

RE: Victorian cancer plan 2024-2028 – Survey questions

Priority 1: Consumers engaged as partners

Question 1: Do you agree or disagree that a priority for the Victorian cancer plan 2024-2028 should be 'Consumers engaged as partners: Victoria's cancer pathway is designed to meet the diverse and intersecting needs of people affected by cancer, families, carers and communities?'

- Agree
- Disagree
- Unsure

Question 2: Do you agree or disagree that the following opportunities to engage consumers as partners should be included in the Victorian cancer plan 2024-2028?

- Improve how consumers understand and reduce their risk of cancer and navigate the cancer pathway to access equitable care and have their unique needs met.
 - Agree
 - Disagree
 - Unsure
- Improve access to cancer services and care for priority population groups by taking an intersectionality approach.
 - Agree
 - Disagree
 - Unsure
- Improve the ability of the cancer system to hear consumer voices to inform their own care, and act on service delivery and system design.
 - Agree
 - Disagree
 - Unsure

Question 3: Do you agree or disagree that the following actions to engage consumers as partners should be included in the Victorian cancer plan 2024-2028?

An action is a detailed activity that can be done to achieve the opportunities.

- Monitor and assess consumers' experiences of care in a culturally safe way and embed findings into care to improve service delivery and system design.
 - Agree
 - Disagree
 - Unsure
- Improve and promote the delivery of health information to people affected by cancer, their families and their carers so they can access, understand and act on it when they are ready.
 - Agree
 - Disagree
 - Unsure

- Improve understanding of the importance of supportive care across a consumer's journey, including building on early work (e.g. social return on investment) of the value of supportive care across a patient's journey.
 - Agree
 - Disagree
 - Unsure
- Identify and act on specific priorities for age-related populations, for example paediatric, adolescent and young adult, and older people.
 - Agree
 - Disagree
 - Unsure
- Support implementation of the Aboriginal Cancer Journey Strategy.
 - Agree
 - Disagree
 - Unsure
- Identify and act on specific priority population groups
 - Agree
 - Disagree
 - Unsure
- To deliver integrated care, consumers continue to inform the design (health service operations, quality improvement and research) across the cancer pathway, including for all priority populations identified.
 - Agree
 - Disagree
 - Unsure
- Embed and spread lessons about effective communication skills for all health providers delivering cancer care to ensure they are effectively listening and responding to the needs of consumers and partner with consumers.
 - Agree
 - Disagree
 - Unsure
- Consumers have options in how they access cancer services, whether it's in person or through telehealth.
 - Agree
 - Disagree
 - Unsure
- Implement the Partnering in healthcare framework to improve partnering with consumers to achieve better outcomes.
 - Agree
 - Disagree
 - Unsure



Question 4: Please add any comments about this priority, the opportunities and the actions.

Limit to 150 words – please do not include any personal information in your responses that may identify you or another individual

SHPA is an advocate for equitable access to excellent cancer care pharmacy services for all Australians regardless of geographical location. There are challenges for patients living in rural or remote areas in accessing chemotherapy, as they are unable to receive treatment near their residence, resulting in downstream effects on increased out-of-pocket costs associated with travel and accommodation. Barriers to accessing high-quality cancer care is especially a significant issue for Aboriginal and Torres Strait Island people due to their perception of hospitals as culturally unsafe environment, and lack of medicines information resources that cater to culturally and linguistically diverse (CALD) populations. There is a need to prioritise cancer care access for Indigenous people and CALD communities through supported infrastructure, upskilling of health professionals in rural and remote areas, and improving the health literacy of our patients around the role of hospitals in healing and the role of chemotherapy in treating cancer.

Priority 2: Access across the cancer pathway (for integrated care)

Question 5: Do you agree or disagree that a priority for the Victorian cancer plan 2024-2028 should be Access across the cancer pathway (for integrated care): Victorians have timely access to high-quality and high-impact prevention, early detection, treatment, clinical trials and support services.

- Agree
- Disagree
- Unsure

Question 6: Do you agree or disagree that the following opportunities to improve access across the cancer pathway (for integrated care) should be included in the Victorian cancer plan 2024-2028?

- Reduce unwanted variation in care and outcomes across the cancer care pathway.
 - Agree
 - Disagree
 - Unsure
- Provide care closer to home across the cancer pathway where safe to do so, enabled by clear referral pathways between providers.
 - Agree
 - Disagree
 - Unsure
- Contribute to system design for wellbeing, and health system reform directions, to ensure optimal health and wellbeing outcomes.
 - Agree
 - Disagree
 - Unsure

Question 7: Do you agree or disagree that the following actions to improve access across the cancer pathway (for integrated care) should be included in the Victorian cancer plan 2024-2028?



