




Government of **Western Australia**
WA Country Health Service



**PARTNERSHIPS
AND INNOVATION
FOR EXCELLENCE IN
COUNTRY CANCER CARE**

WA Country Health Service Cancer Strategy 2017–22



Acknowledgements

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

Using the term—Aboriginal

Within Western Australia (WA), 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.

Using the term—on country

For the purposes of this document, on country represents a term used by Aboriginal people referring to the land to which they belong and their place of Dreaming.

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If the cancer death rate in country WA was reduced to the metropolitan average, 67 lives would be saved every year. Around one quarter of those saved would be Aboriginal people.





Message from the Board Chair

Cancer has a profound impact on individuals, families and local communities. One in three country men and one in four country women in WA will have a cancer diagnosis before age 75.

Overall, Western Australia (WA) has the second lowest death rate for cancer of all Australian states and territories; however the risk of dying from cancer is greater for people living in rural and remote areas.

While significant improvements have been made in the quality of cancer services, a gap remains in both survival and mortality rates for country people. This gap relates to timely cancer diagnosis, service access, treatment completion and importantly, prevention awareness and action.

Genetics, health habits and where you live have an impact on your health outcomes. Achieving greater community awareness of the effects of smoking, alcohol, nutrition, exercise and sun exposure is a key focus of this strategy as is achieving a skilled cancer service workforce able to support service improvements in country WA.

The vision for WA Country Health Service (WACHS) cancer services is 'partnerships and innovation for excellence in country cancer care'. Our commitment to country communities is to partner with cancer service providers, use innovative technology and a skilled workforce to bring excellent cancer services closer to home for country people, so the lack of service access and treatment completion are no longer barriers to good health outcomes.

Recent investment in regional cancer units and the continuing use of innovative technology puts WACHS in a strong position to deliver this cancer strategy.

Some of our larger regional units will be able to support local, specialised cancer services. Remote and small communities require us to be highly innovative in the development and use of the cancer service workforce and application of technology in order to achieve our vision for country cancer services.

The **WACHS Cancer Strategy 2017–2022**

(the Strategy) provides a five year vision to improve and expand the coordinated delivery of cancer services across country WA. Regional service plans will detail how the Strategy will be implemented across WACHS locally.

This Strategy represents our determined effort to ensure the right care is delivered at the right time and as close to home or on country as possible. By 2022, our strong partnerships and continual innovation will be the driving force for excellence in country cancer care.

PROFESSOR NEALE FONG
BOARD CHAIR

WA COUNTRY HEALTH SERVICE

One in 200 people in country WA are diagnosed with cancer every year and in 2015–16, one in eight died from the disease.

The need to improve cancer services

Cancer is one of Australia's leading causes of premature death and illness² and the highest burden of disease in WA in terms of years of life lost.³

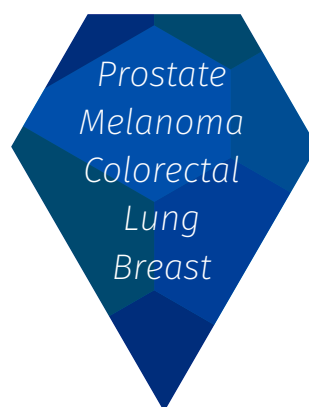
Recognised as one of the seven national chronic disease health priorities, it is estimated that cancer accounts for three out of every ten deaths nationally.^{4,5}

Coupled with the existing cancer incidence rates, the number of cancer related deaths is projected to increase between 2014–2025 due to the growth and ageing of the population. Advances in cancer detection and treatments are improving survival rates⁶ and it is anticipated more country people will be living with cancer, requiring longer term treatment and support.

For people in country WA, the further they are away from the metropolitan area, the poorer their outcomes when diagnosed with cancer. Country people have reduced rates of participation in

screening programs, are diagnosed at a later stage and are less likely to complete treatment, and this is affecting survival.

There is also variation between regions and Aboriginal and non-Aboriginal people. This Strategy prioritises equity of service access for all country people and targets those with poorer health outcomes, including Aboriginal people.



TOP FIVE CANCERS FOR
WA COUNTRY PEOPLE¹

The further people are away from the metropolitan area, the poorer their outcomes when diagnosed with cancer.



Cancer snapshot

NATIONALLY



Country people are less likely to complete their cancer treatment



Lung cancer

kills more country people in Australia than any other cancer

1.3x



Aboriginal Australians are 1.3 times more likely to die from cancer than non-Aboriginal Australians

Risk of dying of cancer is greater for people living in rural and remote areas



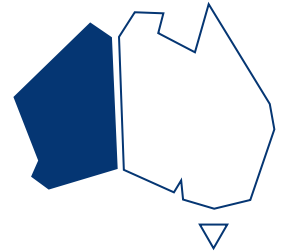
WA

78,300

years of healthy life lost in WA due to premature death and living with cancer

Prostate
Melanoma
Breast
Colorectal
and Lung

most common cancers for all WA people



RISK OF PEOPLE DYING FROM CANCER

Perth



1 in 10 males

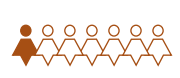


1 in 12 females

Kimberley



1 in 7 males



1 in 7 females

VS

WA COUNTRY

♀ 1.6x

Country Aboriginal women are 1.6 times more likely to die from cancer compared with women in Perth

♂ 1.4x

Country Aboriginal men are 1.4 times more likely to die from cancer compared with men in Perth

6,456

chemotherapy treatments provided by WACHS and private partners in 2016–17



The most common cancer for country men is prostate cancer



The most common cancer for country women is breast cancer

RISK OF BEING DIAGNOSED WITH CANCER



1 in 3 males
< 75 years



1 in 4 females
< 75 years

MORE THAN

35,000

outpatient appointments for cancer services provided by WACHS in 2016–17



13,144

Number of country people living with cancer



67 lives

saved each year if country WA was to reduce cancer death rates to the metropolitan average

1 in 8

country people diagnosed with cancer died from the disease

The facts: cancer impact in specific population groups⁵



ABORIGINALITY

Cancer is a factor in the health and life expectancy gap between Aboriginal and non-Aboriginal people. Aboriginal people are 1.3 times more likely to die from cancer than non-Aboriginal people, increasing to 3.4 times more likely for cervical cancer, 3.0 times more likely for liver cancer and 1.7 times more likely for lung cancer.

