



WA CANCER CARE TASKFORCE

Department of Health – Program Implementation Plan 2015

Scope of Project

The parameters of the WA Cancer Care Taskforce Recommendation Program are from suspected cancer diagnosis through to cancer survivorship or transition to end of life care within the WA public health sector. Outside of the scope of this program are:

- Private hospitals
- Public hospital site processes and funding priorities.

Program Objectives

To plan and deliver the WA Cancer Care Taskforce recommendations which are endorsed and directed by the Director General of Health.

Program Outcomes

The following outcomes are anticipated:

- Provide the principles and practices required to deliver optimal cancer care for patients at each stage of the cancer journey
- Provide the latest available evidence and best practice guidance and expand the scope to include emerging areas of practice emphasising:
 - Optimal support
 - Post treatment care
 - Communication and informational requirements
- Improve the coordination of care process by coordinating the roles and sequencing the activities of the multidisciplinary care team
- Improve documentation, monitoring and evaluation of variances and outcomes
- Assist in the identification of appropriate resources
- Guidance for accessible, logical and practical evidence-informed systematic provision of care and management for the cancer patient
- Improve outcomes for patients with cancer

Objectives and Expected Benefits

The aim of the program is to optimise the management of cancer services across WA Health to minimise waiting times and maximise an efficient and safe patient pathway, ensuring that all patients are seen and treated within recommended clinical time frames. This will require an examination of the patient pathway across the continuum from referral through to cancer survivorship or transition to end of life care.

The outcomes of the program will be:

- ***Improved access to cancer services, including:***
 - Reduced wait for transition between services
 - Redistribution of activity across health services according to demand and capacity measures
 - Standardisation of the patient pathway across the system, thereby reducing inequity of access for cancer services
- Improved allocation and utilisation of resources and funds across health services
- ***Improved timeliness of care, including:***
 - Achievement of WA Health elective surgery targets
 - Equity of access (first on first off waitlists where clinically appropriate)
- ***Improved safety and quality outcomes for patients, including:***
 - Reduced morbidity and mortality, improved patient outcomes
 - Fewer cancellations of surgery
 - Enhanced internal processes including; referral, triage, booking, patient preparation, scheduling, admission and theatre processes, transition between adjuvant treatments pathways.
- ***Improved patient experience throughout the cancer patient pathway, including:***
 - Enhanced communication with the patient, across services
 - Reduction in wait times and delays
 - Care closer to home
 - Improved care coordination
 - Improved patient satisfaction

Interdependencies

Interdependencies between cancer control programs, projects and national initiatives can create complexities due to the multiple inter-related factors such as resource and time constraints, financial costs, risk profiles and project outcomes.

For the effective delivery of the Cancer Care Taskforce Recommendations Program it is vital to have a sound understanding and management of these interdependencies. WACPCN have a strong and consistent association over past, present and future programs which interface with this program including:

- WA Cancer Plan 2012-2017
- NCERG – Optimal Care Pathways
- National Aboriginal and Torres Strait Islander Cancer Framework 2015

Each specific Project within the WA Cancer Care Taskforce Recommendation Program will be assessed during the project initiation to ensure interdependencies are identified and incorporated within program plans.

Overview of projects

Program overview

Taskforce Recommendation	Key Deliverable	Timeframe	Recommendation Supported
Immediate Action Points			
1. Re-establishment of Level 5 oncology service at RPH	Level 4 Medical oncology services available at RPH	Commence February 2016	Yes – Partially following discussion with key stakeholders
2. Detailed and transparent audit of wait times.	Complete detailed audit of Surgical, Chemotherapy and Radiotherapy wait times.	Up to 6 months	Yes
3. Multidisciplinary team (MDT) meetings included as part of the scheduled timetable of all cancer clinicians	Clinicians will use administration time to complete MDT activities.		Yes
4. Clerical and IT support for all MDT meetings	MDT and local workforce service model provided to Area Health Services.	12 weeks	Yes
5. A) Reintroduction of Clinical Nurse Specialist roles B) Removal of FTE cap for cancer	A) Develop business case at FSH for specific additional nursing roles as determined (1 at this stage). B) Department of Health is required to work within funded workforce.	12 weeks	Yes No. No special treatment regarding FTE controls/approvals should be afforded to one specialty group over another.
Medium Term Action Points			
6. A standing expert advisory group on cancer	Expert Advisory Group on Cancer (EAGC) established in line with governance outline in this program plan.	ASAP	Yes
7. Support for data management at cancer centres	Data management support workforce plan with cost analysis delivered to EAGC.	6 months	Yes
8.(A) Sub-specialist care in uncommon cancers be confined to limited tertiary centres	Develop and implement Optimal Care Pathways for the management of uncommon cancers	12 months	Yes
8.(B) Audit Surgical Care Outcomes	Develop and deliver surgical outcomes audit	24 months	Yes
Longer Term Recommendations			
9. One stop diagnostic clinics explored	Develop and introduce cancer services models from existing one stop diagnostic clinics into areas deemed feasible.	12 months initially	Yes

