ID	Action	Responsible	Timeframe
1.9	Implement and evaluate programs targeted at increasing nutrition for children e.g. Munch and Move	DPH	Ongoing
1.10	Develop and/or implement evidence based programs to promote healthy weight in communities at high risk of overweight and obesity	DPH	Ongoing
1.11	Refer patients and consumers with identified cancer risk factors to the <i>Get Healthy Coaching Service</i>	CDs; GMs	Ongoing
1.12	Extend, implement and evaluate programs to increase physical activity and/or reduce time spent in sedentary behaviour, with a focus on increasing active transport, particularly for vulnerable community groups and staff	DPH	Ongoing
1.13	Provide education to the community on the importance of immunisation, particularly for hepatitis B and HPV, including education targeted at vulnerable communities	DPH	Ongoing
1.14	Undertake routine checks of immunisation status and provide opportunistic immunisation when and where appropriate	DPH; GMP&CH	Ongoing
1.15	Implement the <i>NSW Healthy Eating and Active Living Strategy 2013 - 2018</i> in SWSLHD	DPH	2018
1.16	Continue to implement the <i>SWSLHD Hepatitis B and C Implementation Plan 2016 - 2020</i> to reduce hepatitis B infections, maintain high levels of hepatitis B vaccination, increase testing for hepatitis B and improve monitoring (including in primary care) and treatment rates for people with hepatitis B	DPH	2020

EXPOSURE TO ULTRAVIOLET RADIATION

Exposure to too much ultraviolet radiation can result in skin damage, leading to a range of skin cancers, including melanoma, especially for people with skin type I to III according to the Fitzpatrick scale⁷. Skin types I and II on the Fitzpatrick skin type scale represents skin that burns easily, is sun sensitive, and never or only minimally tans. Skin type III represents skin that sometimes burns, tans gradually to light brown, and is minimally sun sensitive. Skin types IV and above are skin that burns minimally, rarely or never, and is only minimally or not at all sun sensitive. The proportion of the SWSLHD population with skin types I and II is 34.9% and skin type III is 31.4%^{xxiii}. Preventing over exposure to ultraviolet radiation will reduce the risk of developing skin cancer.

Early identification and treatment of non-melanoma skin cancers reduces the risk of the skin cancer progressing.

Whilst the incidence of melanoma in SWSLHD is lower than that for NSW, there were 1,320 incidences of melanoma recorded for SWS in

2008 - 2012, age standardised rate of 32 per 100,000 compared to 49.8 per 100,000 in NSW. There is distinct variation across the District in relation to incidence rates, with a rate of 56.0 per 100,000 in Wingecarribee and 58.9 in Wollondilly, compared to 15.3 per 100,000 in Fairfield. This high rate of melanoma in Wingecarribee and Wollondilly is most likely associated with the ethnicity and age of residents.

Residents of SWS are less likely to have sun sensitive skin than residents across NSW broadly. This is most likely associated with the ethnic diversity of the District. However, in 2014, only 25.6% of residents reported always or often applying a broad spectrum sunscreen when out in the sun, compared to 33.9% for NSW, indicating that there is limited understanding of the risk of skin cancer within the community. Promoting sun smart behaviours for the community, particularly with migrant groups can assist in supporting the broader prevention work being undertaken at a national and state level by organisations such as the Cancer Council NSW.

Alignment with other plans:

NSW Cancer Plan, NSW Skin Cancer Prevention Strategy 2012 - 2015

Objective: To increase the proportion of SWSLHD residents exhibiting sun smart behaviours

ID	Action	Responsible	Timeframe
1.17	Promote Skin Cancer Prevention campaign messages and use of the Cancer Council NSW Sun Smart app by staff and the community through the SWSLHD Bulletin Board, Facebook page and newsletter items and promote other targeted campaigns	DPH	Ongoing
1.18	Develop, implement and evaluate sustainable tobacco control programs for	DPH	2019 and ongoing
1.19	Incorporate shade in outside areas at all health facilities	GMs	2023

ALCOHOL CONSUMPTION AT RISK LEVELS AND UNSAFE INJECTING DRUG USE

Excessive consumption of alcohol is a major cause of health and social harm. In SWS, around 20% of people aged over 16 are estimated to consume alcohol at levels that pose a long term risk to health. A high level of alcohol consumption, especially when the person also smokes, is particularly associated with cancers of the head and neck, pancreas, oesophagus, liver and breast.

Hepatitis C is a blood borne virus. About 90% of new hepatitis C infections are attributable to using unsterile injecting equipment. Hepatitis C is one of the main causes of primary liver cancer. Access to sterile injecting equipment and drug treatment programs are proven, cost-effective ways to prevent hepatitis B and C transmission^{xxv}.

The SWSLHD Harm Reduction Program includes an active Needle and Syringe Program (NSP) which seeks to reduce the transmission of blood

borne viruses among people who inject drugs and to minimise risk behaviours that have the potential to transmit infection. There has been steady growth of approximately 23% in the distribution of sterile injecting equipment by the SWSLHD NSP between 2011/12 and 2015/16.

Early identification of infection and liver damage are likely to improve outcomes. SWSLHD has invested in a portable FibroScan machine to enable community based liver damage assessments, particularly for people from vulnerable groups, such as Aboriginal people and injecting drug users. Highly effective treatments are now available to cure hepatitis C. GPs are able to prescribe hepatitis C treatment in primary care settings, enabling improved access.

Alignment with other plans:

NSW State Health Plan: Towards 2021, NSW Cancer Plan, NSW Hepatitis C Strategy 2014 - 2020, NSW Hepatitis B Strategy 2014 - 2020, NSW HIV Strategy 2014 - 2020, SWSLHD Mental Health Strategic Plan 2015 - 2024, SWSLHD Aboriginal Health Strategic Plan 2017 - 2021

Objective: To reduce the proportion of SWSLHD residents drinking at unsafe levels and using unsterile injecting equipment

ID	Action	Responsible	Timeframe
1.20	Develop an integrated network of drug and alcohol treatment and intervention services in SWS to reduce the harm from substance use and increase access to treatment	DDH	2018 and ongoing
1.21	Continue to implement the SWSLHD NSP Development Plan 2017 - 2019 to increase access to sterile injecting equipment and to minimise risk behaviours that have the potential to transmit infection	DDH	2019
1.22	Continue to implement the SWSLHD Hepatitis B & C Implementation Plan 2016 - 2020 to reduce hepatitis C infections, increase testing for hepatitis C and increase treatment rates for people with chronic hepatitis C, with a focus on primary care settings	DPH	2020

Goal 2: To increase the survival of people with cancer

The ultimate goal of all cancer services is to save the lives of people with cancer. Increasing the survival of people with cancer has a multitude of benefits to individuals, families, communities and the economy.

To increase the survival of people with cancer, SWSLHD will work with consumers, carers, other service providers and research organisations to achieve the following objectives:

- Increasing the proportion of SWSLHD residents participating in breast, bowel and cervical cancer screening programs
- Improving diagnosis, assessment, referral and care pathways to support early detection and treatment of cancer
- Improving the availability of cancer services within SWSLHD to better meet the needs of the local community
- Improving the safety and quality of cancer services in SWSLHD
- Improving the integration of care between services and settings
- Improving the relevance and accessibility of information, education and support provided to consumers and carers
- Strengthening the capacity of data capturing, management and reporting systems to inform clinical care
- Strengthening the capacity of the cancer workforce to deliver high quality, patient centred care
- Raising the international profile of SWSLHD cancer research

- Increasing participation in clinical trials by SWSLHD residents and achieving international recognition of the District's role in clinical trials
- Strengthen the governance of cancer services to include services managed outside of the Cancer Clinical Stream

Success will be measured by:

- Breast cancer screening participation rates and numbers (total, Aboriginal and CALD)
- Cervical cancer screening participation rates and numbers
- Bowel cancer screening participation rates and numbers
- Participation in diagnostic, referral and survivorship pathway activities
- Registry data is used to report on localised, regional and metastatic cancer incidence
- Cancer mortality rates
- Number of recruiting clinical trials by trial category
- Number of newly enrolled participants in cancer clinical trials
- Increase in research grant funding allocated to cancer research
- Increase in research and quality publications is reported annually

Early detection – cancer screening

Australia has established national cancer screening programs for breast, cervical and bowel cancer.

Breast Cancer

SWSLHD currently has one of the lowest breast cancer screening rates in Australia^{xxxvi}.

For 2014/15, the total BreastScreen SWSLHD biennial participation rate for women aged 50-69 was 45.2%, compared to 51.6% for NSW. In the same period, the participation rate for Aboriginal women was 23% and for women from CALD backgrounds, 46.5%^{xxxvii}.

Screening rates are particularly low in some cultural groups and in women who have low health literacy. Fear of the service has been raised as a factor in low participation^{xxxviii}, along with opening hours. SWSLHD was ranked second worst of all LHD's in NSW in relation to extent of disease at diagnosis for 2012^{xxix}. Women aged under 40 requiring a mammogram and people who are symptomatic must access private services, with cost a potential barrier to access.

Cervical Cancer

SWSLHD has a biennial cervical cancer screening rate of 50.8%, less than the NSW rate of 56%^{xxx}.

Cervical cancer screening is generally promoted and undertaken by GPs. Recent research undertaken by the South Western Sydney PHN identified that women prefer to have a female GP perform the screen and that some male GPs also support female GPs or female nurses, undertaking this role.

Changes to the cervical cancer screening schedule are planned to commence in 2017, moving to five yearly examinations screening for HPV.

It is anticipated that cervical cancer incidence will decline over time in response to increasing cohorts who are fully vaccinated against HPV.

At present, SWSLHD Women's Health services routinely offer cervical cancer screening to all pregnant women accessing SWSLHD antenatal services where clinically indicated and refer to GPs for screening after pregnancy if required.

Bowel Cancer

The National Bowel Cancer Screening Program (NBCSP) has been established to promote bowel screening for people aged over 50. The program is being expanded and by 2020 will be available to all people aged 50 to 74, every two years.

Bowel cancer screening rates in 2015 reported through the NBCSP are lower in SWS than the NSW average (31.7% compared to 35.1%). Wollondilly and Wingecarribee LGA's have the highest rates of bowel screening within SWSLHD (both 37.1%) with Liverpool and Campbelltown having the lowest rates (28.3% and 29.5% respectively)^{xxxi}. The complexity of information on the screening kits has been noted as a barrier to access, particularly from people with limited English. Other cultural barriers to participation have also been noted, including for the Aboriginal community.