REGIONAL AND REMOTE POPULATIONS

People living in very remote and remote areas across Australia have the highest cancer death rate with 191.8 and 191.9 deaths per 100,000 people respectively between 2009 and 2012, compared to 166.7 deaths per 100,000 people in the major cities. This includes cervical cancer, cancer of unknown primary site, lung cancer, bladder cancer and prostate cancer, and may be related to reduced access to screening services and cancer treatment units.

LOW SOCIO-ECONOMIC POPULATIONS

The cancer death rate is higher in disadvantaged or lower socio-economic areas. Across Australia between 2009 and 2012, there were 190 deaths per 100,000 people in the most disadvantaged areas compared to 149 deaths per 100,000 people in the least disadvantaged areas. This trend is concerning given a large proportion of the areas serviced by WACHS are considered to be of a lower socio-economic status.
















People living in very remote and remote areas across Australia have the highest cancer death rate.



Current and future WACHS regional cancer services

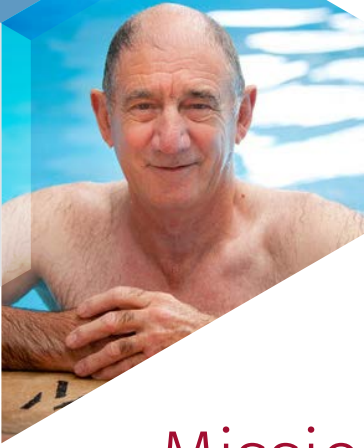
(as at 27 November 2017)

■ Current service ■ Future service * Some private cancer services available

Description of Service	Great Southern*	South West*	Wheatbelt	Goldfields	Midwest*	Pilbara	Kimberley	WACHS Wide
 Regional cancer unit: some surgery, day chemotherapy, specialist allied health and support services	■	■	■	■	■			
 Regional cancer unit including radiation oncology consultations and treatment		■						
 Cancer surgery	■	■			■			
 WACHS Medical Oncology	■	■	■	■	■	■	■	
 WACHS Haematology	■	■	■	■	■	■	■	
 WACHS Radiation Oncology (consults only)	■	■	■	■	■	■	■	
 WACHS Chemotherapy	■	■	■	■	■	■	■	
 TeleChemotherapy & TeleOncology	■	■	■	■	■	■	■	
 Cancer Nurse Practitioner	■	■	■	■	■	■	■	■
 Breast Care Nurse	■	■	■	■	■	■	■	
 Cancer accommodation beds	■	■	■	■	■			
 Partnership between the region and a State Cancer Centre	■	■	■	■	■	■	■	
 Aboriginal Cancer Nurse Coordinator				■	■	■	■	
 Rural Cancer Nurse Coordinator	■	■	■	■	■	■	■	■
 Medical leadership positions								■

Vision: Partnerships and
innovation for excellence
in country cancer care





Mission: To increase survival and improve the quality of life for country people diagnosed with cancer

DIRECTION 1

Cancer prevention
and screening

DIRECTION 2

Right care, right time,
right place

Directions

DIRECTION 3

Skilled cancer
workforce

DIRECTION 4

Innovation, technology
and partnerships



*Around one
third of all
cancer deaths
in Australia are
preventable⁷*

Direction | 1

CANCER PREVENTION AND SCREENING

Cancer prevention and accessible screening is critical in reducing the incidence and impact of cancer.

Many cancers are caused by exposure to environmental and lifestyle factors, offering opportunities to reduce cancer rates if these factors were minimised.⁷ For WA country people, hospitalisations related to alcohol and tobacco use are 1.3 times the state rate.⁸ If more country people quit smoking, reduced their sun exposure and alcohol consumption, improved their diet, exercised more and maintained a healthy weight, more cancers could be prevented.

OUTCOMES

Better access to cancer prevention, education and screening for country people

- Reduced variations in death rates between metropolitan and country areas, socio-economic groups and Aboriginal and non-Aboriginal people.
- Better access for at-risk populations in country communities to cancer prevention and community lifestyle education.
- Increased breast, bowel and cervical cancer screening rates, especially in Aboriginal and remote communities.
- Increased vaccination rates for Human Papilloma Virus (HPV) and Hepatitis B immunisation.
- Decreased smoking rates for Aboriginal people.
- Decreased alcohol use rates in country communities.



Direction | 2

RIGHT CARE, RIGHT TIME, RIGHT PLACE

Evidence based cancer treatment at the right time in the right place by the right team of skilled health professionals.

OUTCOMES

Supported treatment journey for country people

- Patients have timely access to their first specialist appointment and diagnostic tests.
- All patients have a documented specialist multidisciplinary team (MDT) treatment plan in accordance with the optimal cancer care pathway, targeted to their individual needs and shared with the patient's general practitioner (GP).
- Patients receive treatment and supportive services that comply with evidence-based standards and guidelines.
- Cancer treatment services for common cancers are provided closer to home and on country wherever possible and patients are supported to access travel subsidies.
- Patients are provided with a treatment summary and follow-up care plan post treatment.
- Patients are screened for psychosocial distress and supportive services are accessible to all patients and their families.

