



Government of **Western Australia**
Department of **Health**

WA Cancer Plan 2020–2025 priorities for implementation

Acknowledgment of Country and People

WA Health acknowledges the people of the many traditional countries and language groups of Western Australia. It acknowledges the wisdom of Elders both past and present and pays respect to Aboriginal communities of today.

Use of the term Aboriginal

Within Western Australia, the term Aboriginal is used in preference to Aboriginal and Torres Strait Islander, in recognition that Aboriginal people are the original inhabitants of Western Australia. Aboriginal and Torres Strait Islander may be referred to in the national context and Indigenous may be referred to in the international context. No disrespect is intended to our Torres Strait Islander colleagues and community.

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Introduction

Cancer in WA

Cancer is the leading cause of disease burden in Western Australia (WA). Cancer has a large impact on the WA health system, accounting for more than 158,000 cancer related hospital admissions per year (14.4 per cent of total hospitalisations). Nationally, the expenditure on cancer is projected to increase from \$3.5 billion in 2003 to \$10.1 billion in 2033.

The WA Cancer Plan 2020-2025

Since 2012 improvements to cancer prevention, screening, diagnosis and treatment in WA has been guided by a WA Cancer Plan. The [WA Cancer Plan 2020-2025](#) (the Cancer Plan) was developed following considerable consultation with those affected by cancer, the community and those working in the cancer sector. It is based on a current state assessment of cancer in WA and it establishes WA's policy priorities up to 2025.

The Cancer Plan contains further information that describes the current and future states for each of its five priorities. It is recognised that achieving the priorities and strategies of the Cancer Plan will involve both continuation of what WA is already doing well and commencement of new work. An overview of the Cancer Plan is provided at Appendix 1.

Implementation and evaluation cycle

Implementation of the priorities and strategies of the Cancer Plan will involve the establishment of new innovative partnerships and the strengthening of existing partnerships across the cancer control and cancer research sectors. Implementation of some strategic actions will be subject to new funding sources for which the Department of Health will actively seek.

The *WA Cancer Plan 2020–2025 Evaluation Framework* sets out how the Cancer Plan will be evaluated throughout its lifespan. The purpose of evaluation will be to:

1. Recognise achievements, successes and benefits delivered by the Cancer Plan;
2. Critically assess the implementation and delivery of the Cancer Plan, including determining whether the current state issues have been addressed;
3. Identify improvement opportunities during and after implementation; and
4. Inform the development of the next Cancer Plan.

Evaluation will build an understanding of what has worked well, where results have been achieved, where improvements could be made, and the reasons for the findings prior to developing the next Cancer Plan.

Priorities for Implementation

The Cancer Plan recognises that the challenges for people affected by cancer, cancer control services and cancer research have significantly changed in recent years. An ageing and growing population with improved cancer survivorship, digital literacy and rapidly emerging new treatments and technologies have collectively brought about an increase in demand for screening, diagnostic, treatment, supportive, survivorship and palliation services.

These changes have inadvertently added strain on the WA health system, requiring care for more patients with complex needs and provision of ongoing and equitable physical, psychological and financial support.

Western Australian leaders in cancer control and research have identified the priorities for implementation over the next five years to progress the Cancer Plan and devised strategic actions that are to be implemented to achieve these priority areas. Priority areas address:

- State-wide leadership, governance and workforce
- Support and survivorship
- Safety and quality through data
- Optimal care pathways with a focus on multidisciplinary team review.

Strategic actions are outlined in the tables below. Many strategic actions sit across multiple priorities of the Cancer Plan. The tables below identify which of the five priorities of the WA Cancer Plan each strategic action aligns to.












