

10 February 2023

Nursing Taskforce
Department of Health and Aged Care
GPO Box 9848
Canberra ACT 2601

Via email: nursepolicy@health.gov.au

Dear Nursing Taskforce

Re: Strategic plan for the Nurse Practitioner workforce

Thank you for the opportunity to provide a submission to the consultation on *Increasing access to health and aged care: a strategic plan for the nurse practitioner workforce* (the Plan).

The Leukaemia Foundation is the only national organisation that represents all Australians living with blood cancer. For over 45 years we have provided a variety of supports for people with blood cancer and their loved ones across the country, such as emotional support, information and education, transport, accommodation, and support to help manage the everyday pressures of practical and/or financial matters.

Nurses have a vital role to play in effective care and treatment of people living with blood cancer. We also acknowledge the additional expertise, experience and qualifications required for legal endorsement and practice as a Nurse Practitioner (NP).

This submission does not attempt to provide specific and in-depth commentary on the full range of challenges and proposed actions canvassed in the draft Plan, such as NP funding models or medical prescriptions. Instead, it focuses on highlighting three issues pertaining to blood cancer patient care that should be considered when finalising and implementing the Plan:

1. Support the role of all nurses in 'best practice' blood cancer care
2. Digital health delivery
3. Service awareness and navigation

Context

The Leukaemia Foundation welcomes efforts to further support the delivery of nursing care to the Australian community.

Nurses play a critical role in blood cancer care and treatment. For example, Clinical Nurses and Clinical Nurse Specialists (CNS), while being registered nurses, have specialist training and experience in the clinical area in which they work. CNS' closely monitor patients' conditions and can identify when something has

changed – for the better or worse – and respond accordingly. Families and patients alike will usually get to know their CNS well as they will often be the best source of information and updates.

For people participating in a clinical trial, their clinical trials nurse will be their main point of contact.

In settings with limited specialists such as regional rural and remote locations, nurse practitioners can play very important roles in patient care, especially in symptom identification and access to diagnostic tools. This type of care is very important as a cancer control mechanism for difficult to diagnose cancers such as blood cancers.

The Leukemia Foundation has a deep heritage in supporting Australians in accessing treatment in major metropolitan treating centres by providing them with free of charge accommodation, transport and counselling services.

We are a key supportive care agency and have long standing relationships with the nursing community. We are keen to ensure our supportive care is available in all Australian settings so that Australians dealing with a blood cancer receive the highest quality treatment and care.

Our interest in contributing to discussions to support the Australian NP workforce therefore stems from the important contributions that nurses – along with other health practitioners – make to support blood cancer patients. It is also underpinned by the broader imperative to save more lives from blood cancers.

The imperative to improve blood cancer outcomes

This year 19,403 Australians will be newly diagnosed with a blood cancer. This is equivalent to 53 people every day or one person every 27 minutes.

Over the past 10 years, the incidence of blood cancer has increased by 47%, and it is now estimated that 135,000 Australians are living with a blood cancer. Sixteen Australians will lose their life to blood cancer each day and 1 in 3 people diagnosed with a blood cancer will not survive five years after their diagnosis.

Blood cancers require, in many instances, highly specialised and complex care for the duration of the treatment period. Many blood cancers can have repeated acute episodes of treatments, remission and relapse.

There is also a real crisis in regional and rural Australia when it comes to treatment for blood cancers. There is a 13 per cent survival disparity between those who are living in rural and regional Australia and those who are living in metropolitan areas. Blood cancer treatment must occur in capital cities as smaller regional hospitals do not have the necessary complex equipment and resourcing required.

Some blood cancers can become refractory to treatment leaving patients with very limited options. Treatments can be highly invasive and can have extreme toxicity. Treatments may range from well understood multi-agent chemotherapy to stem cell transplant to more innovative oral immunotherapies and/or CAR-T therapies. Recent scientific advances are significantly altering standards of care, and keeping abreast of these across all treating centres is complex.

Ongoing support for the workforce is required to continue improving the experience for all those affected by blood cancer.

1. Support the role of all nurses in ‘best practice’ blood cancer care (Optimal Care Pathways)

System-wide acknowledgement of OCPs

It is important the Plan is consistent with other similar strategies, both current and in development. Along with strategies listed on page 2 of the draft Plan, we recommend Optimal Care Pathways (OCPs) are also considered when the Plan is being finalised and implemented.

With support from the Commonwealth, the expert Blood Cancer Taskforce (which the Leukaemia Foundation Co-Chairs and is secretariat for) has developed six blood cancer OCPs, with an additional five scheduled to be completed in 2023. The Blood Cancer Taskforce includes a Nurse Practitioner from the Cancer Nurses Society of Australia.

The completed OCPs were approved by the Federal, State and Territory governments and publicly launched in August 2022. Including other cancer types, there are over 25 nationally endorsed OCPs.

Support delivery and promotion of OCPs

OCPs, along with clinical guidelines, are the foundations for achieving best practice care and reducing disparities in survival outcomes. They help ensure more consistent application of currently available best practice diagnosis, treatment and care, using therapies and technologies that are already available in Australia today in conjunction with holistic supportive care.

We could reduce deaths by 13 per cent and save 22,000 lives by 2035 through nationally consistent implementation of best practice treatment and care for blood cancer patients, using therapies that are already available in Australia today.¹ These are conservative figures and likely an underestimate.