Robust governance of country cancer services

- WACHS has formal service agreements with Metropolitan Health Services that clearly document referral and care pathways for country cancer patients and shared access to patient records between each WACHS region and the state cancer centres.
- Each WACHS region has developed and implemented a clinical services plan that details the level of cancer care to be provided, congruent with the **WA Health Clinical Services Framework 2014–2024**.
- A WACHS Cancer Clinical Governance Group supports evidence-based cancer care, governance and models across all WACHS regions; monitoring, evaluation and benchmarking of regional cancer services; and shares the organisation's performance with communities.
- Consumers participate in the evaluation of country cancer services.

Medical Oncologist Wei-Sen Lam is the Clinical Lead for WA's TeleOncology service, helping country cancer patients have better access to healthcare.



Direction | 3

SKILLED CANCER WORKFORCE

Country people with cancer will be supported by a skilled workforce that works together across all health disciplines.

To support optimal cancer outcomes, a flexible and sustainable specialist cancer workforce is required. WACHS will target recruitment of cancer specialists as well as develop cancer expertise within the existing workforce.

OUTCOMES

Targeted recruitment and retention of cancer specialist positions

- WACHS-wide leadership positions are established for medical oncology, radiation oncology and haematology medical specialities.
- Country patients are receiving the highest possible level of cancer nursing care ranging from graduate nurses to cancer nurse practitioners in each Regional Cancer Unit.
- WACHS chemotherapy treatment services are supported by a specialist oncology clinical pharmacist.

- An Aboriginal Cancer Nurse Coordination service supports Aboriginal people to access cancer care and complete treatment.
- A WACHS-wide cancer staff development officer supports the development and training of the country cancer workforce.
- Specialist allied health services are accessible at each Regional Cancer Unit.

Development of a skilled country cancer workforce

- WACHS-wide Cancer Clinician Forums (including doctors, nurses, pharmacists and allied health professionals) are creating efficiencies, improving patient quality and safety and are champions for evidence-based patient care.
- A graduate nurse program specialising in cancer care is strengthening the rural cancer nursing workforce.
- Aboriginal health workers are accessing professional development programs.



“I’m so impressed with the help the nursing staff give, nothing is too much for them and if they are not sure, they will find the answers and get back to you.”

Cancer patient, Esperance Cancer Service

WACHS Nurse
Practitioner Cancer
Services Christine
Henneker.



Direction | 4

INNOVATION, TECHNOLOGY AND PARTNERSHIPS

The use of innovative technology, new services and partnerships to expand cancer services across all regions will bring care closer to home and on country for WACHS patients.

Telehealth is driving innovation in country cancer care. TeleOncology enables country patients to have appointments with their cancer specialists via telehealth from their nearest town. TeleChemotherapy allows country patients to receive chemotherapy locally, supervised by cancer specialists and nurses using telehealth, reducing the need for patients to be away from home during treatment.

Partnerships in cancer research and development will be nurtured and translated into policy and practice for country cancer services. Where new service models are introduced, they will be rigorously evaluated to ensure they meet the needs of patients and the local community.

OUTCOMES

New services in new locations

- Narrogin and Northam have new Regional Cancer Units.
- The Kimberley and Pilbara regions have new low risk chemotherapy and supportive treatment services, where there were previously no existing cancer treatment services.
- The Midwest, Goldfields and Great Southern regions have access to radiation oncology and haematology consultation services.
- South West patients have improved access to publicly funded cancer diagnostics, consultation and treatment services.



“There is real potential to change the treatment experience of country patients, to enable them to attend some of their outpatient clinics from their home towns.”

Medical Oncologist, Fiona Stanley Hospital



Direction | 4

INNOVATION, TECHNOLOGY AND PARTNERSHIPS



“TeleOncology allows patients to be treated closer to home which reduces travel time, stress and time away from family and support networks.”

Medical Oncologist, Fiona Stanley Hospital

OUTCOMES (CONTINUED)

Innovative delivery of cancer services

- WACHS-wide TeleOncology consultation services provide surgical, medical oncology, radiation oncology and haematology.
- A Nurse Practitioner Telehealth Clinic uses technology to support and monitor patients.
- TeleChemotherapy services are available at sites where the need is greatest.
- An electronic oncology management system is supporting real time patient treatment scheduling, patient data and information.
- Assessment and application of technology and digital innovation in the country context to improve the patient journey and health status.

Better knowledge sharing, partnerships and research

- Partnerships and technology provide country patients with opportunities to participate in clinical trials.
- Country patients are accessing a wider range of cancer services closer to home, through WACHS partnering with private and not-for-profit health care providers and support groups.
- Partnerships with universities, specialist colleges, local communities, NGOs, the WA Cancer and Palliative Care Network and the WA Cancer Registry are supporting research and evaluation of services and providing meaningful data on the performance of WACHS.
- Future service contracts with private or external providers support equitable access to services for country public patients.



“As a Medical Oncologist, I find telehealth to be a convenient and effective way to see my country patients without them having to travel.”

Medical Oncologist, Fiona Stanley Hospital



Next steps

Implementing the *WACHS Cancer Strategy 2017–2022* will rely on collaborative efforts, active involvement and partnerships.

An implementation plan will guide the WACHS Cancer Clinical Governance Group to deliver and monitor the WACHS-wide actions in the Strategy.

Regional cancer service plans will guide the local implementation of the Strategy within the regional context and available resources.



