Government of Western Australia
Department of **Health**

WA Health Cancer Control Forum Summary of Outputs

Aim of the Forum
- Verify the current state findings
- Determine the ideal future state of cancer control in WA
- Identify the objectives that need to be undertaken to achieve the desired future state.

Preliminary Findings: Top Objectives for Each Theme

All information collected on the day is being considered for inclusion into the WA Cancer Plan 2020-2025 according to the scope of the Plan. All information from Group Map and hand written notes will be assessed.

Prioritising the patient experience

Information and Communication
- Identify, purchase and roll out a real time electronic system that includes patient management records, treatment decisions and outcomes that is available to all service providers and patients (3-5 years).
- Establish a cancer information platform which includes a map of WA services, local information and links to best practice information etc. (3-5 years).

Patient Experience and Financial Costs
- With key stakeholders (including consumers) scope and co-design a website that provides information to guide patient informed consent, clinical pathways and financial costs of treatments.
- Identify public/private and metropolitan/regional partner sites to co-deliver multidisciplinary coordinated care, to be delivered as close to home as possible utilising Telehealth and regional services.

Strategy, leadership & delivery of services

Delivering Seamless Care
- Undertake community writing process to develop policy for consistent education of care providers and consumers (1-2 years). Develop a road map from symptoms to survivorship (1-2 years) and establish health navigator roles (2-5 years).

Equity and Access in Rural and Remote Areas
- Provision of equitable care closer to home, utilising appropriate technology i.e. Telehealth and improved access to data, to allow for equal cancer outcomes between metropolitan and regional patients.

Strategy, Leadership and Planning
- Create a 'Community of Practice' and develop a platform to showcase best practice using easy to capture data, where new and innovative ideas can be captured.
- Enhance clarity of the relationship between WA Health as system manager, Health Service Providers (HSPs) and other key partners.

Data, technology & infrastructure

Data Collection and Management
- Implement an IT system to increase accessibility of information (<1 year).
- Increase government commitment to updating legislation to improve data collection and linkage for the benefit of all Western Australians.
- Implement centralised data collection for all patients in both the public and private sector that captures data along the full cancer journey.

Evidence Based Care and Evaluation
- Implementation of standardised care pathways to define a road map and minimum standards for all cancer types.
- Establishment of an evaluation framework and reporting system, including outcome and process measures, to support the agreed care pathways.
- Dedicated data and evaluation strategies and initiatives to bring the entire continuum together (including prevention, supportive care, education and research).

Technology and Infrastructure
- Implement a standardised and integrated patient information system.
- Create a "Technology Horizons" unit in WA Health, to scan for new ICT systems and test those systems for suitability (<1 year).

Cancer workforce & partnerships

Primary and Community Care Links
- Create workforce (1-2 years) and funding and implementation methods (2-5 years) for nurse coordinated cancer care to link with primary care.
- Electronic online platform where patients, oncologists and GPs can all communicate exclusively for cancer (interactive).

Workforce for the Future
- Map where the workforce will go in the future.
- Affordable and culturally safe training.
- Research workforce models - learn from different industries and health systems.
- Workforce well-being (resilience, right environment, safety, culture).
- Clearer about workforce - define workforce and mapping it to the patient journey. Qualities include agility, psychological safety, generalist roles)

Preliminary Findings: Top Objectives - Priority Areas

Priority Groups	• Patients to be allocated to a navigator/advocate to provide culturally safe support along the patient journey, and collaborate with HSPs and community based health services. • Provide care closer to home (tele-oncology, tele-chemo). Link GPs into MDTs with real time data sharing. • Targeted approach to cancer for Aboriginal people, that is developed and implemented in collaboration with Aboriginal Community Controlled Health Services.
Prevention	• Long-term evaluation strategies embedded throughout the system structure. • Better education provided to health professionals on prevention - make it a focus. • Establish a cancer community network and online platform over the next 1-2 years. • Use a comprehensive approach to prevent cancer and address risk factors eg. tobacco, UV.
Screening	• In 5 years, have cancer screening education programs for CALD and Aboriginal populations established in community hubs and have cancer screening navigators in place. • In 5 years, establish mandatory, integrated data mechanism to underpin all screening programs to improve monitoring and reporting of participation and outcomes. • Negotiate improved Medicare Benefits Schedule items to fund screening activities including reminders, screening, and follow up. This is complemented by improved activity based funding models for one stop shops for screening and further diagnostics.
Diagnostics	• Expand appropriate diagnostic pathways across the system, develop minimum timelines and standards and assign care navigator for each patient. • Establish a data warehouse accessible to all and integrate Artificial Intelligence (AI) into practice. • Make all diagnostic tests free of charge for people with cancer or suspected cancer across both public and private system.
Clinical Trials as Treatment	• Every hospital that treats cancer to have a clinical trials unit. Regional centres to have either standalone clinical trial units, be satellite centres or use Telehealth consultation. • Clinical trials consortium - combining public and private knowledge. • Real time electronic database for patients and clinicians to increase transparency regarding availability of clinical trials - a single repository within 1 year.
Personalised Medicine (Genomics)	• Capacity in whole genome sequencing at PathWest. Improve literacy of medical workforce in genomics. Explore AI systems for matching patients personalised information to treatment options. (3-5 years). • State based opt-out system to collect tissue samples for all cancer patients with provision of new infrastructure. Sample coordinator person for each clinic (>5 years). • Consumer focus groups reporting: Develop & refine report template (1-2 years), pilot template (3-5 years), RCT of outcomes using templates & standard reporting (>5 years).
Survivorship & Transitional Care	• Survivorship nurses in place in public cancer centres within 1-2 years, to deliver end of treatment interviews with the consumer and collaborate with all professionals to develop survivorship care plan and treatment summary (shifting control as much as possible to the consumer). • MDT clinics implemented within 12 months, made available through Telehealth, to be individual and group-based and located out of a hospital setting. • Provide clinic for adult survivors of paediatric cancer and enhance access to survivorship care, peer support and community based services for all cancer patients (1 year).
Supportive Care	• Integrate supportive care in the outpatient setting, embedded with a supportive care plan. • Patients routinely screened for unmet needs across whole range of services. • Make palliative care available service-wide, increase palliative care training, and enhance recognition of palliative care Australian standards.

Evaluation Summary

Overall **94%** agreed or strongly agreed that the Forum was an interesting and valuable use of their time

96% agreed/strongly agreed that they were given the opportunity to actively contribute.

94% agreed/strongly agreed that they were given the opportunity to network with other attendees.

88% agreed/strongly agreed that the presentations were interesting and a valuable use of their time

88% agreed/strongly agreed that the forum facilitator led the forum in an engaging and professional way

80% of participants rated the online registration process as good/very good

81% thought the time scheduling/allocation was good/very good

93% considered the venue good or very good

69% thought the information leading up to the event was good/very good and **25%** thought it was fair

80% rated the catering as good or very good and **20%** rated it as fair