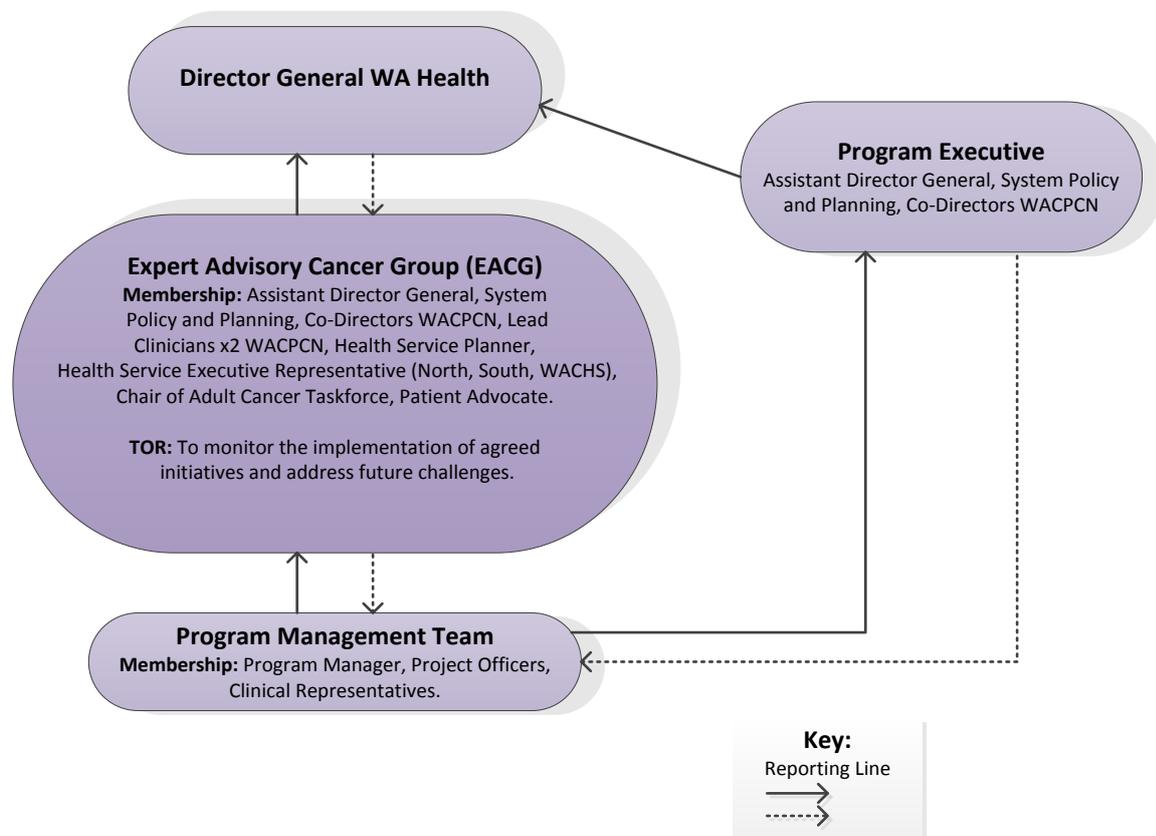
Taskforce Recommendation	Key Deliverable	Timeframe	Recommendation Supported
10. Explore development of a WA State-wide Cancer Service	Explore potential models and funding implications.	4 months	Yes
11. Cancer Pathways Streamline Referral	Realign Models of Care into Optimal Care Pathways, following gap analysis	24 months	Yes
12. Dedicated surgical oncology training track	Surgical workforce succession plan developed and actioned.	12 months	Yes
13. Support the cancer workforce nursing project	Nursing and allied health workforce survey finding reported and utilise to plan further initiatives	12 months	Yes
14. Access psycho-social support as required	Develop referral pathway process across tumour streams Identify gaps in service availability.	12 months	Yes

Timescale

It is expected that the Program will require two (2) years for the longer term projects. This includes comprehensive stakeholder consultation and engagement for analysis and project development. It should be noted that reduced or additional time may be required for solution design and implementation depending on complexity of endorsed solutions

Program Organisational Structure

Governance



Expert Advisory Cancer Group

The Expert Advisory Cancer Group (EACG) to meet bimonthly, with the terms of reference of:

- Ensuring that WA Health has clearly established goals and objectives and a viable strategy for achieving the Program targets.
- Achieving national and state wide objectives for cancer services while maintaining quality clinical care.
- Providing recommendations to the Director General concerning issues or opportunities for consideration to improve demand management for the system as a whole.
- Other agreements entered into by the WA Health, for purposes of improving waiting times and cancer service outcomes for the WA community.
- Identifying, developing and overseeing implementation of strategies for sustainable improvements in the provision of cancer services.

Appendix 1

	Level 1	Level 2	Level 3	Level 4	Level 5	Level 6
Medical Services						
Oncology		<ul style="list-style-type: none"> Specialist RN in region (cancer nurse coordinator/ breast care nurse) who links with relevant tumour specific CNC and treating facility for care coordination No treatment facilities 	<p>As for Level 2 plus:</p> <ul style="list-style-type: none"> GP inpatient care 24/7 cover by RN Low risk chemotherapy for the four most common cancers and palliative patients Multidisciplinary case conferencing with tumour specific specialist for all patients Access to some allied health services 	<p>As for Level 3 plus:</p> <ul style="list-style-type: none"> Inpatient care by on-site general medical physician Chemotherapy shared care with the tertiary facilities for common cancers with more complex needs Links with radiotherapy, palliative care and pain management services Specialist RN Access to designated allied health services Some allied health undergraduate education Consultancy services provided by a visiting consultant or physician experienced in oncology 	<p>As for Level 4 plus:</p> <ul style="list-style-type: none"> Inpatient care by on-site oncologist Registrar/RMO Regional referral role Access to specialist SRN Some undergraduate teaching and possibly some research role Multidisciplinary management of patients including case conferences Formalised link with or referral pathways to palliative care services and may have pain management clinic Emergency care available Access to specialised allied health services 	<p>As for Level 5 plus:</p> <ul style="list-style-type: none"> Full range of oncology services, with oncology department and emergency services (NB: radiation oncology defined separately) Medical registrar on-site 24/7 Statewide referral role Statewide mentoring and specialist leadership role Undergraduate and postgraduate teaching role Research role

Source: WA Health Clinical Services Framework 2014-2024