Appendix | 1

GLOSSARY OF TERMS

Term	Definition
Access to	On site or nearby location within local community or catchment or regularly visiting including via virtual visit/telehealth.
Age standardised rate (ASR)	The rate of occurrence in a given population that has been standardised to a reference population with a standard age distribution. The Australian 2001 population is used as the standard population and the rate is usually expressed per 100,000 people.
Allied Health (AH)	A term generally applied to services provided by health professionals who are not doctors or nurses including but not limited to physiotherapists, social workers, pharmacists, occupational therapists, dietitians, podiatrists and speech pathologists.
Cancer Centre	A Cancer Centre is a facility that provides all oncology treatments for patients with more common cancers as well as managing patients with rare or more complex cancers. Clinician specialisation in cancer sites is evident, as well as a coordinated comprehensive multidisciplinary approach, and evidence of clinical research and teaching.
Cancer Unit	A Cancer Unit is a specialist unit within a hospital facility, usually a secondary hospital or Regional Resource Centre. Cancer Units are able to manage the more common cancers. They do not have the resources, volume of patients or specialisation to optimally manage more complex or rare cancer cases, these cases are referred to a Cancer Centre. Each Cancer Unit has formalised links to a Cancer Centre, Cancer Nurse Coordinators, support, clinical audit and Tumour Collaboratives.
Designated	An appropriately skilled health professional is available to provide care for the listed specialty.
Estimated resident population (ERP)	The official ABS estimate of the Australian population.
Low risk Chemotherapy	Antineoplastic therapy that has been assessed as low risk for a patient using a multi-disciplinary risk assessment of the patient's age, comorbidities, performance status, anticipated disease and treatment risks, monitoring requirements, nature of the treatment protocol, complexity of supportive care and the capability of the clinician and health service site to deliver the treatment in accordance with the relevant guidelines and policies.
Non-Government Organisation (NGO)	A non-profit organization that operates independently of any government, typically one whose purpose is to address a social or political issue.
Nurse Practitioner (NP)	A nurse practitioner is an experienced registered nurse educated to a master's degree level and authorised to function autonomously and collaboratively in an advanced and extended clinical role.
Remote	A statistical geographical area or community, which is located over 350km from the nearest service centre in rural areas.
Rural	A statistical geographical area defined by population and distance from a capital city centre (for all areas outside of urban areas).
Specialised allied health services	Allied health services provided by health professionals specifically trained and/or experienced in the provision of allied health services related to the particular specialty.
TeleChemotherapy	The delivery of outreach chemotherapy services via the use of telehealth, using telecommunication methods such as video conference.
Telehealth	The use of telecommunication techniques for the purpose of providing telemedicine, medical education, and health education over a distance.
TeleOncology	The delivery of cancer services to patients via the use of telehealth, using methods such as video conference.

Appendix | 2

CRITERIA FOR SUCCESS AND KEY PERFORMANCE INDICATORS

Mission	Strategic measure of success	Targets (what we aim to achieve)	Timeframe
Increase survival and improve the quality of life for country people diagnosed with cancer	Survival rates after five years	Five year survival rate targets	2022–23+
	<ul style="list-style-type: none"> Improve the survival rate for prostate cancer and melanoma for WA country men and women to at least achieve the national rates. Continue working to improve the country survival rates for breast, lung and colorectal cancers for men and women (which are currently equal to or above the national survival rates). 	<ul style="list-style-type: none"> ≥95% prostate cancer ≥93% melanoma ≥74% colorectal cancer ≥90% breast cancer ≥27% women and ≥22% men for lung cancer 	
	Death rates	Cancer death rate targets	2022–23+
	<ul style="list-style-type: none"> Reduce the disease specific cancer death rates for country WA Aboriginal and non-Aboriginal people to the equivalent WA metro rates. 	<ul style="list-style-type: none"> Aboriginal: <ul style="list-style-type: none"> Lung cancer ≤ 42.6 per 100,000 people * Cancer of lip, oral cavity and pharynx ≤ 13.8 per 100,000 people ** Liver cancer ≤ 13 per 100,000 people ** Non-Aboriginal: <ul style="list-style-type: none"> Lung cancer ≤ 29.7 per 100,000 people ^ Prostate cancer ≤ 9.7 per 100,000 people ^ Skin melanoma ≤ 6 per 100,000 people ^ 	
	Quality of Life	Quality of life target	2019–20
	<ul style="list-style-type: none"> Maintain and improve the quality of life for country people with cancer. 	<ul style="list-style-type: none"> 80% of patients report satisfactory quality of life.[#] 	
Direction	Key performance measures or indicators	Targets (what we aim to achieve)	Timeframe
Direction 1: Cancer prevention and screening	Cancer prevention	Cancer prevention targets	2018–19
	<ul style="list-style-type: none"> Increased cancer education and health promotion programs in partnership with other providers. 	<ul style="list-style-type: none"> Evidence of increase in the number of cancer prevention strategies (e.g. education or health promotion). 	
	<ul style="list-style-type: none"> Reduction in WACHS smoking and alcohol related hospitalisation rates. 	<ul style="list-style-type: none"> Tobacco hospitalisation rate of 678 per 100,000 people. 	2022–23+
		<ul style="list-style-type: none"> Alcohol hospitalisation rate of 724 per 100,000 people. 	2022–23+
	Cancer screening	Cancer screening targets	2022–23
	<ul style="list-style-type: none"> In partnership with screening providers, aim to increase screening rates for country people for cervical, breast and colorectal screening, to at least national participation levels. 	<ul style="list-style-type: none"> WACHS-wide screening participation rates increased to national rates⁹ as follows: <ul style="list-style-type: none"> Breast 55% ^{\$} Bowel 41% ^{\$} Cervical 55% ^{\$} 	
	<ul style="list-style-type: none"> Increase vaccination rates for Human Papilloma Virus (HPV) and Hepatitis B. 	<ul style="list-style-type: none"> 80% of children complete the HPV immunisation schedule. 	2021–22
		<ul style="list-style-type: none"> 90% of children complete the Hepatitis B vaccination schedule. 	2021–22