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PO Box 1774 Collingwood Victoria 3066 Australia

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- Increase efforts to reduce the proportion of Victorians diagnosed with potentially preventable cancers.
 - Agree
 - Disagree
 - Unsure
- Ensure equitable access to screening and diagnostic services for priority populations.
 - Agree
 - Disagree
 - Unsure
- Increased use of risk stratification for timely access to screening services for people with a higher risk of cancer.
 - Agree
 - Disagree
 - Unsure
- Improve planning and access to supportive care, palliative care and end-of-life care to best deliver on person-centred care, taking into account the role of carers and families, cultural, life-course and other population criteria.
 - Agree
 - Disagree
 - Unsure
- Provide services and models of care that are person-centred (including culturally safe and competent) to respond to diverse needs.
 - Agree
 - Disagree
 - Unsure
- Facilitate equitable access to clinical trials to address disparities across priority groups
 - Agree
 - Disagree
 - Unsure
- Support use of the Cancer Service Capability Framework to ensure safety and quality in cancer service delivery.
 - Agree
 - Disagree
 - Unsure
- Support development and implementation of the National Lung Cancer Screening Program.
 - Agree
 - Disagree
 - Unsure
- Support implementation of the Victorian Aboriginal Cancer Journey Strategy.
 - Agree
 - Disagree



- Unsure
- Support implementation of the Victorian Aboriginal Health, Medical and Wellbeing Research Accord.
 - Agree
 - Disagree
 - Unsure
- Improve communication about and awareness of financial implications of care across the cancer pathway, including accommodation and travel costs.
 - Agree
 - Disagree
 - Unsure
- Upskill health professionals in rural and regional areas to ensure a skilled workforce where they are needed most.
 - Agree
 - Disagree
 - Unsure
- Support Victoria's regional cancer centres to deliver quality and accessible care closer to home.
 - Agree
 - Disagree
 - Unsure
- Create environments that enable people to eat well and be active across the lifespan, in places where people learn, live, work and play.
 - Agree
 - Disagree
 - Unsure
- Continue to focus on survivorship care including shared care models with primary health and other models of care that improve access to survivorship care.
 - Agree
 - Disagree
 - Unsure

Question 8: Please add any comments about this priority, the opportunities and the actions.



Limit to 150 words - Please do not include any personal information in your responses that may identify you or another individual.

SHPA's Standard of practice in oncology and haematology for pharmacy services recommends one pharmacist to 20 medical oncology inpatient beds, with a higher ratio of pharmacists 1:15 required for haematology patients. Adoption of these standards can ensure safe and quality oncology and haematology pharmacy services that are regularly provided to patients across an integrated cancer care model. Other innovations in care models include TeleChemotherapy through the utilisation of electronic medication management (EMM) systems, to improve patient access to specialised cancer care especially in rural and remote areas where workforce retention issues persist. An example of this is the Western Australia Country Health Service TeleChemotherapy Pharmacy Service, which has received national recognition for its innovation in delivering chemotherapy to regional, rural and remote patients. Thus far, this service has allowed dozens of patients in these regions to receive lower-risk chemotherapy locally with the support of specialist metropolitan-based clinicians via telehealth services.

Priority 3: Workforce

Question 9: Do you agree or disagree that a priority for the Victorian cancer plan 2024-2028 should be Workforce: Victoria's health workforce is supported to deliver world leading cancer control, services and care

- Agree
- Disagree
- Unsure

Question 10: Do you agree or disagree that the following opportunities to support and enhance the workforce should be included in the Victorian cancer plan 2024-2028?

An opportunity is broad theme that has a good chance for improving the priority.

- Contribute to the workforce elements of train, recruit and retain to ensure safe, quality care in a person-centred health system.
 - Agree
 - Disagree
 - Unsure
- Leverage new service models to better use skills and experience to enable care.
 - Agree
 - Disagree
 - Unsure

Question 11: Do you agree or disagree that the following actions to support and enhance the workforce should be included in the Victorian cancer plan 2024-2028?

An action is a detailed activity that can be done to achieve the opportunities.

- Strengthen the knowledge and competence of the primary and community care workforce, including allied health professionals, around cancer prevention, early detection and care.
 - Agree
 - Disagree
 - Unsure
- Support health professionals to systematically screen people and improve early diagnosis of cancers.
 - Agree



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- Disagree
- Unsure

- Create a learning environment for health professionals to analyse and discuss evidence to improve and standardise care.
 - Agree
 - Disagree
 - Unsure

- Strengthen referral pathways to specialist care, including familial cancer centres for inheritable cancers.
 - Agree
 - Disagree
 - Unsure

- Improve workforce knowledge, skills and involvement in providing routine survivorship care across cancer care systems, including enabling consumers to engage in their care as a partner.
 - Agree
 - Disagree
 - Unsure

