

Australian Cancer Plan consultation – vision survey

Q1. What would you like to see the Australian Cancer Plan achieve?

Think ahead to the next 10 years. What do you want the Australian Cancer Plan to achieve? Think big – what transformational change(s) should we be aiming to influence?

- The Leukaemia Foundation believes that the development of the ACP represents a rare and important opportunity to create a fully integrated, national operational plan, with a mandate and funding to create efficiencies across the health system.
- We would like to see the ACP fulfill the need for both a strategic and an operational plan. To achieve its vision and goals, it needs to have clearly defined implementation actions, outcomes, performance measures and – particularly – specified funding and resourcing, which need to be agreed and coordinated across State, Territory and Commonwealth levels.
- It needs to be a plan that has patients and the community at the core of its governance and outcomes.
- National coordination is critical to ensuring that minimum standards for diagnosis, treatment and care can be upheld across the country. We know that treatment of cancers in Australia differs considerably based on where you live. In blood cancers, we know that there is an 8% difference in survival outcomes between metro and regional areas, and a 5% difference between states and territories. We also know that for some blood cancers people living with cancer who received their treatment outside metropolitan areas are 37% less likely to receive treatment that is considered standard of care, which has implications for their risk of dying. We need a genuinely national coordinating body to ensure that best practice care is available across the country.
- The ACP's goals and implementation actions need to be flexible to accommodate changes in paradigms for treating cancers. Advances in diagnosis, treatments and new therapies over the last few decades have led to significant decreases in overall cancer mortality, with a progression of some cancers from being classified as acute or with high mortality, into chronic diseases which can be managed but require long-term ongoing care (such as chronic myeloid leukaemia). While the ACP needs health policy for managing acute cancers, a broader more holistic view is also needed which encompasses the needs of patients with chronic conditions requiring ongoing (sometimes lifelong) treatment. This longer-term approach to management needs to be reflected in the goals and outcomes of the ACP.
- The Leukaemia Foundation believes it would be useful for Cancer Australia to provide a comprehensive view of the consultation process for the ACP beyond this initial stage, to enable all relevant stakeholders to be able to meaningfully participate.

Q2. What are the opportunities with the greatest potential to realise your vision?

Think about what you would like the Australian Cancer Plan to achieve. What priorities need national action? In what areas could national action drive or accelerate progress?

- The Leukaemia Foundation and the Blood Cancer Taskforce have a shared vision of zero lives lost to blood cancer by 2035. The National Strategic Action Plan for Blood Cancer (the NAP), developed by the Blood Cancer Taskforce, provides a strategic blueprint for achieving this goal. While the NAP is specific to blood cancers, there are considerable areas for overlap between this

document and the future ACP, particular in the four pillars of the NAP: empowering patients; achieving best practice; accelerating research; and enabling access to novel and specialised therapies.

- Many of the *recommendations* of the NAP are also applicable across the cancer spectrum: the need for a formalising and investment in the necessary infrastructure for an internationally-relevant pipeline of research; ensuring that the needs of all populations in Australia are being met by the health system, but particularly those of vulnerable groups, such as Aboriginal and Torres Strait Islanders, migrants and people from diverse cultural and linguistic backgrounds, people in socioeconomically disadvantaged areas and people in regional and remote areas; and the need to empower patients through information.
- The Blood Cancer Taskforce has recommended a multi-phased implementation approach for the actions outlined in the NAP. Phase 1 is focused on critical path actions and standard setting for best practise treatment and care. Phase 2 is focused on implementing best practice, increasing access to treatment, trials and accelerating research. Phase 3 is focused on new discovery and ongoing access to best practise delivering world’s best treatment and care for all Australians. All of the implementation projects of the NAP can inform and integrate with the ACP as it is developed.
- We have already commenced implementing some of these actions in Phase 1 of the NAP, with funding from both the Federal Government and the Leukaemia Foundation– areas of considerable relevance to the ACP.
 - Optimal care pathways for blood cancers – 6 complete currently undergoing national approval, and a further 5 in development (funded by the Federal Government)
 - Clinical and diagnostic guidelines for blood cancers (funded by the Federal Government)
 - Scoping a research roadmap for blood cancers (funded by the Leukaemia Foundation)
 - Undertake a study to understand impact of blood cancer in Indigenous communities (funded by the Leukaemia Foundation)
- We are currently advocating for government funding for the remaining actions of the NAP.
- Compared to the ACP, the NAP is relatively well advanced. There are opportunities for cross-cancer priorities to be piloted in blood cancer, such as a digital information strategy and patient-recorded experience measures (PREMs) and outcomes (PROs). The blood cancer community including the Blood Cancer Taskforce stands ready and willing to assist in this.
- There are other policy instruments that have demonstrated the need to act on these opportunities with coherent national coordination, such as the recent House of Representatives inquiry (HoR inquiry) into approval processes for new drugs and novel medical technologies. For example, should the recommendations of the HoR inquiry be wholly accepted by government, there are opportunities to integrate and align with the implementation of those actions, such as the establishment of a Centre for Precision Medicine and Rare Diseases to streamline and simplify HTA pathways (Recommendation 1).
- The mortality burden in blood cancer requires specific attention. The development of the ACP is welcomed however, its development and implementation of real change in blood cancers must happen in parallel.