The data may under-represent screening rates as there are other bowel screening programs available and people with a family history may be referred directly for diagnostic testing. Of concern is that 63.5% of SWSLHD residents with a positive faecal occult blood test (FOBT) have a recorded GP follow-up through the NBCSP, compared to 67.8% for NSW^{xxxii}.

Alignment with other plans:

NSW Cancer Plan,
South Western Sydney
PHN Cancer Screening
Action Plan 2016 - 2018

Objective: To increase the proportion of SWSLHD residents participating in breast, cervical and bowel cancer screening programs

ID	Action	Responsible	Timeframe
2.1	Support the implementation of the South Western Sydney PHN Cancer Screening Action Plan through ongoing participation and implementation of joint initiatives in relation to breast, bowel and cervical cancer screening	DPH; CDCS	Ongoing
2.2	Provide a mobile breast screening service at Budyari Aboriginal Community Health Centre annually, in collaboration with the Aboriginal Chronic Care Program, to improve accessibility of services to Aboriginal women and other women living in the local area	DPH	Ongoing
2.3	Partner with the South Western Sydney PHN to deliver a Multicultural Women's Wellness Program through the SWSLHD Bilingual Community Educator service which focuses primarily on breast and cervical cancer screening and addresses bowel cancer screening	DPH	2018
2.4	Facilitate group BreastScreen bookings for women from communities with low screening participation, supported by interpreters and bilingual community educators for CALD groups	DPH	2018
2.5	Investigate opportunities to offer extended hours of operation and/or weekend services at SWSLHD BreastScreen sites to improve accessibility	DPH	2018
2.6	Participate in the development of Breast Cancer Screening and Cervical Cancer Screening HealthPathways	DPH	2019

Diagnosis, assessment, referral and care pathways

Early detection and diagnosis of cancer is a key factor in survival (see Health Literacy Section). Data shown in Figure 5 shows that for bowel, breast, lung and prostate cancers and melanoma, survival rates are directly correlated to the extent of disease at diagnosis.

Whilst improving the health literacy of the community will facilitate early engagement with health services in relation to screening and symptom identification, GPs are integral to the early diagnosis of cancer and referral to appropriate services. Despite screening activities, 75-85% of all cancers are diagnosed on the basis of symptomatic presentation to a GP^{xxxiii}. Knowing what services are available locally, who the treating clinicians are and how to refer assists GPs to facilitate timely access to specialist services. The Cancer Institute NSW has established the CanRefer website to improve access to information about multidisciplinary

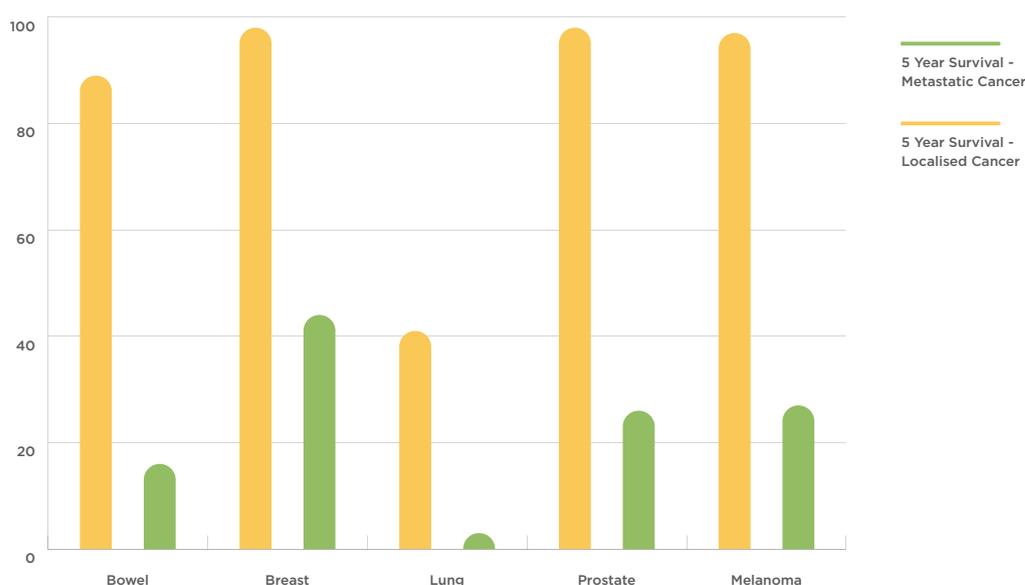
teams, cancer specialists and cancer services in NSW. SWSLHD also promotes the availability of local services through formal and social media, work with GPs and the SWSLHD Cancer Services website. Opportunities exist to improve the way local services and expertise are promoted.

Late diagnosis of cancers has been raised as an issue by consumers and staff. Consultation noted that for some people GPs did not recognise presenting symptoms as possible cancers, delayed follow up when initial treatments were ineffective and that people felt fearful to question or challenge an initial diagnosis, even when symptoms were persistent. Building the capacity of GPs, Practice Nurses and other health care providers (e.g. Sexual Health staff) to recognise potential signs of cancer, particularly rare cancers may result in more timely diagnosis for some people.

Figure 5

Five most common cancers by extent of disease at diagnosis in 2012 and 5-year relative survival 2005 - 2009, NSW

Source: Cancer Institute NSW 2016 RBCO SWSLHD Report



HealthPathways South Western Sydney is a collaborative project between SWSLHD and the South Western Sydney PHN. It is an online information portal for GPs and other health practitioners that provides information on the assessment, management and referral pathways for a range of clinical presentations. Each *HealthPathway* articulates a consistent, streamlined approach which supports timely diagnosis and intervention, enabling delivery of comprehensive, holistic care to the patient.

SWSLHD and the South Western Sydney PHN have commenced development of a *SWS Lung Cancer HealthPathway* to improve diagnosis and time to assessment and treatment, in

recognition of the significant benefits to early treatment (see Figure 5). Expansion of the *HealthPathways* program to address all cancer types is expected to continue to produce benefits for the community in relation to reducing waiting times for diagnosis, assessment and treatment.

Through Cancer Institute NSW funding, SWSLHD has also focussed on reducing the time from a positive bowel cancer screening result to diagnostic colonoscopy, through trialling a nurse-led Direct Access Colonoscopy service at Liverpool and Campbelltown Hospitals. This involved a remote nurse-led risk assessment to streamline access to diagnostic colonoscopy, thus reducing waiting times and the need to

attend multiple appointments. This service has been widely established across NSW with positive results. As the NBCSP is expanded, additional demand for colonoscopies will be generated, with public private partnerships a possible option to cater for anticipated demand.

As SWSLHD further develops expertise in the treatment of low volume cancers, for example through the use of emerging technologies,

opportunities to support people living outside of the District to access highly specialised services will be further explored. This may include people with cancer living in rural Local Health Districts, across Australia and internationally. Options may include the development of referral pathways for diagnosis and treatment, supported by locally based services where possible.

Alignment with other plans:
NSW Cancer Plan

Objective: To improve diagnosis, assessment, referral and care pathways to support early detection and treatment of cancer

ID	Action	Responsible	Timeframe
2.7	In collaboration with the South Western Sydney PHN deliver cancer education to GPs, with a focus on those cancers which are more common in the SWS community e.g. liver cancer, stomach cancer, pancreatic cancer and oesophageal cancer and includes information on high risk groups and late effects	CDCS	Ongoing
2.8	Update SWSLHD services and referral pathways online	CDCS	Ongoing
2.9	Explore opportunities to develop pathways for residents of rural LHD's, other States and other countries to access highly specialised services within SWSLHD	CDCS; CDG&L; CDSS; GMs	Ongoing
2.10	Implement a rolling program of Cancer Health Pathways development in partnership with the South Western Sydney PHN and evaluate effectiveness	CDCS	2018 and ongoing
2.11	Establish data systems to report on waiting times for treatment by tumour type and link to patient outcomes	CDCS	2018
2.12	Establish rapid lung cancer referral and assessment clinics at Liverpool, Campbelltown and Bankstown Hospitals	CDCS; GM L'pool; GM C'town; GM B'town	2018 - 2021
2.13	Produce and distribute material to promote the cancer services within SWSLHD to GPs and other key stakeholders	CDCS	2019 and ongoing
2.14	Establish a District-wide Direct Access Colonoscopy process to reduce time from positive screening results to colonoscopy	CDG&L; GM L'pool; GM C'town; GM B'town	2019
2.15	Establish a rapid access dermatology clinic to ensure urgent assessment and treatment of people with malignancies or at risk of malignancies at Liverpool Hospital	CDCS	2019

Objective: To improve diagnosis, assessment, referral and care pathways to support early detection and treatment of cancer (continued)

ID	Action	Responsible	Timeframe
2.16	Redevelop the SWSLHD Cancer Services website to: <ul style="list-style-type: none"> • Redevelop the SWSLHD Cancer Services website to: • be more intuitive and relevant for users • include information on cancer and cancer services not directly provided by the Clinical Stream e.g. surgical services; carer services • promote the District's expertise; state of the art equipment and quality/safety record • provide culturally appropriate information and translated resources • link to partner organisations for additional information • improve processes for updating • monitor usage 	CDCS; DSC&M	2019
2.17	Provide links to the SWSLHD Cancer Services website in all correspondence with consumers and General Practitioners	CDCS	2019
2.18	Review the SWS Lung Cancer HealthPathway and evaluate effectiveness in improving individual outcomes	CDCS	2019

Enhancing cancer services within South Western Sydney

SWSLHD has a long established cancer care system across multiple sites. People with cancer are able to receive a large proportion of their care within the local public system, including diagnostic and staging services, surgery, radiation therapy and chemotherapy. Whilst each site within the District offers particular areas of expertise, the bulk of cancer care is currently provided through Liverpool Hospital.

As the SWS population grows and the incidence and prevalence of cancer increases, additional cancer services will be required to meet the needs of the population, particularly within the South West Priority Growth Areas. In 2017, the NSW Government announced funding for the expansion of Campbelltown Hospital, providing new or enhanced capacity medical imaging, nuclear medicine, surgical, emergency and paediatric services.

New services will be designed based on the identified needs of the population and may include stand-alone, networked and/or outreach services.

Providing a broader range of services within and across SWSLHD will reduce the need for consumers to travel outside of the District to receive the interventions and care they require and may also reduce the need to access private services for essential or timely treatment. However, it should be recognised that some highly specialised, low volume services (particularly surgical services) will continue to be provided outside of the District to ensure the delivery of safe, quality care e.g. sarcoma services.