Nurses, as well as other practitioners, have an important role to play through adopting the OCPs and helping raising awareness of them.

As described in the OCP documentation, all those involved in cancer care should read and understand the optimal care pathways. This includes haematologists, radiation/medical oncologists, general practitioners, allied health professionals, nurses and managers of cancer services, along with others in the community sector and government. These pathways guide all practitioners from trainees to highly skilled specialists.²

The draft Australian Cancer Plan (ACP) reinforces this. Draft action 3.1.1 identifies the need for healthcare practitioners to be across and use OCPs: “To support the uptake of OCPs, this action should promote dissemination of information to cancer services, Primary Health Networks, healthcare practitioners and to consumers, carers, and their families.”

The OCP documentation further articulates what optimal care looks like in various settings and who it involves, including the make-up of multi-disciplinary teams.

Following recent publication of the blood cancer OCPs, next steps include developing targeted general public and communication and awareness campaigns to promote awareness and uptake of the OCPs,

¹ *National Strategic Action Plan for Blood Cancer*, 2020: https://myeloma.org.au/wp-content/uploads/2020/10/National-Strategic-Action-Plan-for-Blood-Cancer_June-2020.pdf

² For example, *Optimal care pathway for people with chronic myeloid leukaemia*: https://www.cancer.org.au/assets/pdf/chronic-myeloid-leukaemia-1st-edition#_ga=2.199474030.1976630589.1659924132-1517087287.1653444068

expanding the portfolio of Australian-specific blood cancer clinical guidelines, and implementing OCP education and awareness campaigns for health care professionals to support understanding and uptake of the OCPs.

RECOMMENDATIONS:

1. That DHAC add Optimal Care Pathways (OCPs) to the list of plans and strategies deemed relevant to this draft Plan.
2. NPs should receive OCP education and training and be encouraged to promote OCPs as best practice care for blood cancer patients.

2. Digital health delivery

There may be scope for NPs to take an active role in patient support through telehealth, particularly for those in rural and regional Australia.

The Blood Cancer Taskforce developed 21 recommendations in the National Strategic Action Plan (National Action Plan – NAP) for Blood Cancer. The NAP is a blueprint to coordinate and accelerate national efforts to improve survival and quality of life for people diagnosed with blood cancer and to support their carers and families. It found that:³

- There is an opportunity for innovating the telehealth delivery of nurse-led care and allied health services beyond the hospital environment and especially for survivorship care.
- Government should explore options for enhanced telemedicine and digital health information services, such as the development of Royal District Nursing Service Talking Books, which could benefit those from culturally and linguistically diverse backgrounds and other patient populations.

The blood cancer OCPs also state that:

- "Telehealth can enable efficient shared care and should be explored for all patients. Patients in some rural or remote locations may access specialists via Medicare Benefit Scheme funded telehealth consultations. General practitioners working in rural or remote locations should be aware of specialist multidisciplinary teams with facilities to reduce the travel burden and costs for patients."⁴
- "In a setting where no haematologist is locally available (e.g. regional or remote areas), some components of less complex therapies may be delivered by a general practitioner or nurse with training and experience that enables credentialing and agreed scope of practice within this area. This should be in accordance with a detailed treatment plan or agreed protocol, and with communication as agreed with the medical oncologist or as clinically required."⁵

³ *National Strategic Action Plan for Blood Cancer*, https://www.leukaemia.org.au/wp-content/uploads/2020/09/National-Strategic-Action-Plan-for-Blood-Cancer_June-2020.pdf

⁴ *Optimal care pathway for people with chronic myeloid leukaemia*, p.10:
https://www.cancer.org.au/assets/pdf/chronic-myeloid-leukaemia-1st-edition#_ga=2.199474030.1976630589.1659924132-1517087287.1653444068

⁵ *Optimal care pathway for people with chronic myeloid leukaemia*, p.33:

RECOMMENDATION:

3. The Plan should explore the role of NPs in telehealth delivery of nurse-led care for blood cancer patients in non-metropolitan areas (especially for survivorship care), within the parameters outlined in the OCPs.

3. Service awareness and navigation

New research commissioned by the Leukaemia Foundation, to be released in the first half of 2023, confirms blood cancer patients experience navigation issues and also highlights a service awareness issue.

Patients have told us they feel like they are getting lost in the system. Their number one priority is a health system that works for them – one that they can trust and that delivers the best outcome without having to be their own advocates.

During stakeholder consultation, patients cited having a limited awareness of the availability of peer and nurse support.

Patients and members of the blood cancer community continued to highlight the previously reported lack of awareness of availability of services, information and tools to manage side effects when needed. One in four patients did not know where to go to ask for help.

The draft ACP over the next five years aims to implement a holistic healthcare navigation system that is co-designed to underpin personalised care.

The NP Plan and the ACP should complement each other and reflect the need for a holistic navigation system.

RECOMMENDATION:

4. That Government works to ensure healthcare navigation system issues are addressed in the ACP and that the role of NPs in helping consumers navigate the system is defined and reflected in that document and in the NP Plan.

Thank you for your consideration of the issues highlighted above. We would be happy to discuss further and can be contacted at ctanti@leukaemia.org.au.

Sincerely,



Chris Tanti
Chief Executive Officer

https://www.cancer.org.au/assets/pdf/chronic-myeloid-leukaemia-1st-edition#_ga=2.199474030.1976630589.1659924132-1517087287.1653444068