Appendix | 2

CRITERIA FOR SUCCESS AND KEY PERFORMANCE INDICATORS

Direction	Key performance measures or indicators	Targets (what we aim to achieve)	Timeframe
Direction 2: Right care, right time, right place	Supported treatment journey	Treatment journey targets	
	<ul style="list-style-type: none"> Each WACHS region has referral pathways and service agreements with one of the two state cancer centres at FSH and SCGH and with PCH. 	<ul style="list-style-type: none"> All regions have service agreements with a state cancer centre and PCH in place. 	2018–19
	<ul style="list-style-type: none"> Specialist MDT treatment plan, in accordance with the optimal cancer care pathway documented for all patients and shared with the GP. 	<ul style="list-style-type: none"> 100% of patients have a documented specialist MDT treatment plan in accordance with the optimal cancer care pathway and shared with the GP. 	2019–20
	Robust governance of country cancer services	Service targets	
	<ul style="list-style-type: none"> Patients receive treatment that complies with evidence, standards and guidelines. 	<ul style="list-style-type: none"> 100% of chemotherapy will be guided by an approved protocol. 	2018–19
	<ul style="list-style-type: none"> Chemotherapy will be provided in regions and on country where possible. 	<ul style="list-style-type: none"> 75% of all public chemotherapy will be delivered in the Great Southern, South West, Midwest and Goldfields regions (i.e. 75% self-sufficiency). 	2018–19
		<ul style="list-style-type: none"> 40% self-sufficiency for chemotherapy in the Wheatbelt.^{##} 	2021–22
Direction	Key performance measures or indicators	Targets (what we aim to achieve)	Timeframe
Direction 3: Skilled cancer workforce	Targeted recruitment and retention of cancer specialist positions	Targets for recruitment and retention of cancer specialist positions	
	<ul style="list-style-type: none"> WACHS-wide leadership positions are established for medical oncology, radiation oncology and haematology medical specialties. 	<ul style="list-style-type: none"> 100% (3) identified medical leadership positions. 	2020–21
	<ul style="list-style-type: none"> A WACHS-wide clinical pharmacy specialist position is established for cancer treatment. 	<ul style="list-style-type: none"> 1 Clinical Pharmacy Specialist position. 	2019–20
	<ul style="list-style-type: none"> WACHS Aboriginal Cancer Nurse Coordinator (ACNC) and Nurse Practitioner positions are incrementally established where the need is greatest. 	<ul style="list-style-type: none"> 100% (4) ACNC positions for the Kimberley, Pilbara, Midwest and Goldfields. 	2019–20
	<ul style="list-style-type: none"> Specialist allied health positions are incrementally established in regions according to need. 	<ul style="list-style-type: none"> 100% additional Cancer Nurse Practitioner FTE as per identified requirements. 	2020–21
		<ul style="list-style-type: none"> 100% specialist allied health FTE as per identified requirements. 	2020–21

Appendix | 2

CRITERIA FOR SUCCESS AND KEY PERFORMANCE INDICATORS

Direction	Key performance measures or indicators	Targets (what we aim to achieve)	Timeframe
Direction 4: Innovation, technology and partnerships	New services in new locations	Targets for new services	
	<ul style="list-style-type: none"> New Regional Cancer Units are established in Northam and Narrogin. 	<ul style="list-style-type: none"> Two new Regional Cancer Units are commissioned in Northam and Narrogin on time, on budget. 	2018–19
	<ul style="list-style-type: none"> New low risk outpatient Tier 2 chemotherapy services are established in the Kimberley and Pilbara. 	<ul style="list-style-type: none"> 80% of all low risk outpatient chemotherapy will be delivered in the Kimberley and Pilbara.^{##} 	2020–21
	Innovative delivery of cancer services	Targets for innovative services	
	<ul style="list-style-type: none"> Increase outpatient services for TeleOncology (Medical oncology, radiation oncology and haematology). Expansion of the oral cancer treatment supervision via telehealth service. Development and implementation of outreach chemotherapy via telehealth (TeleChemotherapy). Implementation of Tele-multi-disciplinary team meetings (TeleMDTs) for cancer services across WACHS. 	<ul style="list-style-type: none"> 20% increase for TeleOncology, haematology and radiation oncology services above current levels. Two regions delivering oral cancer treatment with telehealth supervision. Two regions delivering outreach outpatient chemotherapy. Seven regions have TeleMDTs established. 	2019–20 2019–20 2019–20 2019–20
	Better knowledge sharing, partnerships and research	Target for better knowledge sharing, partnerships and research	
	<ul style="list-style-type: none"> Partnerships developed with universities, specialist colleges, local communities, NGOs, the WA Cancer and Palliative Care Network and the WA Cancer Registry to research and evaluate services, and report meaningful performance data. 	<ul style="list-style-type: none"> At least two MOUs or contractual arrangements established with key partners to progress WACHS cancer evaluation and research activities. 	2018–19

* = metropolitan Aboriginal aged standardised rate

** = state Aboriginal age standardised rate – used as metropolitan Aboriginal rate not available due to low numbers

^ = metropolitan non-Aboriginal age standardised rate

\$ = note there are no national targets

= use a reliable, validated tool eg: EORTC QLQ-C30 to measure quality of life

= only low risk cancers will be treated in the Wheatbelt, Kimberley and Pilbara regions (ie level 3 CSF medical oncology inpatient and/or outpatient services) therefore the self-sufficiency of local chemotherapy will never be as high as other regions who have rural cancer units.

Appendix | 3

WACHS POPULATION AND HEALTH STATISTICS

Table 3.1: Population statistics by region[#]

REGIONS									
		South West	Great Southern	Wheatbelt	Goldfields	Midwest	Pilbara	Kimberley	
Estimated resident population (ERP) 2016 ¹⁰	Total	175,904	62,104	76,394	54,821	64,884	61,435	36,392	Total WA country population 531,934 Country population is 20.8% of all of WA population (2,558,951)
	Percentage of country population	33.1%	11.7%	14.4%	10.3%	12.2%	11.5%	6.8%	
	Percentage of all WA population	6.9%	2.4%	3.0%	2.1%	2.5%	2.4%	1.4%	
Aboriginal population (% from ERP 2015) ¹¹	Total	4,548	2,880	4,579	6,743	8,652	9,756	16,856	Country Aboriginal population (54,014) is 59.2% of all WA Aboriginal population (91,226)
	Percentage of the region's population	2.6%	4.6%	6.0%	12.3%	13.3%	15.9%	46.3%	

[#] Source: Australian Bureau of Statistics. 2016. 3101.0 – Australian Demographic Statistics, June 2016. Canberra.