Alignment with other plans:

National Service Delivery Framework for Adolescents and Young Adults with Cancer, NSW Cancer Plan, SWSLHD Surgical and Procedural Care in SWS to 2021

Objective: To improve the availability of cancer services within SWSLHD to better meet the needs of the local community

ID	Action	Responsible	Timeframe
2.19	Develop workforce capacity in paediatric and adolescent, young adult cancers to support local delivery of services in a networked arrangement with other specialist centres	CDCS; CDP&N	Ongoing
2.20	Expand interventional radiology at Campbelltown Hospital to include provision of services to support: <ul style="list-style-type: none"> insertion of vascular access devices enhanced cancer diagnostic capacity 	CE; GM C'town; CDMI	2018 and ongoing
2.21	Investigate opportunities to establish a District wide nurse-led vascular access service to improve service responsiveness for people requiring port-a-caths and PICC lines	DN&M; CDCC; CDMI	2018 and ongoing
2.22	Investigate options to establish specialist survivorship clinics to manage ongoing late effects including cardio-oncology; sexual health and function	CDCS	2018 and ongoing
2.23	Develop the gynaecological oncology service by: <ul style="list-style-type: none"> establishing gynaecological oncology outpatient clinics at Campbelltown and reviewing the model of care at Bankstown Hospital investigating opportunities to develop a gynaecological oncology brachytherapy insertion service within the Liverpool CTC developing robotic gynaecological oncology surgery at Liverpool Hospital 	CDCS; CDCC; GM C'town; GM B'town; GM L'pool	2018 and ongoing
2.24	Explore capacity to expand the social work, clinical psychology and consultant psychiatry services available to people with cancer and their carers/families at Bankstown, Liverpool and Campbelltown Hospitals to improve the psychosocial support available	CE; CDCS; DAH; DMH	2018 and ongoing

Objective: To improve the availability of cancer services within SWSLHD to better meet the needs of the local community (continued)

ID	Action	Responsible	Timeframe
2.25	Progressively expand Allied Health services to support people with cancer in response to service demand, including the trial of new therapies such as music and art therapy	CE; CDCS; DAH; GMs	2018 and ongoing
2.26	Expand the hours of service within Liverpool, Macarthur and Bankstown Cancer Therapy Centres to meet increasing demand and provide a more flexible service	CDCS; GM L'pool; GM C'town; GM B'town	2018
2.27	Establish a coordinated SWSLHD melanoma service incorporating outpatient clinics, surgical services, inpatient capacity and care coordination	CDSS; CDCS; GM L'pool; GM C'town	2018
2.28	Expand the interventional radiology service at Bankstown Hospital to enable insertion of vascular access devices	CE; CDMI GM B'town;	2018
2.29	Develop a Complex Needs Dental Service to support consumers with complex comorbidities requiring essential dental treatment	DOH; CDCS; CDSS	2018
2.30	Continue to provide Emergency Department bypass services through nurse-led assessment units and investigate opportunities to expand hours of operation and scope of practice to support people requiring palliative care and to enable direct admissions	CDCS	2018
2.31	Investigate opportunities to deliver telehealth models of service delivery with GPs and between sites, commencing with dermatology and cancer genetics	CDCS	2018
2.32	Establish outreach haematology treatment services across the District	CE; CDCS; GM C'town; GM B'town GM Bowral	2018
2.33	Expand the dermatology service to include clinics at Campbelltown and Bankstown Hospitals	CDCS; GM C'town; GM B'town	2019
2.34	Expand the interventional radiology service at Liverpool Hospital to include delivery of interventional MRI guided procedures	CDCS; GM C'town; GM B'town	2019
2.35	Develop a model of care for complex cancer pain management	CDCS; CDCC	2019
2.36	Enhance the SWSLHD Cancer Genetics Service to respond to increased demand and establish outreach Cancer Genetics clinics at Bankstown and Campbelltown Hospitals	CE; DMS; DAH; CDCS; GM L'pool; GM C'town; GM B'town	2020
2.37	Investigate feasibility for oncology pharmacies to fill outpatient scripts for non-chemotherapy drugs	CE; DAH; DMS; CDCS	2020

Alignment with other plans:

National Service Delivery Framework for Adolescents and Young Adults with Cancer, NSW Cancer Plan, SWSLHD Surgical and Procedural Care in SWS to 2021

Objective: To improve the availability of cancer services within SWSLHD to better meet the needs of the local community (continued)

ID	Action	Responsible	Timeframe
2.38	Investigate opportunities to enhance the availability of endoscopy services within a high volume, short stay model in response to increasing demand for diagnostic colonoscopy	CE; CDG&L; GM's	2020
2.39	Investigate the feasibility of establishing blood collection centres within key primary and community health facilities and/or mobile blood collection programs	GMP&CH; NSW Path	2020
2.40	Establish a Geriatric Oncology Working Group to develop a model to better meet the needs of frail, older people with cancer and to identify education, training and research opportunities	CDCS; CDAC&R	2020
2.41	Investigate feasibility of establishing community outreach/hospital avoidance models in oncology and haematology	CDCS	2021
2.42	Establish a multidisciplinary late effects follow up clinic at Campbelltown Hospital to monitor people who have had cancer as a child, adolescent or young adult, which includes services to address common issues e.g. fertility and sexual dysfunction	CDCS; GM C'town	2022
2.43	Develop a comprehensive public breast cancer service at Liverpool Hospital which includes: <ul style="list-style-type: none"> mammography ultrasound breast assessment / biopsy onco-plastic surgery for immediate breast reconstruction specialist in hospital nursing community nursing for post discharge support in collaboration with key stakeholders including Cancer Institute NSW 	CDCS; GM - L'pool; CDMI; CDSS	2023+
2.44	Expand the range of haematological transplant services available at Liverpool Hospital to include matched unrelated donor and haploidentical transplantation, with associated expansion of inpatient bed, laboratory and pharmacy capacity	CE; CDCS	2023+

Consistently deliver safe, high quality care

Cancer services in SWSLHD have a proven track record of safety and quality.

To ensure the quality and safety of cancer treatment, the Cancer Institute NSW recommends that all cancer patients have their care overseen by a Multidisciplinary Team (MDT). The MDT comprises medical, nursing and allied health professionals who use their combined expertise to determine the best possible course of treatment for individual patients, taking into account the nature of the cancer, other comorbidities, patient and carer wishes, standardised treatment protocols and existing and emerging treatment options. In SWSLHD, all patients' treatment is planned at one of 22 MDTs (see Appendix 3). MDTs are an integral component of cancer care and require a significant investment of time from all participants.

MDTs are resource intensive in relation to participation and administration and there is variability amongst the existing MDTs in relation to functions, measurement and performance. To achieve best practice for all SWSLHD MDTs i.e. demonstrating high levels of participation, ongoing data collection and analysis and quality improvement processes, a new model is required which provides for enhanced governance and administration. This would better ensure that each tumour stream is responsible for review of performance and improvement over time. Such a model is based around a more formalised MDT Chair role, with Chairs being held accountable for implementing a standardised set of SWSLHD MDT Guidelines and for developing systems for routine data collection, long term real-time measurement and reporting of outcomes, building research and translating research into practice.

In addition to the MDTs, care coordination is widely recognised as an essential component of a modern, comprehensive cancer service. The aim of care coordination is to ensure that care is delivered in a logical, connected and timely manner so that the medical and personal needs of the person are met. It is a comprehensive approach to achieving continuity of care for people receiving cancer treatment^{xxxiv}. Whilst some care coordination is achieved

by the implementation of seamless systems, consumers have identified the desire for an ongoing point of contact who understands their history and who is able to provide ongoing information, advice and support.

The SWSLHD Cancer Care Coordination service has evolved over time through multiple funding sources, with varying requirements. The current District Care Coordination Model was implemented in 2014, with each site having a slightly different function and capacity (see Care Coordination Summary in Appendix 4), with governance of the model residing with Cancer Services and joint reporting structures to facility nursing executive. In general, Care Coordinators make contact with new patients at the time of their initial oncology clinic visit to screen them for their needs, and to provide support and information on diagnosis and treatment, local services and other information as relevant to the individual and to advocate for them as they negotiate the complex pathways associated with cancer care.

Clinicians and consumers have identified a preference for Care Coordination and MDT's to be consolidated into a tumour specific model of care, particularly for high volume cancers, enabling the strengthening of expertise in relation to particular tumour types and the establishment of ongoing relationships between treating clinicians, Care Coordinators, patients and carers.

Also essential to the provision of high quality, safe services is the concentration of low volume and/or highly specialised clinical services at particular facilities to ensure efficiency and access to the necessary medical, nursing and allied health expertise and to state of the art diagnostic and treatment equipment. This concentration of particular expertise also allows training of students and staff and research to be embedded into service delivery.

The *SWSLHD Transforming Your Experience* program is re-focusing the District on safety essentials which, when implemented will address a number of safety, quality and consistency issues identified by staff and consumers.

Alignment with other plans:

NSW Cancer Plan,
SWSLHD Transforming
Your Experience, draft
SWSLHD Sustainability
Action Plan

Objective: To improve the safety and quality of cancer services in SWSLHD

ID	Action	Responsible	Timeframe
2.45	Continue a program to concentrate low volume cancer surgery at identified sites with appropriate clinical and support infrastructure	DDS	Ongoing
2.46	Identify opportunities for safety and quality innovation within Cancer Services	CDCS	Ongoing
2.47	Continue to refine the electronic cancer record to enable review of outcomes and identify opportunities to reduce unwarranted clinical variation	CDCS	Ongoing
2.48	Review existing Cancer Services policies across individual facilities and revise to create District-wide policies to ensure consistency	CDCS	2018 and ongoing
2.49	Enhance the capacity of Cancer Services to undertake MDT coordination and documentation	CE; GM L'pool; GM C'town; GM B'town	2018 and ongoing
2.50	<p>Progressively revise and expand the Care Coordination service in line with best practice in the field and other centres of excellence to:</p> <ul style="list-style-type: none"> implement a tumour specific Care Coordination model, with a Lead Coordinator and Support Coordinator for all tumour types enable support from time of diagnosis enhance linkages between all treating clinicians enable development of expertise in particular tumour streams respond to increasing demand for service referrals as a result of the implementation of PROMPT care facilitate equity of access across the District and consistent delivery of support and information 	CE; DN&M; CDCS	2018 and ongoing
2.51	Establish a SWSLHD Care Coordination network to enable information sharing, professional development, learning and support, including a shared information drive	CDCS; DN&M	2018
2.52	<p>Develop and implement a consistent set of MDT Guidelines for all SWSLHD MDT's which include:</p> <ul style="list-style-type: none"> tumour stream leadership and administration criteria for case discussion/inclusion participation and responsibilities for members benchmarking data capture of treatment planning reporting communication with GP's monitoring and reviewing systems 	CDCS	2018
2.53	Enhance the capacity of radiology and anatomical pathology services to participate in all District wide MDT's	CE; CDMI	2019
2.54	Develop and implement a Cancer Quality and Safety Framework, incorporating a Quality Dashboard which provides mechanisms for standardised reporting across all disciplines	CDCS	2020

Integrated care

People with cancer, or with a suspicion of cancer access a range of public and private services across the District and beyond. Private services include GPs, pathology, radiology, pharmacy, medical specialists, private hospitals and private allied health providers.