Consumer Information, Support, Transitional and Survivorship Care

| Phase 1 | Phase 2 | Phase 3 |
|---|--|---|
| <p>1.1.6: Investigate the need and feasibility for a Skin Cancer Prevention Strategy for WA.</p> <p style="text-align: right;">1 2 5</p> | <p>2.4.2: Design and implement tailored treatment summaries for cancer survivors.</p> <p style="text-align: right;">2 3</p> | <p>2.5.1: Co-design and roll-out a patient held cancer care record to improve sharing of patient-level information between cancer care providers.</p> <p style="text-align: right;">2 3</p> |
| <p>3.1.1: Revise the framework for cancer-related psycho-social services to: map existing services and tools, identify gaps and pathways for access, and inform service planning to achieve a stratified and integrated approach.</p> <p style="text-align: right;">2 3 5</p> | <p>2.6.1: Implement a stratified and coordinated approach to meet the information needs of those affected by cancer.</p> <p style="text-align: right;">2 3</p> | <p>3.1.2: Address variations in access to services against the framework for cancer-related psycho-social services.</p> <p style="text-align: right;">2 3</p> |
| <p>3.4.2: Establish a hub of survivorship expertise to support consumers with complex health care needs and health care professionals as a part of a stratified approach to provision of information and supportive care.</p> <p style="text-align: right;">2 3 5</p> | <p>3.3.1: Develop a policy on use of co-designed, tailored survivorship care plans for cancer survivors.</p> <p style="text-align: right;">3 5</p> | <p>3.5.2: Establish a statewide survivorship clinic for adult survivors of childhood cancer that is staffed by a survivorship physician and/or a survivorship nurse practitioner who can coordinate referrals to required services.</p> <p style="text-align: right;">2 3 5</p> |
| <p>5.11.2: Establish an Aboriginal Cancer Nurse Coordinator to coordinate care for Aboriginal people with complex cancer care needs.</p> <p style="text-align: right;">2 3 4 5</p> | <p>3.4.1: Develop cancer specific HealthPathways for General Practitioners in conjunction with consumers and clinicians, especially for cancer survivorship and psychosocial care.</p> <p style="text-align: right;">2 3 5</p> | <p>3.5.3: Develop a Cancer Transition Health Pathway that links General Practitioners to the adult service for those transitioning from child to adult services.</p> <p style="text-align: right;">2 3 5</p> |
| | <p>3.5.1: Establish referral pathways for young people affected by cancer to transition to an adult service that coordinates their care plans.</p> <p style="text-align: right;">2 3 5</p> | |

Legend: 1 Priority 1 2 Priority 2 3 Priority 3 4 Priority 4 5 Priority 5

Cancer Data

| Phase 1 | Phase 2 | Phase 3 |
|--|---|--|
| <p>5.4.1: Develop a timely data collection for cancer stage at diagnosis.</p> <p style="text-align: right;"></p> | <p>1.6.1: Standardise all pathology forms to align with the Australian Institute of Health and Welfare’s national best practice guidelines for collecting Indigenous status in health data sets and ABS Indigenous Standard to improve the identification and data collection for Aboriginal and Torres Strait Islander peoples.</p> <p style="text-align: right;"></p> | <p>4.6.1: Identify challenges to accessing cancer research data and ways these can be overcome (in alignment with the WA Future Health Research and Innovation Fund Strategy 2020-2022).</p> <p style="text-align: right;"></p> |
| <p>5.4.2: Develop a statewide cancer data strategy that considers inclusion of appropriate data collections a minimum core cancer data set, cancer quality indicators, use of Artificial Intelligence and machine learning, how best to use collected data, emerging data needs and viability of the WA Cancer Registry.</p> <p style="text-align: right;"></p> | <p>3.8.1: Develop and roll-out an annual PREMS collection for those affected by cancer using internationally recognised and consumer endorsed measures.</p> <p style="text-align: right;"></p> | <p>5.4.4: Implement the statewide cancer data strategy.</p> <p style="text-align: right;"></p> |
| | <p>3.8.2: Embed the routine collection of PROMS across cancer clinical settings.</p> <p style="text-align: right;"></p> | |
| | <p>5.4.3: Develop a roadmap and business case based on the findings of the statewide cancer data strategy that includes (but is not limited to) survivorship data, genetic fields, linked PathWest and Genetic Services data.</p> <p style="text-align: right;"></p> | |
| | <p>5.8.1: Improve the timely sharing of Aboriginal cancer data for research that has direct benefits for Aboriginal people.</p> <p style="text-align: right;"></p> | |