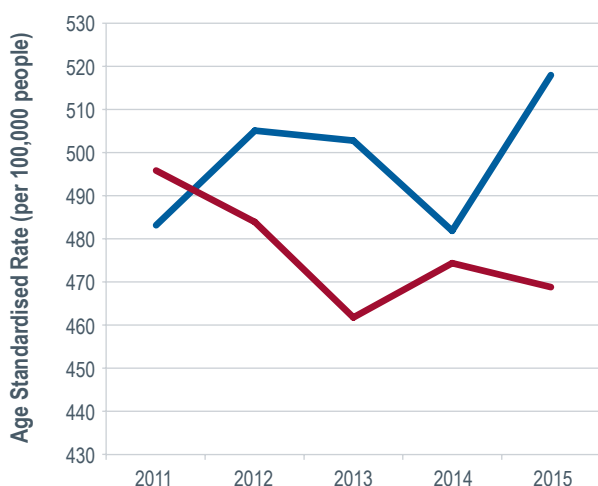
<http://www.abs.gov.au/ausstats/abs@.nsf/mf/3101.0>⁹

Aboriginal proportions are from Australian Bureau of Statistics. 2015. 3101.0 – Australian Demographic Statistics, June 2015. Canberra
Via Department of Health Epidemiology Branch Epi Calculator. <http://wsep002app/epic/>¹

Graph 3.1: Cancer incidence and death rates (ASR) 2011-2015¹²

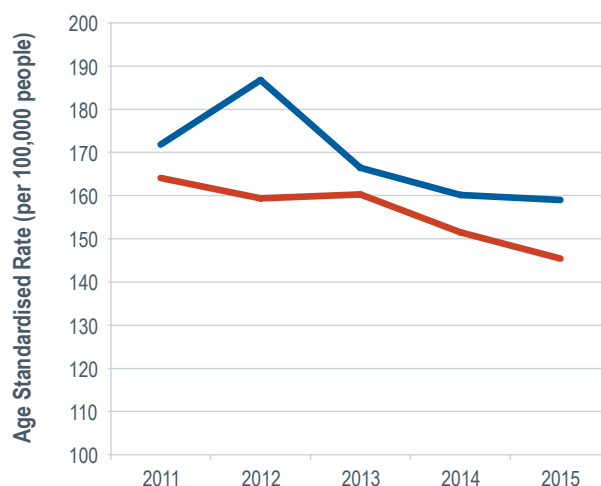
Cancer Incidence Trend

■ Country ■ Metro



Cancer Mortality Trend

■ Country ■ Metro



Appendix | 3

WACHS POPULATION AND HEALTH STATISTICS

Table 3.2 Cancer incidence and death rates (ASR) 2006–2015¹³##

CANCER INCIDENCE AND DEATH RATES PER 100,000 PEOPLE 2006–2015								
Region	Incidence				Deaths			
	Aboriginal		Non-Aboriginal		Aboriginal		Non-Aboriginal	
	Rate	No. of people	Rate	No. of people	Rate	No. of people	Rate	No. of people
Kimberley	479.1	401	469.3	707	264.9	193	144.2	157
Pilbara	394.2	174	325.9	861	223.9	79	117.3	148
Midwest	448.3	202	477.9	3,034	270.4	110	189.9	1,169
Goldfields	419.7	125	469.9	1,975	140.2	48	183.7	681
Wheatbelt	543.2	101	494.3	4,490	303.5	41	172.7	1,564
South West	487.7	64	464.8	8,042	207.7	24	166.5	2,858
Great Southern	408.8	42	475.1	3,320	194.2	21	173.8	1,258
WACHS	446.3	1,109	466.9	22,429	234.9	516	170.3	7,835
Metro	422.0	529	460.0	85,016	199.0	207	164.6	30,384
WA State	436.4	1,638	461.4	107,445	222.4	723	165.7	38,219

Source: Epidemiology Branch, Public Health Division, Department of Health Western Australia in collaboration with the Cooperative Research Centre for Spatial Information (CRC-SI). 2017. Cancer Incidence and Death Statistics by Aboriginality 2006–2015 (Health Tracks).

Table 3.3 Cancer mortality WA country 2014: Leading types by sex^{1###}

MALE			FEMALE		
Cancer Type	Cases	Percentage	Cancer Type	Cases	Percentage
Lung	120	23.3	Lung	78	21.6
Prostate	58	11.2	Breast	52	14.4
Colorectal	41	7.9	Colorectal	49	13.6
Pancreas	28	5.4	Pancreas	27	5.1
Brain	22	4.3	Unknown primary	23	4.4
Other	247	47.8	Other	87	27.5
Total	516	100	Total	316	100

Source: Department of Health, Western Australia. WA Cancer Registry. 2015. *Cancer Incidence and Mortality in Western Australia, 2014*. Perth. Statistical Series Number 103.