Whilst approximately 26% of SWSLHD resident separations for inpatient cancer treatment were from private hospitals, information is unavailable on the proportion of residents who receive their diagnostic services, outpatient and supportive treatment within the private setting.

To meet increasing demand, SWSLHD will need to continue to partner with private services across the continuum.

To support timely diagnosis and treatment of cancer and the management of complications, SWSLHD will work collaboratively with consumers, private diagnostic services, specialists and hospitals to support the timely transfer of information.

As the number of people living with cancer or living after cancer (known as cancer survivors^{xxxv}) and their carers also increases, improved systems will be required to facilitate access to ongoing monitoring once active treatment concludes. Monitoring may be in relation to ensuring the cancer does not recur, that a new cancer does not develop and that the person remains as active and healthy as possible into the future. Evidence suggests ongoing monitoring of cancer survivors is best managed by GPs, with appropriate specialist support^{xxxvi}, ensuring fast-tracked access back to the secondary or tertiary system if and when required. A nurse led assessment service may also support this change in practice.

People with cancer require a system of integrated care between SWSLHD services and community based services in relation to their immediate and ongoing psychosocial and physical needs. The range of mix of services and supports required may include returning to work, driving, or managing stress, anxiety, depression and personality change. Physical issues as a result of treatment or the cancer itself also need to be managed e.g. cardio-oncology, bone health and sexual health. Utilising patient reported outcomes in designing and delivering cancer services is changing the way each individual's physical and psychosocial needs are identified and met.

SWSLHD is leading research into embedding patient reported outcomes into routine clinical care through the PROMPT Care project, funded by the Cancer Institute NSW. In 2017, 300 patients across sites are trialling the program by completing a monthly survey to identify care needs, using information gathered from self -assessments in relation to areas such as symptoms, distress, quality of life and unmet needs. Participants requiring follow-up are flagged and follow up requests are sent to the treating specialists and Care Coordinators for real-time action, with consultation identifying a resultant increase in referrals to Care Coordinators and Allied Health services, which requires further monitoring to track demand.

Alignment with other plans:

NSW Cancer Plan,
SWSLHD Transforming
Your Experience

Objective: To improve integration of care between services and settings

ID	Action	Responsible	Timeframe
2.55	Promote the use of My Health Record to enable the timely transfer of patient information between services and settings and to facilitate self-management of patient information in partnership with the South Western Sydney PHN	GMs; CDs	Ongoing
2.56	Explore opportunities to develop Public Private Partnerships to increase the accessibility of care, with shared systems to support integration	GM's; CD's	Ongoing
2.57	In collaboration with private pathology and radiology providers investigate opportunities to improve timeliness of information transfer to inform care	CDCS; CDMI	Ongoing
2.58	Enhance videoconferencing capacity to facilitate improved access to MDTs across multiple sites, with appropriate high resolution screens to facilitate the viewing of radiology images	CIO	Ongoing
2.59	Evaluate the effectiveness of PROMPT Care in improving outcomes for people with cancer, refine and progressively implement across all Cancer Services	CDCS	2018 and ongoing
2.60	Monitor the impact of PROMPT Care on Allied Health referrals and develop Business Cases for Allied Health service expansion if required	CDCS; DAH	2018
2.61	Build the capacity of PROMPT Care to meet the needs of non-English speaking people	CDCS	2019
2.62	Implement a Cancer Survivorship Discharge trial for people with breast cancer and evaluate effectiveness in: <ul style="list-style-type: none"> improving physical and psychosocial outcomes for participants reducing demand on hospital based services facilitating rapid access pathways for people requiring specialist treatment Expand across all tumour groups if effective 	CDCS	2020 and ongoing
2.63	Develop a Cancer Survivorship Clinical Nurse Consultant position to support discharge assessment and triaging	CE; CDCS	2020
2.64	Investigate opportunities to link clinicians from the primary and private sectors into relevant MDTs	CDCS	2022

Information, education and support

According to research undertaken by the Bureau of Health Information, 69% of SWSLHD Cancer outpatients believed they had a care plan in place for cancer treatment and 43% believed they were definitely asked for ideas and preferences when developing a Cancer Care Plan. Of cancer outpatients, 74% considered that they were definitely involved in decisions about care and treatment^{xxxvii}. In relation to cancer inpatients, 62% considered that they were definitely involved in decisions about care and treatment^{xxxviii} and 57% believed they had completely enough information about medication side effects. These measures were lower than the state average^{xxxix}.

Through the consultations it was evident that there was great variability in the level and type

of information that people wanted about their diagnosis, treatment and support options. Tailored information is provided to consumers/ carers throughout their journey, although this information is variable depending on the individual clinicians and consumers involved and the individual diagnosis and treatment plan.

Providing a range of information, education and support resources and sources will facilitate improved access to the information that consumers and carers need, when they need it. Consultation with carers has indicated that providing this information through a range of formats assists in increasing accessibility.

Alignment with other plans:
NSW Cancer Plan

Objective: To improve the relevance and accessibility of information, education and support provided to consumers and carers

ID	Action	Responsible	Timeframe
2.65	Progressively expand the range of translated cancer resources available for people with limited or no English	CDCS	Ongoing
2.66	Enhance the capacity of pharmacy services to support the delivery of individual patient and carer education in relation to prescribed drugs, drug interactions, use of herbal medicines and side effects	CDCS; DMS; DAH	2018 and ongoing
2.67	Develop a standardised process for communication of individual treatment plans to consumers to build awareness and understanding	CDCS	2019
2.68	Undertake a comprehensive review of the way in which cancer treatment and support information and education is provided across the continuum of care, to better meet consumer and carer needs and develop innovative models to deliver this service including virtual tours, webinars and/or group education sessions	CDCS	2020
2.69	Develop a District-wide system to underpin support groups which recognises the variable governance arrangements for support groups and which facilitates: <ul style="list-style-type: none"> reduced duplication of effort in identifying, managing and producing programs and resources promoting participation building the capacity of members providing culturally appropriate or specific groups as required standardised systems for quality control and outcome reporting links with partner organisations 	DAH; CDCS	2020

eHealth, technology and data analytics

The use of high-quality data is pivotal to running a high-quality cancer service. Cancer Institute NSW manages the NSW Cancer Registry (NSWCR) which maintains records of people with cancer in NSW. The data captured within the registry provides useful insights into the impact of cancers, and how this has changed over time, as well as providing an overall picture of cancer incidence, mortality and treatment outcomes for residents of NSW. Notification of new cancer cases and cancer deaths is required under the *Public Health Act 2010*⁽¹⁾. All Local Health Districts and private facilities notify reportable cancer cases to these registries.

At present, the Clinical Cancer Registry for SWSLHD is managed in a combined structure with Sydney Local Health District (SLHD), reflecting former organisational structures. Splitting the management of these registries will enable greater responsiveness to local priorities. Enhancement of the SWSLHD Cancer Information Management Program will be required as a result of this split and in order to improve analytic capacity.

SWSLHD is a leader in NSW in the use of the MOSAIQ[®] Oncology Information System and in the electronic capture of patient information. MOSAIQ[®] is critical for the daily operation of cancer services including scheduling patient clinics, providing an electronic medical record for recording clinical notes, recording and administering treatment for both radiation therapy and chemotherapy, clinical assessments, billing, documentation and correspondence. The District's linear accelerators require MOSAIQ for clinical operation.

In addition to MOSAIQ[®] the SWSLHD Cancer Service relies on a number of electronic systems to capture inpatient and outpatient activity, with some information able to be automatically extracted for inclusion in the NSW Cancer Registries and other information requiring manual transfer. Full automation of data extraction will improve the overall accuracy of information held in the NSW Cancer Registries and will improve capacity of SWSLHD Cancer Services to evaluate internal service delivery.

To fully implement the proposed future cancer model of care, it will be critical for Cancer Services to be able to monitor activity in near real time. This will require a robust reporting platform that provides web interfaces for viewing and manipulating data in relation to operational and/or clinical activity. In addition, a District wide Cancer data warehouse linking data from MOSAIQ with other patient data systems, such as the Health Information Exchange, EDWARD and Powerchart is required, as well as potentially linking with private sector held data. Enhanced business intelligence and health data science expertise is required to develop and maintain such a platform and to enable comprehensive analysis of patient outcomes and to inform clinical care.

Alignment with other plans:
NSW Cancer Plan

Objective: To strengthen the capacity of data capturing, management and reporting systems to inform clinical care

ID	Action	Responsible	Timeframe
2.70	Explore cutting edge eHealth technologies for possible future use e.g. explore patient pain scores being directly input into Powerchart by inpatients	CDCS	Ongoing
2.71	Establish electronic self check-in stations within the Cancer Therapy Centres to streamline patient arrivals and evaluate effectiveness	CDCS	2018 and ongoing
2.72	Automate extraction of data from MOSAIQ® to load into the NSW Cancer Registry	CDCS	2018
2.73	In collaboration with the Cancer Institute NSW, integrate MOSAIQ® with Health-E-Net to facilitate the sharing of patient information in a secure environment between care providers	CDCS	2018
2.74	Progressively develop electronic data capture systems and phase out paper based data collection through expansion of wireless technology and provision of additional mobile hardware	CDCS	2018
2.75	Develop capacity to run standardised and customised reports to assist in service development and research through a web-based business intelligence platform	CDCS	2018
2.76	Develop an electronic solution for chemotherapy administration in the inpatient setting, including integration with Powerchart	CDCS; CIO	2018
2.77	Restructure and enhance the Cancer Services Information Technology and management team to improve capacity to provide relevant information to support clinical service delivery and research and to integrate Palliative Care positions	CE; GM-L'pool; CDCS	2019
2.78	Investigate the feasibility of developing a stand-alone SWSLHD Clinical Cancer Registry, separate from that of SLHD	CDCS	2018
2.79	Develop MOSAIQ® to incorporate the Allied Health Minimum Data Set	CDCS; DAH	2019

Workforce

Cancer care is a highly specialised area, with clinicians requiring excellent clinical and communication skills. The cancer workforce includes medical, nursing and allied health staff, along with a range of administrative and support staff, all of whom interact with patients and carers. In 2015/16, Cancer Services directly employed 378 staff, with staff from multiple services and facilities also providing care and support to people with cancer. The number of staff working directly in Cancer Services increased by 22% between 2011/12 and 2015/16, although there was a 34% increase in patient visits over the same period.