Q3. What examples and learnings can we build on as we develop the Australian Cancer Plan?

Think about great examples of work within or outside the cancer sector in Australia and internationally. How can we learn from these examples and build on them to improve cancer outcomes and experience for all Australians?

- Over the last decade, the Federal Government has commissioned 25 National Action Plans and implementation plans, including the National Strategic Action Plan for Rare Diseases developed by Rare Voices Australia, and the National Strategic Action Plan for Blood Cancer (the NAP) developed by the Blood Cancer Taskforce. The Leukaemia Foundation suggests that there is considerable overlap in priorities between all these community-led, government-commissioned plans, and that these plans and their recommendations be reviewed and taken into consideration in the development of the ACP.
- The considerable goodwill, energy and resources from community, practitioners, clinicians and government has created a blood cancer action plan and momentum for change. However, sustained action requires more than goodwill, it requires commitment of energy and financial resources beyond annual budgets. It would be a shame to not fully harness the enthusiasm and commitment that currently exists within the consortia Blood Cancer Taskforce. This consortia of leaders who volunteer their expertise is a key resource which would be difficult to reconstitute.
- The NAP builds on the *State of the Nation: Blood Cancer in Australia* report, which was undertaken by the Leukaemia Foundation to better understand the context of blood cancer in Australia and identify both the challenges and solutions. This, and other non-government policy development approaches such as the National Oncology Alliance's *Vision 20-30*, are evidence-based and community-led proposals for change and should be reviewed in the development of the ACP.
- The 2020 HoR inquiry and other government-led relevant policies under development or review – the National Medicines Policy review, the Efficient Funding of Chemotherapy Review, the National Preventative Health Strategy and the upcoming Health Technology Assessment review – have already undertaken and will undertake considerable work in identifying challenges and solutions that face aspects of the health system.
- All of these concepts, and the identified challenges and solutions, need to be brought together into a coherent framework, with a structure that provides funding and resources to achieve its aims and has reportable and measurable outcomes. The ACP represents an opportunity to restructure how cancer care is considered and delivered in this country, an approach that could be nationally-consistent and accountable to current and future best practice.
- However, while this national coordination is essential, action now on specific issue in blood cancer cannot be delayed.
- Action in blood cancer will serve the needs of blood cancer patients as well as act as a pilot for national pan-disease implementation. Disease-specific actions will be essential for the ACP to be successful.
- The ACP should consider local cancer control agencies as both major stakeholders but also and as examples of how a local cancer plan can be implemented with resourcing, goals, implementation steps, accountability and evaluation measures. In particular, the Cancer Institute NSW is an operational agency of the NSW health system. It provides a platform for people to engage in their cancer care, including hosting NSW's CanRefer database for specialist referrals; a portal for consumers to directly book screening tests for certain cancers; and provides resources specific to particular communities. The Cancer Institute NSW is also responsible for the development and implementation of the NSW Cancer Plan, which sets clear goals and outcomes that are defined and measured against a performance index. These accountability measures are key to ensuring that it makes progress against its goals and importantly, the agency is also provided funding to enact those measures.