Appendix | 4

WACHS REGIONAL CANCER SERVICES

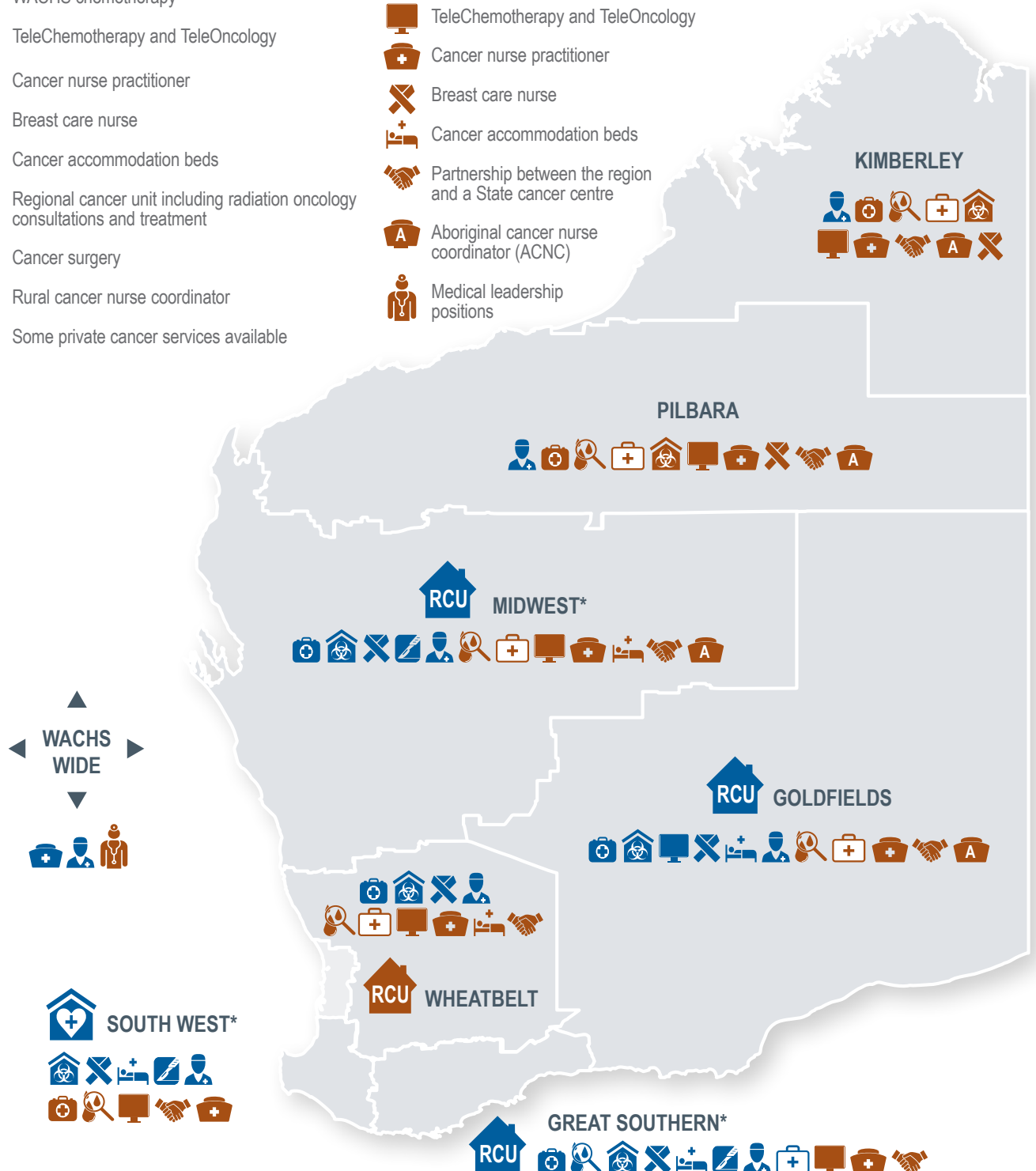
CURRENT SERVICES

-  Regional cancer unit: some surgery, day chemotherapy, specialist, allied health and support services
-  WACHS medical oncology
-  WACHS haematology
-  WACHS radiation oncology (consults only)
-  WACHS chemotherapy
-  TeleChemotherapy and TeleOncology
-  Cancer nurse practitioner
-  Breast care nurse
-  Cancer accommodation beds
-  Regional cancer unit including radiation oncology consultations and treatment
-  Cancer surgery
-  Rural cancer nurse coordinator
- * Some private cancer services available

FUTURE SERVICES

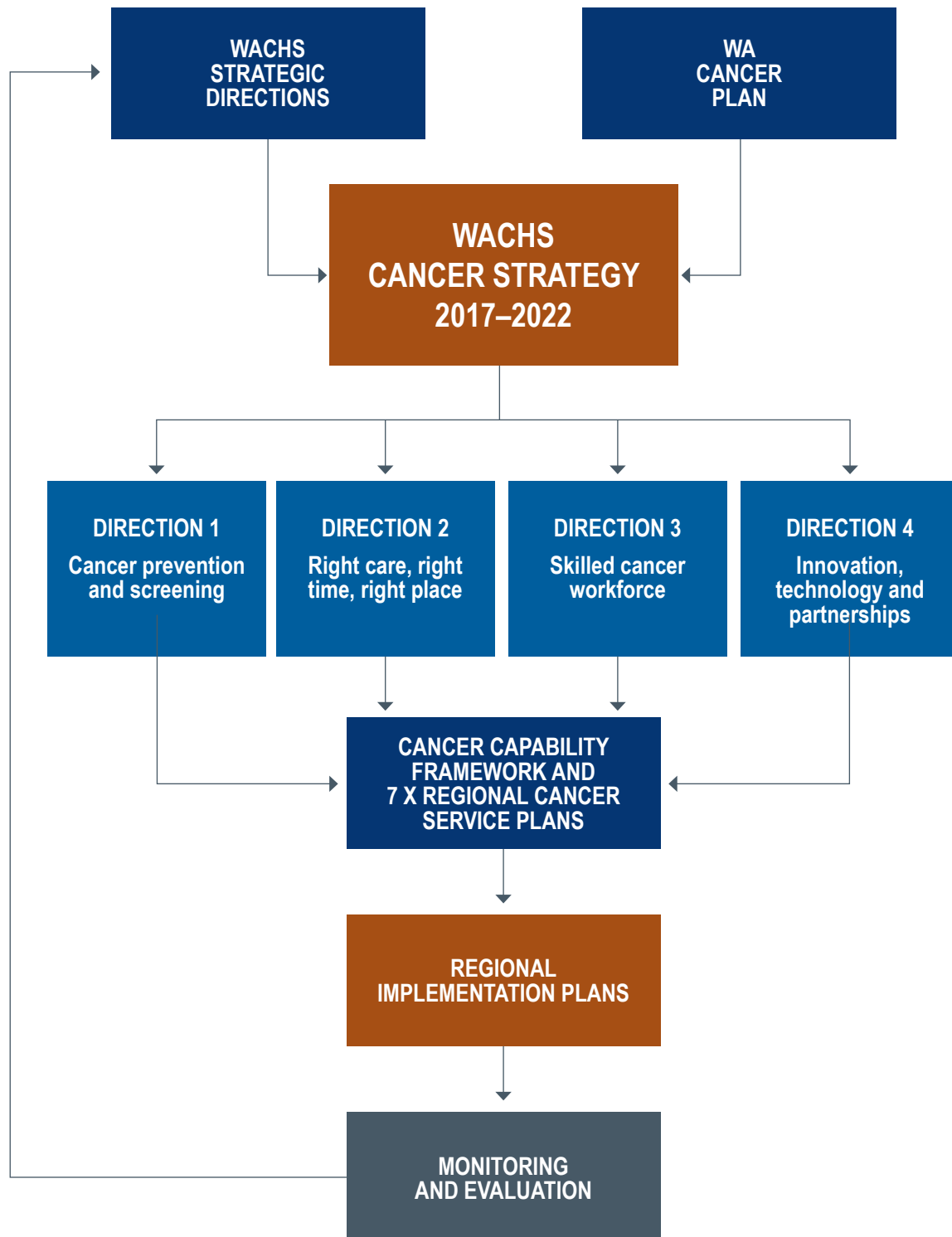
(as at 26 July 2017)