Providing high quality patient care is requiring even more developed skills sets as a result of increasing numbers of patients with multiple co-morbidities and rapid advancements in treatment options and technology.

Within cancer care and treatment services, there are a number of roles which require specialised skills and training. When staff leave or are on leave, service provision may cease, or cease for a period of time, resulting in a lack of capacity to deliver the preferred model of care. This is particularly noted in small-FTE groups such as IT and Allied Health. Opportunities to develop an innovative and flexible workforce

to provide greater responsiveness to consumer and patient need should be explored.

Volunteers provide a range of practical assistance within inpatient units, outpatient clinics and the wellness centres. In addition to the District's Palliative Care Volunteer Service, in 2015/16 there were 75 volunteers providing support to people with cancer across the District. Volunteers work directly through the hospitals as well as through the Cancer Council NSW and Can Revive. A number of other charities also work alongside cancer services to provide a range of volunteer based wellbeing services.

Volunteers reported during consultations a general feeling of fulfillment from their roles and confidence in the organisations which support them. Greater collaboration, support and volunteer development would ensure ongoing benefits for all cancer service stakeholders.

Cancer Services staff and volunteers are acknowledged and rewarded for their excellence in service delivery through awards presented at the Cancer Services Annual General Meeting (AGM). Fostering a culture in which staff strive for nomination in these awards has been a focus of Cancer Services.

Alignment with other plans:

Transforming your Experience, SWSLHD Nursing and Midwifery Strategic Priorities 2017 - 2020

Objective: To strengthen the capacity of the cancer workforce to deliver high quality, patient centred care

ID	Action	Responsible	Timeframe
2.80	Develop capacity of Cancer Services staff to prepare policies, business cases, research proposals and grant applications to maximise access to external funding	DW; CDCS	Ongoing
2.81	Continue to recognise staff and volunteer achievement and service through the SWSLHD Cancer Services AGM	CDCS	Ongoing
2.82	Identify leaders of the future within Cancer Services and facilitate their participation in SWSLHD leadership programs	CDCS	Ongoing
2.83	Undertake a current and future workforce gap analysis to identify areas of risk and develop succession plans to address these gaps, including surgical oncology capacity	CDCS; CDG&L; CDSS	2018
2.84	Obtain accreditation for Liverpool Hospital as a Gynaecological Oncology Training Unit for the Certificate of Gynaecological Oncology	CE; CDCS; GM - L'pool	2019
2.85	Develop a Cancer Services on-boarding program to complement the District's program and ensure new staff are supported to deliver care consistent with organisational values	CDCS	2019

Objective: To strengthen the capacity of the cancer workforce to deliver high quality, patient centred care (continued)

ID	Action	Responsible	Timeframe
2.86	Implement a program of standardised oncology nursing competencies for SWSLHD	DW; D&NM; CDCS	2019
2.87	Establish a District Cancer Volunteer Manager to coordinate individual volunteer activities and relationships with other organisations providing volunteer support	CE; CDCS	2020
2.88	Develop an over-arching cancer volunteer framework and program, consistent with SWSLHD requirements to support: <ul style="list-style-type: none"> • expansion of volunteer capacity • expansion of the range of volunteers working in cancer services (culture, age, gender) • volunteer recruitment and training processes • volunteer management • work, health and safety • expansion of volunteer roles consistent with skills and resources • expansion of volunteer programs to provide greater coverage in the Macarthur and Bankstown CTC's 	CDCS	2020
2.89	Increase the number of SWSLHD Occupational Therapists and Physiotherapists who have completed the Australian Lymphology Association accredited training at Level 1 and Level 2	DAH	2020
2.90	Investigate opportunities to develop and implement advanced practitioner roles in medical oncology to support: <ul style="list-style-type: none"> • emergency assessment and management • outreach and community based services • hospital avoidance • provision of fast and effective treatment 	DN&M; CDCS; GMs	2020
2.91	Develop the haematology nursing capacity across the District, including advanced practice roles to support: <ul style="list-style-type: none"> • emergency assessment and management • outreach and community based services • hospital avoidance • transplant services 	DN&M; CDCS; GMs	2020
2.92	Establish a Clinical Nurse Specialist role in radiation oncology nursing at Liverpool Hospital	DN&M; CDCS; GM L'pool	2021

Building internationally acknowledged research

Cancer research is a fundamental part of the cancer care system. Vital research being undertaken across the globe enables improvements in cancer prevention, screening, diagnostics and treatment, all with a view to improving cancer mortality and the wellbeing of people with cancer and their carers.

SWSLHD has a well-developed academic and research capacity across cancer services and sites and is recognised as a leading research stream within the District. Over the period 2015/16 – 2017/18, SWSLHD cancer researchers were awarded 53 significant research grants totalling \$33 million, published 280 peer reviewed publications and delivered over 378 conference presentations. There were 30 PhD students actively involved in postgraduate research. Research is undertaken by and between multiple specialties and disciplines, including medical, nursing and allied health groups as well as technical staff.

Building capacity to lead translational research to inform clinical practice has been a significant focus of the District since its formation and SWSLHD is emerging as a centre of excellence in translational research. Continued investment and collaboration in these areas will facilitate greater national and international acknowledgement of this role and is fundamental to attracting a high calibre workforce.

A large number of research collaborations have been developed nationally and internationally, with widespread acclaim. The most prominent areas of internationally recognised research include the Collaboration for Cancer Outcomes Research and Evaluation (CCORE), the MRI linear accelerator project, the psycho-oncology research unit, the Liverpool Hospital cyclotron, the Circulating Tumour Cell and Tumour bio-banking facilities, the Translational cancer research group Centre for Oncology Education and Research Translation (CONCERT), phase I clinical trials in cancer, the pancreatic cancer research unit and the Cancer Robotic Surgery program.

Within Australia, SWSLHD is a partner in the Cancer Clinical Academic Unit within the Sydney Partnership for Health, Education, Research and Enterprise (SPHERE) and collaborates with a number of other health and research organisations in cancer research, with the Ingham Institute for Applied Medical Research the most significant local partner. Funding for these research programs is provided through various government and non-government partners including the National Health and Medical Research Council, Cancer Australia, Cancer Institute NSW, Cancer Council, tertiary education and private sectors.

The SWSLHD Liver Cancer and Radiation Oncology Clinical Academic Streams are also internationally recognised and are leading research in these fields, as well as the training of future clinical leaders. Expanding the role of existing Clinical Academic Streams and building expertise through the recruitment of additional academic positions across Cancer Services will enhance the availability of local clinical, research and teaching expertise. Given the high incidence of liver cancer within SWS, a significant local priority is to build on the District's existing expertise through the development of broader national and international research partnerships. This would require strategic recruitment of an academic surgeon in liver cancer, development of biobanking in liver cancer, and closer collaborations between the various departments studying and/or treating liver cancer into a coordinated research group.

The *SWSLHD Research Strategy* has identified numerous actions to improve the overall research capacity and capability of the District. Implementation of this Strategy is ongoing and has been fundamental to enhancing cancer research in the District.

Alignment with other plans:

Transforming your Experience, SWSLHD Nursing and Midwifery Strategic Priorities 2017 - 2020

Objective: Raising the international profile of SWSLHD cancer research.

ID	Action	Responsible	Timeframe
2.93	<p>Investigate opportunities to establish Academic Units and possible Professorial Chair positions in:</p> <ul style="list-style-type: none"> • Surgical Oncology • Cancer Imaging • Palliative Care • Cancer Data • Medical Oncology • Haematology • Dermatology • Cancer Nursing <p>to build research and teaching capacity and profiles, enhance clinical care and increase funding to the District for cancer research</p>	CE; DN&M; CDCS; CDMI	Ongoing
2.94	Build SWSLHD research capacity in cancer care and treatment and in translating research into practice, with a focus on supporting nursing and allied health staff to lead cancer research	DR; CDCS; DN&M; DAH	Ongoing
2.95	Expand the collection sites for biological samples through the CONCERT collaboration	DR	Ongoing
2.96	Support staff to participate in cancer conferences and share learning through journal club and other information sharing tools	CDCS	Ongoing
2.97	Obtain certification of the CONCERT Biobank through the NSW Biobank Certification Program	DR	2018
2.98	Develop a Cancer Services Research Plan to improve research coordination and guide investment, in collaboration with partner research organisations	CDCS	2019
2.99	Develop capacity to link medical records to research to facilitate routine evaluation of clinical care, reduce unwarranted clinical variation and facilitate real-time improvement	CIO; CDCS	2020
2.100	Utilise the NSW Pathology Statewide biobank to store duplicate blood and tissue collections and investigate the feasibility of utilising state-wide bio-banking sample processing services, consistent with NSW Health Guidelines	DR	2020
2.101	Continue to build and implement collaborations with universities, other research and health organisations to strengthen research and increase cancer research funding to the District	DR	2021

Clinical trials

Clinical trials help improve and advance medical care and are a fundamental component of world class cancer care. Clinical trials may relate to treatment, devices, biological products or the way care is administered. Successful clinical trials are required prior to release of a new intervention into routine clinical practice^{xli}. Patients who participate in cancer clinical trials are contributing to the development of safer, more effective treatments and potentially cures, for certain types of cancer.

The Cancer Institute NSW is committed to increasing the capacity of Local Health Districts in NSW to improve the local cancer clinical trial operating environment. SWSLHD has progressively developed its clinical trial capacity and capability, in partnership with the Ingham Institute for Applied Medical Research. Cancer clinical trials undertaken at all sites and through

all specialties in SWSLHD are coordinated and governed through the Cancer Clinical Trials Strategic Planning Group. SWSLHD also produces an annual Cancer Clinical Trial Strategic Plan.

The diverse population of SWSLHD provides unique opportunities for the inclusion of people from CALD backgrounds in clinical trials.

Participant enrolment has increased from 106 in 2014 to 214 in 2015. In 2015, the ratio of newly enrolled participants to cancer incidence (4.4:100) was less than the 5.5:100 median for NSW, with the exception of those related to neurological, respiratory and breast cancers. Expansion of the Research and Ethics Office is planned to ensure existing and anticipated future demand can be met.

