

# Public Hearing Questions

**Inquiry into the health outcomes and access to health and hospital services in rural, regional and remote New South Wales.**

**Due date:** Wednesday, 10 November 2021, 5.00 pm

## Supplementary Question: palliative care

1. In addition to what is contained in your submission and evidence provided at the public hearing, do you have any further comments regarding the current provision of palliative medicine, nursing and care in rural, regional and remote New South Wales?

The inequalities in access to consistent and quality palliative care reflect the overall system gaps and structural barriers faced people living in rural and regional communities for cancer care and health services more generally.

There are no further matters in relation to palliative care that Cancer Council NSW would like to add to our recommendation in our submission that ongoing commitment to and appropriate structures for effective implementation and monitoring of the NSW End of Life Framework is required to ensure recently announced initiatives translate to outcomes.

## Question Taken on Notice: Optimal Care Pathways

**Ms CATE FAEHRMANN:** I want to ask Cancer Council NSW—sorry, I have just lost sight of my screen. Mr Mitchell, the first recommendation in your very comprehensive submission was "implement and embed the Optimal Care Pathways". I understand from your submission that it looks like Victoria has signed up to this but New South Wales has not. Could you explain to the Committee a little bit about why we need to sign up to Optimal Care Pathways, what that incorporates, and why New South Wales has not signed up to it? What is the history of that?

**Mr MITCHELL:** I would have to take the last part of your question either on notice or perhaps ask Annie Miller if she can elaborate, but in terms of the nub of the issue around providing patients with optimal care—so, Optimal Care Pathways, there is a huge amount of evidence and research that go into how should you approach care, how should you provide care and how can that be made clear to patients. We are involved, along with other organisations, in coming up with Optimal Care Pathways. As to why they have not been adopted or followed in New South Wales, I would ask Annie if she can throw light on that, but otherwise I would have to take it on notice.

**Ms MILLER:** Thanks, Jeff. That's a great question. I think we will take part of this question on notice, but I can say I think it is the way, in New South Wales, our health system is set up. We do not have a framework that is overarching for all of the treatment centres, so it is very definitely a decision that is made by local government area and a treatment centre as to whether or not these will be embedded. We really advocate that they are, but our system is very different from Victoria.

All people with cancer deserve timely and equitable access to best-practice cancer treatment and care. Yet in NSW, significant disparities in outcomes exist between those who can access optimal care and those who cannot.

[Optimal Care Pathways](#) are national policy describing a benchmark standard of high-quality cancer care that all Australians should expect from prevention through to treatment, survivorship and end of life. Optimal Care Pathways were developed by the National Cancer Expert Reference Group are

based on well-established principles, evidence and best-practice recommendations, developed to address variation and improve quality of cancer care and patient experience [1]. In 2018, the Optimal Care Pathways for Aboriginal and Torres Straight Islander People was developed to reduce disparities for Aboriginal and Torres Straight Islander people with cancer.

All Australian states and territories have committed to improve cancer outcomes by facilitating consistent, safe, high quality and evidence-based care through adoption of OCPs. In 2016, the Optimal Care Pathways were endorsed nationally through the Council of Australian Governments (COAG) Health Council and Australian Health Ministers Advisory Council [1]. Although Optimal Care Pathways are not legislated or mandatory, they are still considered as endorsed government policy.

Optimal Care Pathways as mentioned above were developed to define the optimal pathway from cancer prevention through to survivorship or end of life. Analysis of their impact using bowel cancer as a case study found that people whose care aligned with the Optimal Care Pathways had a significantly higher rate of survival compared to those that did [2]. These findings demonstrate that subtle system level variation of care can impact favourably on outcomes.

Adoption of Optimal Cancer Care Pathways will be an ongoing process that needs to align with jurisdictional context. As a system wide change, adoption of Optimal Care Pathways relies on care integration across primary, secondary and tertiary care. The extent to which cancer care in NSW aligns with best practice described in the Optimal Care Pathways is not currently known. Cancer Council NSW recommends that the next steps to progress the system wide implementation of Optimal Care Pathways should include:

1. Map current practice against the Optimal Care Pathways to identify gaps and deviations. The [NSW Health Lumos Program](#) has the capability to do this.
2. Develop an implementation plan that integrates primary, secondary and tertiary care to ensure wait times, treatment and care align with Optimal Care Pathways.
3. Introduce routine public reporting on NSW outcomes and care compared with Optimal Care Pathways, including wait times and access to supportive care.
4. Develop a regional cancer services capability and workforce framework to guide Local Health Districts to deliver care in line with the Optimal Care Pathways.
5. Embed Optimal Care Pathways within State and Local Health District planning and strategy which includes ongoing evaluation and transparent reporting

## References

1. National Cancer Expert Reference Group, *A Framework for Optimal Cancer Care Pathways in Practice*, Department of Health, Editor. 2016, Australian Government: Canberra.
2. Te Marvelde, L., et al., *Alignment with Indices of A Care Pathway Is Associated with Improved Survival: An Observational Population-based Study in Colon Cancer Patients*. *EclinicalMedicine*, 2019. **15**: p. 42-50.