Legend:  Priority 1  Priority 2  Priority 3  Priority 4  Priority 5

State-wide Governance and Workforce

| Phase 1 | Phase 2 | Phase 3 | Phase 4 |
|--|--|---|--|
| <p>2.8.3: Introduce a dedicated genetic-oncology position.</p> <p style="text-align: right;">2 5</p> | <p>5.1.3: Determine principles for the planning, design and commissioning of cancer services.</p> <p style="text-align: center;">1 2 3 4 5</p> | <p>1.5.2: Increase the capacity of the Aboriginal cancer screening workforce.</p> <p style="text-align: right;">1 2 5</p> | <p>4.7.1: Conduct a horizon scan of future technology and innovation needs for WA across the cancer continuum and cancer types.</p> <p style="text-align: right;">4 5</p> |
| <p>2.9.6: Strengthen the governance and consumer access to centralised statewide cancer services.</p> <p style="text-align: right;">2 5</p> | <p>5.11.3: Employ Cancer Leads to represent priority populations and consumers.</p> <p style="text-align: right;">2 3 5</p> | <p>2.8.2: Provide a cancer nurse coordinator service to assist people who have a rare and/or inherited cancer and who have complex care needs to navigate the WA health system.</p> <p style="text-align: right;">2 3 4 5</p> | <p>5.1.4: Establish mechanisms to ensure future technology, research, innovation and new developments that impact cancer control are incorporated into service planning.</p> <p style="text-align: right;">4 5</p> |
| <p>5.4.4: Implement the statewide cancer data strategy.</p> <p style="text-align: center;">1 2 3 4 5</p> | | <p>2.9.7: Establish requirement and mechanisms for clinician attendance at Molecular Tumour Board Meetings.</p> <p style="text-align: right;">2 5</p> | <p>5.1.5: Undertake a horizon scan of emerging cancer issues across the cancer continuum and cancer types.</p> <p style="text-align: right;">5</p> |
| <p>5.1.2: Develop pathways and define clear roles and responsibilities for resolution of statewide cancer-related issues.</p> <p style="text-align: center;">1 2 3 4 5</p> | | | |


















Legend:  Priority 1  Priority 2  Priority 3  Priority 4  Priority 5

Multidisciplinary Teams and Optimal Care Pathways

| Phase 1 | Phase 2 | Phase 3 | Phase 4 |
|--|---|--|---|
| <p>2.1.1: Identify barriers and gaps and develop a plan to embed Optimal Care Pathways based on the specific needs of WA with a focus on consumer engagement.</p> <p style="text-align: right;"> </p> | <p>1.7.3: Investigate the feasibility and predicted benefits for establishment of one-stop diagnostic clinics.</p> <p style="text-align: right;">  </p> | <p>2.1.3: Promote Optimal Care Pathways and their requirements for the WA public health system amongst cancer clinicians, consumers and service planners.</p> <p style="text-align: right;"> </p> | <p>2.1.2: Establish a mechanism for accountability to address outliers against select Optimal Care Pathways.</p> <p style="text-align: right;"> </p> |
| <p>2.3.2: Enable the referral of all WACHS patients diagnosed with cancer to a tumour-specific multidisciplinary team meeting and establish referral pathways.</p> <p style="text-align: right;"> </p> | <p>2.3.4: Establish safety and quality standards for case discussions at multidisciplinary team meetings that align with the Optimal Care Pathways, are co-designed with consumers and are resourced.</p> <p style="text-align: right;"> </p> | <p>2.2.1: Promote the Optimal Care Pathway for Aboriginal and Torres Strait Islander People and tumour-specific Optimal Care Pathways and their requirements amongst the Aboriginal health care workforce, consumers and service planners.</p> <p style="text-align: right;"> </p> | <p>2.2.2: Facilitate cancer services to align with the nationally endorsed Optimal Care Pathways, particularly the Optimal Care Pathway for Aboriginal and Torres Strait Islander People.</p> <p style="text-align: right;"></p> |
| <p>2.3.3: Pilot a multidisciplinary team meeting for Aboriginal people with breast cancer in the Perth metropolitan area and if successful expand to other cancer types.</p> <p style="text-align: right;"> </p> | | <p>2.3.5: Support WA public hospitals to develop a plan to ensure each patient has a multidisciplinary team review.</p> <p style="text-align: right;"> </p> | <p>2.3.1: Enable Aboriginal Health Workers and Aboriginal Health Practitioners to attend multidisciplinary team meetings for all Aboriginal patients.</p> <p style="text-align: right;"> </p> |