Alignment with other plans:

NSW Cancer Plan, Research Strategy for SWSLHD 2012 – 2021, SWSLHD Cancer Clinical Trials Strategic Plan

Objective: To increase participation in clinical trials by SWSLHD residents and achieve international recognition of the District's role in clinical trials

ID	Action	Responsible	Timeframe
2.102	Review and implement the SWSLHD Cancer Clinical Trials Strategic Plan	CDCS	Ongoing
2.103	Expand the range of clinical trials conducted across SWSLHD, including into rare cancers, particular population groups and across clinical trial phases both independently and in collaboration with other Local Health Districts and research organisations	DR; DCT	Ongoing
2.104	<p>Improve feasibility, scoping and assessment processes for Clinical Trials in relation to:</p> <ul style="list-style-type: none"> strategic selection of the clinical trials in which the LHD participates increasing the diversity of people participating in clinical trials e.g. CALD, age improved engagement with support services e.g. pathology, pharmacy and finance to ensure requirements are incorporated educating and supporting Investigators and Coordinators regarding ethics and development of investigator led trials ensuring clinical trial sites are compliant with Good Clinical Practice Guidelines 	DR; DCT	Ongoing
2.105	<p>Promote the capacity of SWSLHD as a site for Cancer Clinical Trials, especially Phase I clinical trials by:</p> <ul style="list-style-type: none"> developing relationships with pharmaceutical companies building a clinical trials website enhancing our track record in the conduct of Phase I trials 	DR; DCT	Ongoing

Governance and leadership

Robust governance supports the delivery of timely, high quality clinical care, workforce development and satisfaction and a strong research agenda. The governance in relation to cancer prevention and treatment within SWSLHD is complex (see Appendix 1) with services delivered and managed by various clinical streams, across all facilities and through partnerships with the private sector. In some instances, service governance is still shared with Sydney Local Health District reflecting the structures of the former Sydney South West Area Health Service.

The SWSLHD Cancer Stream provides strategic direction for service development and quality improvement and provides support to coordinate services across sites and streams. The Cancer Stream is managed by a District Clinical Stream Director, supported by the multidisciplinary Cancer

Governance Committee (See Committee Structure in Appendix 5). Other SWSLHD Clinical Streams also undertake significant cancer related work, most notably Medical Imaging, Surgical Specialties and Gastroenterology and Liver. There is no formal structure to ensure joint planning, prioritisation of initiatives or to facilitate dispute resolution.

Whilst the Clinical Streams design models of care and direct care delivery, they are not directly responsible for the medical, nursing or allied health workforce, nor for the management of budgets. Ensuring that organisational structures support the delivery of patient care is fundamental to the delivery of a person-centred, seamless, safe, high quality service. Opportunities exist to review existing structures to promote greater collaboration and shared decision making.

Alignment with other plans:
NSW Cancer Plan

Objective: To strengthen the governance of cancer services to include services managed outside of the Cancer Clinical Stream

ID	Action	Responsible	Timeframe
2.106	Strengthen governance relationships between Cancer Services and Allied Health/alternative therapies	CDCS; DAH	Ongoing
2.107	Review the membership and role of the SWSLHD Cancer Governance Committee to ensure appropriate representation and enable monitoring of SWSLHD Cancer Plan implementation	CDCS	2018 and ongoing
2.108	Implement a process to improve governance of MDTs across the District through the establishment of MDT leadership positions	CE; CDCS	2018 and ongoing
2.109	Establish an independent SWSLHD Cancer Genetics Service through cessation of the inter-District Agreement with Sydney Local Health District	CE; CDCS	2018
2.110	Establish a Nurse Manager position for Cancer Services at Liverpool Hospital with oversight of cancer nursing positions	CE; D&NM; GM L'pool	2020
2.111	Establish a Strategic Director in Surgical Oncology to support integration between surgical services, medication oncology and radiation oncology, diagnostic and other cancer treatment and support services and to lead development in surgical oncology	CE	2020

Goal 3: to improve the quality of life of people with cancer

Cancer has a variety of short and long term impacts on those who are diagnosed and the people around them.

To increase the quality of life of people with cancer, SWSLHD will work with consumers, carers, other service providers and research organisations to address:

- Increasing the responsiveness of services to the needs of the diverse SWS community
- Increasing the number and diversity of consumers and carers participating in the Cancer Consumer Advisory Committee
- Increasing access to and participation in wellness and survivorship programs by people with cancer and their carers
- Improving the way end of life care is planned and delivered

Success will be measured by:

- Less than 0.5% unknown Aboriginality status for all SWSLHD services
- Number of people participating in SWSLHD Wellness programs
- Increased consumer involvement in committees and Transforming your Experience initiatives

Consumer diversity

The SWS community is diverse both culturally and socioeconomically. SWSLHD has identified a number of priority populations who may experience multiple barriers to accessing cancer services.

Aboriginal people and people from many other cultures are seeking culturally safe health services which recognise the diverse communities in which they operate and are responsive to the cultural needs of consumers and communities.

Where people do not feel culturally safe within a service, there is a high chance that they will not identify their cultural status or will not attend and therefore will not receive the treatment and support necessary to improve their health. There is also a strong likelihood of the service being discussed in a negative context within the community. Improving cultural safety requires attention to staff attitudes and behaviours, the availability of culturally appropriate information, facility design and a diverse cultural presence. SWSLHD staff participate in a range of cultural awareness training to improve cultural safety.

Cancer is the second most common cause of death for Aboriginal people, with Aboriginal people likely to have their cancer diagnosed at a late stage. Factors influencing this include

poor health literacy, fear of health services and the cultural stigma of cancer. Poor outcomes for individuals impact on the whole community by perpetuating fear of cancer, of seeking help or participating in screening. There is no dedicated Aboriginal Health Worker within Cancer Services.

People from other countries also have varying understandings of cancer and require tailored support, though it should be noted that cultural views of cancer are evolving with generational change. SWSLHD has recognised the unique needs of the Chinese community through its partnership with Can Revive, who provide clinic and inpatient support and education to Chinese consumers and carers through a network of volunteers. Consultations with consumers, staff and the non-government sector have raised concerns about access to interpreter services in both the public and private sectors and to translated material.

Many consumers report transport and parking availability and costs as a barrier to accessing cancer services. Others report a significant financial burden as a result of their diagnosis and treatment.

Alignment with other plans:

NSW Cancer Plan, SWSLHD Aboriginal Health Plan 2017 – 2021, SWSLHD Healthy Culturally Diverse Communities and Refugee Health Action Plan 2016, Transforming Your Experience

Objective: To increase the responsiveness of services to the needs of the diverse SWS community

ID	Action	Responsible	Timeframe
3.1	Deliver tailored cultural awareness training for Cancer Services staff to increase the cultural safety of Cancer Services	DW	Ongoing
3.2	Expand the reach of the SWSLHD Health Language Service to increase access to interpreters on a planned and emergency basis through: <ul style="list-style-type: none"> • employment of additional interpreters • expanding video-interpreting capability • utilising new interpreting technology • promoting the use of the Telephone Interpreter Service for partner organisations 	CE; DHLS	Ongoing
3.3	Advocate for additional resources to improve patient transport to access essential Cancer Services	CDCS	Ongoing
3.4	Advocate for enhanced availability of community services to support people with activities of daily living and for people experiencing financial hardship during or as a result of, their cancer treatment	CDCS; DAH	Ongoing
3.5	Implement the NSW Health Policy on Concessional Parking Fees at NSW Hospitals	GMs	Ongoing
3.6	Develop pathways and protocols to improve the accessibility of Cancer and Palliative Care Services for Aboriginal people	CDCS	2018
3.7	Develop models, systems and processes to incorporate cancer into the Aboriginal Chronic Care Program	DAHU; CDCS	2018
3.8	Investigate options to provide dedicated parking spaces and/or drop off/pick up zones adjacent to the Cancer Therapy Centres	GM L'pool; GM C'town; GM B'town	2020 and ongoing
3.9	Establish an Aboriginal Health Worker position in Cancer Services to support Aboriginal patients and their families	CE; CDCS	2021

Consumer engagement in system improvements and redesign

Evidence suggests that the higher the level of consumer involvement in health services, the greater the impact on health outcomes^{xiii}. SWSLHD has a well-established *Consumer and Community Participation Framework* which provides a governance structure for community engagement and enables staff and the community to be supported in building community/consumer participation relationships.

The SWSLHD Cancer Service has established a Cancer Consumer Advisory Committee that has facilitated consumer input on a range of proposed initiatives in relation to future service development directions, physical infrastructure,

transport and parking, patient information, fundraising and wellness programs. Cancer Council NSW (Greater Western Sydney) also supports a CanAct cancer advocacy group for South Western Sydney. Both groups are small, have limited cultural diversity and are predominantly female.

Opportunities exist to grow consumer engagement in Cancer Services to ensure new services and models of care meet the needs of consumers and to inform implementation of Transforming Your Experience, along with consumer/carer education initiatives.

Alignment with other plans:

National Safety and Quality Health Service Standards – Standard 2 Partnering with Consumers, NSW Cancer Plan, SWSLHD Consumer and Community Participation Framework, Transforming Your Experience

Objective: To increase the number and diversity of consumers and carers participating in the Cancer Consumer Advisory Committee

ID	Action	Responsible	Timeframe
3.10	Establish stronger linkages between the Cancer Consumer Advisory Committee and the SWSLHD Consumer and Community Participation (CCP) Unit and facility and service CCP Networks through training and development opportunities	CDCS; MCCP	Ongoing
3.11	Promote increased participation in the Cancer Consumer Advisory Committee through enhanced links with the Cancer Council NSW CanAct group, support groups and other local stakeholders (including Aboriginal and other cultural groups)	CDCS	Ongoing
3.12	Develop and implement a SWSLHD Cancer Services Customer Satisfaction Framework	CDCS	2018 and ongoing
3.13	Engage a Consumer Participation and Education Manager to lead implementation of initiatives in relation to: <ul style="list-style-type: none"> Transforming Your Experience consumer participation customer service and satisfaction consumer and carer cancer education 	CE; CDCS; GM – L'pool; MCCP	2020

Delivery of wellness and survivorship programs during and after treatment

Wellness services are increasingly being identified as fundamental in improving the patient health in the short and long term.

Within Cancer Therapy Centres various resources and programs are provided to support patients and carers to minimise distress during outpatient treatments, for example reading materials, TV/DVD players, information and support services and patient/carer amenities. These are variable across the District, as a result of factors such as available space, local donations and individual interests. Consumers and carers report value in having a range of diversionary programs and equipment available within the Cancer Therapy Centres.

