

**Submission
No 12**

**THE IMPLEMENTATION OF PORTFOLIO COMMITTEE No. 2
RECOMMENDATIONS RELATING TO WORKFORCE ISSUES, WORKPLACE
CULTURE AND FUNDING CONSIDERATIONS FOR REMOTE, RURAL AND
REGIONAL HEALTH**

Organisation: Cancer Council NSW

Date Received: 21 September 2023

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Dr Joe McGirr MP
Chair
NSW Legislative Assembly Select Committee on
Remote, Rural and Regional Health

Dear Dr McGirr,

**Cancer Council NSW's submission to the Select Committee
on Remote, Rural and Regional Health**

Cancer Council NSW welcomes the opportunity to provide input to the Select Committee on Remote, Rural and Regional Health's inquiry.

Cancer outcomes in NSW are among the best in the world, yet for people living in remote and rural areas, outcomes remain poorer compared to metropolitan areas. People with cancer in rural and regional areas have poorer access to high-quality cancer care, including supportive care such as financial counselling and counselling. In fact, our [Supportive Care Needs 2022 survey](#) found financial assistance, including money to help pay for travel, treatment, and equipment, and feeling down and anxiety were some of the most common unmet needs for rural and regional residents.

This submission relates to progress made against Recommendation 1 in the Portfolio Committee No. 2 report, 'Health outcomes and access to health and hospital services in rural, regional and remote NSW': *That NSW Health review the current funding models for all rural and regional Local Health Districts in order to identify any service delivery gaps and provide any recommendations for funding increases.*

While we cannot comment on progress made by NSW Health in relation to reviewing current funding models, the results of our survey and the substantial increase in people accessing Cancer Council NSW counselling and ongoing demand for transport services may indicate gaps in services delivery and/or increasing demand. Either way, it highlights a need for increased service funding.

Financial counselling

Cancer Council NSW provides free financial counselling to help people manage debt and budgets, credit negotiations and consumer rights. In 2022-23, there was a **19% increase** in the number of clients accessing financial counselling compared with the previous year. **Of the clients we saw in 2022-23, 44% lived in rural and regional areas.**

People with cancer who live in remote or rural areas are more likely to have greater out-of-pocket costs. Many experience financial hardship, struggle to afford necessities and often skip treatment. This leads to poorer cancer outcomes, higher levels of psychological distress, and reduced quality of life. Financial counselling is an important tool to limit the impact of financial hardship, however, existing financial counselling services are stretched. This is a major concern as delays in access to financial counselling reduces people's chances of having financial stresses resolved.

Counselling and psychological support

There was a **41% increase** in the number of clients accessing our counselling service in 2022-23 compared to the previous financial year, and **56% of all clients were from a rural or regional area.** Distress is experienced by many, and it negatively impacts quality of life and cancer care. Distress is associated with depression, anxiety, missed appointments, and adverse

outcomes. About **61% of rural and regional callers (cancer patients, family members, and carers) to our 13 11 20 Information and Support Line experienced distress in 2022-23.**

Unfortunately, many mental health services have long wait times, and for those who are lucky to have an appointment with a psychologist, the out-of-pocket costs can be unaffordable.

Transport to Treatment (T2T)

Transport should be integral to the health system in remote, rural and regional communities, where there is a lack of specialist cancer care and services. T2T is our free service for eligible patients who can't access Community Transport Services or have other transport barriers in mainly rural or regional areas. **In 2022-23, T2T volunteers dedicated more than 25,000 hours to transport over 1,600 clients to cancer treatment and other cancer-related appointments. There were 19,847 trips made in 2022-23.**

There continues to be strong demand for our specialised T2T service to meet the unique needs of people undergoing a regimen of cancer treatment, facing transport barriers in regional and remote NSW. We are hearing that people living in remote, rural and regional communities continue to face great financial barriers to accessing transport to care. Fees are set by each transport provider, so access is inconsistent across NSW. We have heard anecdotally from community members that it can cost \$750 for someone to travel to cancer treatment 5 days a week using Community Transport services. We have received many requests for assistance from people who cannot afford Community Transport. Also, some Community Transport services have referred all cancer patients to our T2T service.

Cancer Council NSW's T2T service was designed to complement existing transport services and not be the sole provider. However, the increasing reliance on T2T is indicative of a significant ongoing service and funding gap to support people to access cancer care and support in regional and remote NSW.

Action needed to address unmet needs

Financial counselling, counselling and transport are important services to support people with cancer. Our survey shows there has been an increase in clients accessing our services and that the needs of cancer patients in remote, rural, and regional areas are not being met. Prompt action is required to identify gaps in service delivery and to fund services that will ensure more equitable cancer outcomes.

For further information, or to discuss our findings, the Committee Secretariat can contact [REDACTED]

Yours Sincerely,

[REDACTED]
Professor Sarah Hosking
Chief Executive Officer