Legend:  Priority 1  Priority 2  Priority 3  Priority 4  Priority 5

Multidisciplinary Teams and Optimal Care Pathways

| Phase 1 | Phase 2 | Phase 3 | Phase 4 |
|--|---------|--|--|
| <p>4.4.1: Facilitate and improve pathways for cancer patients to access clinical trials.</p> <p>  </p> | | <p>2.4.1: Identify barriers to sharing patient medical records between cancer care providers and develop a plan to address these.</p> <p> </p> | <p>2.9.5: Ensure genetic personnel are included in cancer multidisciplinary team meetings where needed.</p> <p> </p> |
| <p>5.3.1: Purchase and roll out across WA health system providers, a fit for purpose multidisciplinary team (MDT) meeting software system to better co-ordinate and facilitate cancer MDT meetings.</p> <p>   </p> | | <p>2.8.1: Establish a multidisciplinary adult clinical and monitoring service for people identified at increased risk of inherited cancers.</p> <p> </p> | |
| | | <p>3.2.2: Promote culturally appropriate cancer resources for cancer survivors.</p> <p> </p> | |
| | | <p>5.2.1: Establish formalised and streamlined patient referral pathways, with clearly defined responsibilities for the provision of cancer care.</p> <p> </p> | |

Legend:  Priority 1  Priority 2  Priority 3  Priority 4  Priority 5

Appendix 1

Overview of the WA Cancer Plan 2020-2025

The goals of the [WA Cancer Plan 2020-2025](#) are to:

1. Reduce the impact of cancer.
2. Ensure consumers have the best experience of cancer control.
3. Drive cancer control that is based on data and research.

These goals are reflected in the priorities of the Plan for the next five years. The priorities are focused on prevention and early detection, patient experience, equity of access, informed choice, quality of life, evidence-based treatments and leadership that looks for new ways of working to meet the demands of delivering cancer control and research.

An overview of the WA Cancer Plan 2020–2025 is provided below:

| Priority One Reduce the cancer burden for Western Australians | Priority Two Western Australians receive optimal care | Priority Three Western Australians with cancer and their families live well | Priority Four Western Australia has a globally connected cancer research system | Priority Five Western Australia has a robust, contemporary and sustainable cancer care system |
|--|---|--|--|--|
| Objectives <ul style="list-style-type: none">• Reduce exposure to risk factors for cancer• Find cancer early• Improve participation in cancer screening | Objectives <ul style="list-style-type: none">• Improve outcomes through safe, coordinated and evidence-based care• Empower consumers to make well-informed decisions about their care | Objectives <ul style="list-style-type: none">• Empower cancer survivors to live well• Support people affected by cancer• Integrate palliative care services | Objectives <ul style="list-style-type: none">• Integrate research and clinical trials throughout the cancer care system• Build a supportive environment for cancer research and clinical trials• Innovative cancer research and clinical trials workforce | Objectives <ul style="list-style-type: none">• Provide strategic coordination and innovative leadership• Develop partnerships that enable integrated, coordinated and efficient care• Develop an agile, sustainable and skilled workforce |



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