In response to recent evidence that exercise, diet and compliance with therapy contribute to improved cancer outcomes, structured wellness activities, services and programs have been established. Availability of these services and programs is again variable across the District, driven by available space, donations and volunteer involvement.

At present, a Wellness Centre operates within Liverpool Hospital, funded in part by SWSLHD and in part by community/consumer donations. Services are provided by paid contractors and volunteers. Anyone with cancer and their carers can access the Wellness Centre and participate in the range of scheduled activities, including massage, acupuncture, art classes, tai chi

and Zumba. Services are promoted through brochures, Care Coordinators, doctor referrals and a website. A small wellness room is located at Campbelltown Hospital. Wellness services coordinated through Campbelltown Hospital are funded through donations (24 Hour Fight/Dry July) and are generally provided off site. There are no specific services available at Bankstown Hospital, although consumers may access the programs at either of the other two sites.

In addition to the programs offered through SWSLHD, community based organisations also work with the District to provide a range of support services to people with cancer and their carers. These include the Look Good, Feel Better program; the Cancer Council NSW's ENRICHing survivorship program focusing on staying well after cancer and the YWCA's ENCORE program for people with breast cancer.

Research has indicated that Wellness Programs provided off site are more likely to be utilised. SWSLHD has identified a long term fundraising goal to develop two off-site Wellness Centres, offering a broad range of programs, linked to research. These centres require donations to cover capital costs, and potentially some operational costs, subject to the final business model.

Objective: Increase access to and participation in wellness and survivorship programs by people with cancer and their carers

ID	Action	Responsible	Timeframe
3.14	Expand the range of diversional and wellbeing facilities and programs associated with Cancer Services to support people during treatment, with support from the community and local businesses	CDCS; GM L'pool; GM C'town; GM B'town	Ongoing
3.15	Further develop partnerships between the SWSLHD Cancer Wellness Program and other local health and wellness initiatives including: <ul style="list-style-type: none"> • SWSLHD Health Promotion programs • Cancer Council ENRICHing survivorship program and other programs • Look Good, Feel Better program • Community based exercise programs • Canteen and Camp Quality programs supporting whole families 	CDCS	Ongoing
3.16	Promote the SWSLHD Cancer Wellness Centres and Programs through a dedicated website, social media presence, broader utilisation of available space, the Cancer Consumer Advisory Committee and printed material	CDCS	Ongoing
3.17	Review transition pathways from hospital to community based allied health services for people requiring ongoing maintenance and support	CE; DAH; CDCS	2018 and ongoing
3.18	Improve WiFi accessibility within the Cancer Therapy Centres to support patients bringing their own devices into treatment spaces for communication and entertainment	CIO	2018
3.19	Establish a District Cancer Fundraising position to focus on fundraising for the Wellness Centre(s). The position should focus on: <ul style="list-style-type: none"> • identifying key stakeholders in the community who can support fundraising initiatives • relationship management • identifying short, medium and long term fundraising goals • coordination of key fundraising events e.g. annual gala ball • work with SWSLHD Fundraising and Partnership Manager to establish a Framework for Cancer Fundraising 	CE; DSC&M	2018
3.20	Establish a permanent Wellness and Survivorship Manager position to support the ongoing delivery of wellness and survivorship programs	CE; CDCS; GM L'pool	2019
3.21	Expand the availability of lymphoedema services in SWSLHD to include establishment of clinics at Bankstown and Bowral Hospitals and expand existing clinics at Liverpool and Campbelltown Hospitals	CE; DAH; GMs	2019

Advance care planning, end of life and palliative care

Despite best efforts, many people will die directly as a result of their cancer. The Cancer Institute NSW estimated 1,653 SWS residents would die from cancer in 2016, an increase from 1,338 in 2011. By 2021, the Cancer Institute NSW projects 1,865 SWS residents will die from cancer. Ensuring these people receive optimal clinical and supportive care at end of life is a critical component of the cancer care system.

Discussions about death and dying are highly complex and emotive. The diverse nature of the local community adds further complexity. Limited understanding of the health system, the way in which death is acknowledged across cultural and religious groups, family dynamics, financial and social circumstances, past experiences of death and differing expectations of services and outcomes all complicate care at the end of life. The age of the person and their personal circumstances at the time is also significant.

To assist in understanding and implementing individual wishes, Advance Care Planning (ACP) is being promoted for residents of SWS across primary health services and the hospital system. Building the capacity of all clinical staff within Cancer Services to discuss ACP is fundamental to the delivery of high quality, patient-centred care.

Patients with end stage cancer and their families should receive empathy, care and support in a manner that reflects their needs and wishes, no matter where they are cared for. Care plans will be determined collaboratively between families and treating clinicians, with specialist palliative care input as required. For patients and families with complex needs, direct specialist palliative care services are available, including Palliative Care Home Support Packages (PEACH).

Palliative care services in SWS include inpatient beds provided at Camden, Liverpool and Braeside Hospitals, as well as outreach nursing and medical support of varying intensity, subject to need. As the number of people requiring specialist palliative care increase, so will demand for these services.

SWSLHD has developed and is implementing the *SWSLHD Advance Care Planning, End of Life and Palliative Care Plan 2016 – 2021*. Relevant and additional actions are highlighted here.

Alignment with other plans:

NSW Cancer Plan, NSW Health Advance Planning for Quality Care at End of Life – Action Plan 2013 – 2018, SWSLHD Advanced Care Planning, End of Life and Palliative Care Plan 2016 – 2021

Objective: To improve the way end of life care is planned and delivered

ID	Action	Responsible	Timeframe
3.22	Strengthen uptake of advance care and other patient directives through building the capacity of cancer staff to engage in conversations regarding advance care planning	CDCS	Ongoing
3.23	Expand the Palliative Care Community Service across Bankstown, Campbelltown, Camden, Wollondilly and Wingecarribee to respond to increasing demand	CE; CDCS	Ongoing
3.24	Develop consistent definitions around the role and functions of palliative care in acute settings including consultancy, inpatient care and follow up through transparent criteria for referral to Palliative Care Specialist Services	CDCS	2018
3.25	Review the medical model of care for people with palliative care needs managed by Cancer and Haematology services to ensure understanding of referral pathways, patient criteria and opportunities for collaboration with Palliative Care Specialist Services and build the capacity of Cancer and Haematology services to provide generalist palliative care	CDCS	2018
3.26	Expand the Palliative Care service at Bankstown and Campbelltown Hospitals to include additional capacity for inpatient consultations, outpatient and hospital avoidance clinics and MDT participation	CDCS; GM B'town; GM C'town	2018
3.27	Continue to deliver the PEACH program across SWSLHD & implement the outcomes of the 2017 PEACH Program Review	CDCS	2018
3.28	Expand the Palliative Care service at Liverpool Hospital to include additional capacity for inpatient consultations, outpatient and hospital avoidance clinics, and MDT participation	CDCS	2019
3.29	Establish referral pathways into bereavement and support services for carers and families as required	CDCS; DAH	2019
3.30	Build Advance Care Planning into cancer information systems to enable consistent capturing and reporting of information	CDCS	2019
3.31	Evaluate the effectiveness of the SWS Palliative Care HealthPathway and revise as required, in partnership with the South Western Sydney PHN	CE	2022
3.32	Establish palliative care inpatient capacity as part of an inpatient medical oncology, haematology and palliative care unit at Campbelltown Hospital consistent with overall planning for the redevelopment of the site	CE	2023 +

Acronyms



ACP	Advance Care Planning
AGM	Annual General Meeting
AYA	Adolescent/Young Adult
CALD	Culturally and Linguistically Diverse
CCP	Consumer and Community Participation
CTC	Cancer Therapy Centre
BCTC	Bankstown Cancer Therapy Centre
CNC	Clinical Nurse Consultant
FOBT	Faecal Occult Blood Test
FTE	Full Time Equivalent
GP	General Practitioner
HPV	Human Papilloma Virus
IHH	Integrated Health Hub
LCCC	Liverpool Comprehensive Cancer Centre
LCTC	Liverpool Cancer Therapy Centre
LGA	Local Government Area
LHD	Local Health District
MCTC	Macarthur Cancer Therapy Centre
MDT	Multi-disciplinary Team
NBSCP	National Bowel Cancer Screening Program
NHPA	National Health Priority Areas
NSP	Needle and Syringe Program
NSW	New South Wales
PET	Positron Emission Tomography
SCHN	Sydney Children's Hospital Network
SWS	South Western Sydney
SLHD	Sydney Local Health District
SWSLHD	South Western Sydney Local Health District

Appendices



Appendix 1: Cancer services governance

Population Health	Health promotion
	Immunisation
	Breast Cancer Screening
Cancer Services	Cancer Genetics
	Dermatology
	Gynaecological oncology
	Haematology
	Radiation oncology
	Medical oncology
	Care Coordination
	Palliative Care
Medical Imaging	Cancer diagnostics
	Image guided cancer treatment
Gastroenterology and Liver Services	Cancer surgery
	Hepatology
	Liver cancer treatment
Surgical Specialties	Cancer surgery
Paediatrics and Neonatology	Ambulatory cancer services (in partnership with the Sydney Children's Hospital Network)
Complex Care & Internal Medicine	Cancer diagnostics
Allied Health	Speech pathology
	Nutrition and dietetics
	Physiotherapy
	Occupational therapy
	Psychology
	Social work
	Pharmacy
	Music & art therapy
	Diversional therapy
	Acupuncture
	Carers program
Primary & Community Health	Community nursing
	Community palliative care nursing
NSW Pathology	Cancer diagnostics
SWSLHD Research and Ethics Office	Clinical Trials
	Translational research

Appendix 2: The non-government sector



Cancer Council NSW is a charity focused on cancer prevention; education, information support and advocacy services and research. The Cancer Council has two regional offices covering SWSLHD. The Greater Western Sydney (GWS) Office supports all of SWSLHD except Wingecarribee, which is supported by the Southern Region office. Services include:

- A state-wide focus on cancer prevention, healthy eating and physical activity
- A Cancer Council Information Service at Liverpool Hospital (volunteer run), providing written material and emotional support/practical advice during treatment
- Role in providing facilitation of the CanAct advocacy group for SWS
- A range of online education and information is available
- Delivery of the ENRICHing survivorship program in partnership with SWSLHD (delivered in GWS only, but available for residents of Wingecarribee)
- Provision of support/training for support groups facilitators
- The Southern Region provides a bus to transport patients between rural areas and Campbelltown Hospital as well as individual patient transport services and a GAPS service which provides volunteer delivered practical support to alleviate stress on people undergoing cancer treatment e.g. respite, shopping, meal preparation.