-  Regional cancer unit: some surgery, day chemotherapy, specialist, allied health and support services
-  WACHS medical oncology
-  WACHS haematology
-  WACHS radiation oncology (consults only)
-  WACHS chemotherapy
-  TeleChemotherapy and TeleOncology
-  Cancer nurse practitioner
-  Breast care nurse
-  Cancer accommodation beds
-  Partnership between the region and a State cancer centre
-  Aboriginal cancer nurse coordinator (ACNC)
-  Medical leadership positions



Appendix | 5

PATHWAY FOR WACHS CANCER STRATEGY IMPLEMENTATION 2017–2022



Appendix | 6

KEY STRATEGIES AND PLANS

The **WACHS Cancer Strategy 2017–2022** aligns with a number of national, state and WACHS publications that support and strengthen country health services including:

- National Strategic Framework for Chronic Conditions 2016
- Cancer Australia Strategic Plan 2014–2019
- National Aboriginal & Torres Strait Islander Cancer Framework 2015
- National Quality and Safety Health Service Standards
- WA Health Clinical Services Framework 2014–2024
- WA Health Promotion Strategic Framework 2017–2021
- WA Cancer Plan 2012–2017
- Optimal Care Pathways for Cancer
- WA Cancer Models of Care 2008–2012
- WA Palliative Care Models of Care 2008–2012
- WA Cancer Taskforce Project Report 2017
- WACHS Cancer Services Model and Plan, Phase 1, 2011–2015
- WACHS Cancer Services in the Bush 2016 (internal)
- WA Telehealth Strategy and Implementation Framework 2017–2022.
- WACHS Strategic Directions 2015–2018
- WACHS Strategic, Operational and Regional plans





Appendix | 7

REFERENCES

1. Department of Health, Western Australia. WA Cancer Registry. 2015. *Cancer Incidence and Mortality in Western Australia, 2014*. Perth. Statistical Series Number 103.
2. The Garvan Research Foundation, 2015, *Medical research and rural health*.
3. Department of Health, 2017, *Specific disease burden in Western Australia 2011*.
4. Australian Government. Australian Health Ministers' Advisory Council, 2017, *National Strategic Framework for Chronic Conditions*. Canberra.
5. Australian Institute of Health and Welfare and Australian Association of Cancer Registries. 2017. *Cancer in Australia: in Brief 2017*. Cancer series no. 102. Cat. no. CAN 101. Canberra.
6. Australian Institute of Health and Welfare. 2017. *Cancer mortality trends and projections: 2014 to 2025*. <http://www.aihw.gov.au/cancer/mortality-trends-projections/>
7. Whitman DC, Webb PM, Green AC, Neale RE, Fritschi L, Bain CJ, Parkin DM, Wilson LF, Olsen CM, Nagle CM, et al. 2010. "Cancers in Australia in 2010 attributable to modifiable factors." *Australian and New Zealand Journal of Public Health* 2015 Oct. 39(5): 403-407.
8. Department of Health, Western Australia. Epidemiology Branch. 2017. Alcohol and tobacco aged standardised rates. Internal communication.
9. Australian Institute of Health and Welfare. 2017. Cancer screening in Australia by small geographic areas 2015–2016.
10. Australian Bureau of Statistics. 2016. 3101.0 – Australian Demographic Statistics, June 2016. Canberra. <http://www.abs.gov.au/ausstats/abs@.nsf/mf/3101.0>
11. Aboriginal proportions are from Australian Bureau of Statistics. 2015. 3101.0 – Australian Demographic Statistics, June 2015. Canberra Via Department of Health Epidemiology Branch Epi Calculator. <http://wsep002app/epic/>
12. Department of Health Western Australia in collaboration with the Cooperative Research Centre for Spatial Information. 2017. Cancer Incidence & Deaths statistics 2011–2015.
13. Department of Health Western Australia in collaboration with the Cooperative Research Centre for Spatial Information (CRC-SI). 2017. Cancer Incidence and Death Statistics by Aboriginality 2006–2015.



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