The McGrath Foundation is a charity which raises funds to provide access to dedicated Breast Care Nurses across Australia and which educates young women to become breast aware. In SWS the McGrath Foundation funds four BreastCare nurses, with two based at Campbelltown Hospital servicing Macarthur and Wingecarribee and two at Bankstown Hospital servicing the remainder of the District.



24 Hour Fight Against Cancer is an annual fundraising movement that exists to provide the Macarthur Cancer Therapy Centre, the Oncology Ward and the Paediatric Ambulatory Care Unit at Campbelltown Hospital and the Palliative Care Unit and associated Outreach service at Camden Hospital with the extra services and equipment they need to assist in the treatment, care and comfort of children and adults dealing with cancer.



The Dry July Foundation runs an annual fundraising campaign aimed at challenging social drinkers of alcohol to give up alcohol for a month to both improve their health and raise funds to support people with cancer. Funds raised through Dry July go directly towards cancer support organisations across Australia to help improve patient comfort, care and wellbeing. Both the Liverpool Cancer Therapy Centre and Campbelltown/Camden Hospitals have been recipients of Dry July funding, with funds used for projects including bed ladders to improve access to equipment, new chemotherapy chairs and the delivery of wellness programs.



The Leukaemia Foundation is a charity and Australia's peak body for blood cancers. The Leukaemia Foundation provides information, emotional support, education and support programs and assistance with practical matters including accommodation and transport. In SWS people with a blood cancer diagnosis are able to access free, individual transport services to facilitate access to treatment and other appointments when available and the Leukaemia Foundation also runs support groups at Bowral every six weeks (8-10 people) and Liverpool every month (8 -10 people).



Look Good, Feel Better is a charity dedicated to assisting people undergoing cancer treatment to manage appearance-related side effects. In SWS Look Good, Feel Better runs regular free workshops at Bankstown, Liverpool, Campbelltown and Bowral to teach people with cancer about using skin care, make up and head wear. In 2016, 215 residents of SWS have benefited from this program.



Can Assist supports people living in country NSW who have been affected by cancer by providing direct financial support to help meet the costs of transport, accommodation, pharmaceutical and medical requirements which are essential to their cancer treatment. There is a branch of Can Assist in the Southern Highlands, supporting people from the Wingecarribee LGA, on referral from a health professional. In 2015/16 Can Assist received 93 new patient referrals and in the 2016/17 period to December 2016, 49 new referrals.



Can Revive is a charity which provides education and support to Chinese people with cancer, both during and after treatment as well as cancer awareness raising initiatives within the broader Chinese community. In SWS, Can Revive operates from Liverpool Hospital with a team of 4 volunteers making weekly visits to Chinese people in the Cancer Therapy Centre and on the ward. Patients are offered education and support in their own language and a regular support group is provided. Since 2012 Can Revive has supported 839 people with cancer and their carers.



The Encore Program is a state-wide initiative delivered by the YWCA with funding managed by South Eastern Sydney Local Health District through the Partnerships for Health program. YWCA Encore delivers a structured information and exercise survivorship program to women who have had breast cancer. In SWS the program is generally delivered twice per year in each of four locations, Campbelltown, Liverpool, Mittagong and Revesby, with approximately 10 participants per session.



CanTeen supports young people aged 12 – 25 who have cancer or who a family member with cancer. CanTeen provides a range of support services including information, counselling, peer support and other programs. CanTeen also provides funding towards specialist youth cancer services within the Children’s Hospital Network and funds internal and independent research, particularly into the psychosocial needs of young patients and affected family members. There are currently no formal relationships between CanTeen and SWSLHD.



Rare Cancers Australia is a national charity based in Bowral, NSW. Rare Cancers Australia is focussed on improving awareness, support and treatment in relation to rare and less common cancers. The organisation is active in lobbying for greater funding to be allocated to rare cancers, for treatment and research and supports a crowdfunding model to raise funds to enable access to treatment for people with all cancers.



The Wollondilly Cancer Support Group is a group local to the Wollondilly LGA which provides practical support to people with cancer and their families/carers. All members are volunteers and they do their own fundraising.



Camp Quality has commenced the development of programs to support children of people with cancer in response to an identified community need.



The Mark Grundy Oesophageal Cancer Awareness Group Inc. (OCAGI) is a charitable organisation based in SWS with a focus on raising awareness of oesophageal cancer in the community and clinicians and in raising money for research into this disease. OCAGI commenced funding for a PhD student attached to Western Sydney University to study oesophageal cancer in 2015.



Check Your Tackle is a charitable organisation based in SWS with a focus on raising awareness of rare men’s cancers, particularly penile, testicular and anal cancers. The organisation also provides support for people with these cancers and their families through e-connection groups and awareness raising events.

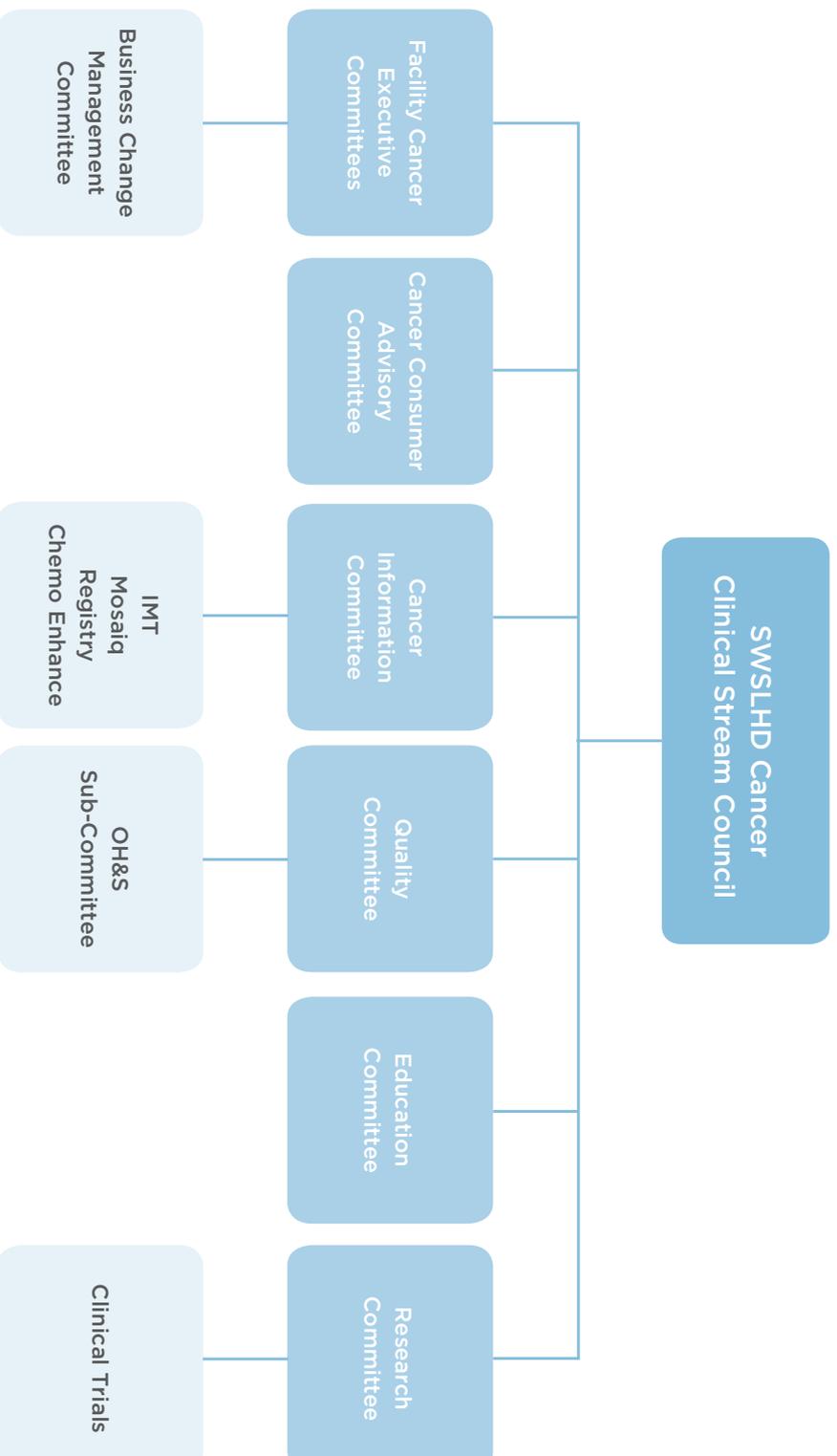
Appendix 3: Multidisciplinary teams (MDTs)

MDT	Liverpool	Macarthur	Bankstown	Liverpool/ Macarthur
Brain metastases				Fortnightly
Breast	Weekly	Fortnightly	Fortnightly	
Chronic Cancer Pain				Monthly
Colorectal			Weekly	Fortnightly
Gastro-intestinal			Weekly	Weekly
Gynae-oncology				Weekly
Haematology	Weekly			
Head and Neck	Fortnightly			Fortnightly
Melanoma/Skin	Monthly			Monthly
Neuroendocrine			Monthly	
Respiratory			Monthly	Weekly
Neuro-oncology	Fortnightly			Fortnightly
Urological	Fortnightly			Fortnightly

Appendix 4: Care coordination model 2017

- In the current care Coordination Model a Senior Clinical Nurse Consultant (CNC 3) position operates at both a strategic and operational role within SWSLHD Cancer Services to assist in the development of effective, sustainable and innovative approaches to the provision of quality cancer care. The CNC3 facilitates care coordination service delivery across the District.
- McGrath Breast Care Nurses (funded by the McGrath Foundation) provide care coordination for people with breast cancer across the District
- A Gynaecological Oncology Clinical Nurse Consultant provides care coordination for women with gynaecological cancers
- A Care Coordinator at Campbelltown Hospital, funded by the 24 Hour Fight Against Cancer, provides care coordination for people with genito-urinary, upper gastro-intestinal and colorectal cancer
- A Care Coordinator at Bankstown Hospital provides care coordination for all patients, with a focus on gastrointestinal and colorectal cancers
- A generic Care Coordination model has been established at Liverpool Hospital whereby Care Coordinators support people regardless of their cancer type. Ongoing access to this service is through a generic phone number for patients to contact with any concerns.

COMMITTEE STRUCTURE



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