- Expand end-of-life care and palliative care skills and advance care planning education across the cancer workforce.
 - Agree
 - Disagree
 - Unsure

- Support the cancer research and clinical trial workforces to leverage Commonwealth and industry funding, including increasing the number of PhD-trained clinician researchers across the cancer pathway.
 - Agree
 - Disagree
 - Unsure

- Pilot models of care that deliver effective multidisciplinary care - for example, through refined use of telehealth, and nurse or allied health-led models of care across the care pathway including pre- and post-treatment phases.
 - Agree
 - Disagree
 - Unsure

- Explore opportunities for expanded scope of practice in primary care to support prevention and early detection efforts (e.g. the role of nurses).
 - Agree
 - Disagree
 - Unsure

- Assess and support the workforce and system requirements to deliver lung cancer screening across the cancer pathway.
 - Agree
 - Disagree
 - Unsure



- Explore opportunities to leverage the prevention and population health workforce in local public health units.
 - Agree
 - Disagree
 - Unsure
- Explore training and upskilling of bi-lingual health professionals and other care givers to support multicultural communities.
 - Agree
 - Disagree
 - Unsure

Question 12: Please add any comments about this priority, the opportunities and the actions.

Limit to 150 words - Please do not include any personal information in your responses that may identify you or another individual.

SHPA supports pharmacists and pharmacy technicians to operate at their full scope of practice, enabling the effective utilisation of current workforce skills in delivering innovative services to achieve optimal patient outcomes. SHPA conducts a Specialty Practice group in oncology and haematology and delivers a two-year structured Cancer Services Advanced Training Residency (ATR) for pharmacists to specialise in cancer services. The benefits of a specialist pharmacist services were demonstrated in an Australian study assessing the effectiveness of a specialist clinical cancer pharmacist in medication management of ambulatory lung cancer patients in the outpatient setting, which saw a significant reduction in unplanned clinic attendances that are usually booked in advance for patients with uncontrolled symptoms.¹

References:

1. Walter C, Mellor JD, Rice C, Kirsa S, Ball D, Duffy M, et al. (2014). Impact of a specialist clinical cancer pharmacist at a multidisciplinary lung cancer clinic. *Asia Pac J Clin Oncol*, 12(3):e367-74.

Priority 4: Intelligence, data and technology

Question 13: Do you agree or disagree that a priority for the Victorian cancer plan 2024-2028 should be Intelligence: Improve data and intelligence capabilities, and leverage existing assets, technology and research to strengthen the cancer pathway

- Agree
- Disagree
- Unsure

Question 14: Do you agree or disagree that the following opportunities to enhance the effective use of data and analysis, system and service models, and technology and research should be included in the Victorian cancer plan 2024-2028?

An opportunity is broad theme that has a good chance for improving the priority.

- Agree
- Disagree
- Unsure

- Ensure better (relevant and timely) access to data.
 - Agree
 - Disagree



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- Unsure
- Improve linked datasets and the sector's capability to respectfully and safely handle data to meet current and future needs.
 - Agree
 - Disagree
 - Unsure
- Support translational research and/or quality improvement initiatives that enable equitable and timely access to novel therapies and technologies.
 - Agree
 - Disagree
 - Unsure

Question 15: Do you agree or disagree that the following actions to enhance the effective use of data and analysis, system and service models, and technology and research should be included in the Victorian cancer plan 2024-2028?

An action is a detailed activity that can be done to achieve the opportunities.

- Improve access and use of primary health care data to strengthen, for example, planning and evaluation of early detection and cancer supportive care.
 - Agree
 - Disagree
 - Unsure
- Promote the use of dashboards to ensure easier access to timely and validated data such as the Statewide Cancer Indicator Platform (hosted by the Department of Health).
 - Agree
 - Disagree
 - Unsure
- Improve access to datasets that align with strategic priorities.
 - Agree
 - Disagree
 - Unsure
- Further evolve monitoring and evaluation frameworks and tools to ensure active monitoring of cancer screening and control efforts
 For example: The Victorian cancer plan monitoring and evaluation framework; The Victorian cancer screening framework; The Victorian Cancer Patient Experience Survey.
 - Agree
 - Disagree
 - Unsure
- Advocate for better quality and consistency of patient experience and demographic data to be collected and used to support research, planning, service delivery and decision-making, such as data on sex and gender, Aboriginal status, disability status and cultural and linguistic diversity.
 - Agree
 - Disagree
 - Unsure



- Ensure all relevant data collections are linked and available for analysis (e.g. incorporating a systemic anti-cancer therapy [SACT] minimum dataset, Pharmaceutical Benefits Scheme and other primary care data).
 - Agree
 - Disagree
 - Unsure
- Address barriers to equitable access of novel therapies.
 - Agree
 - Disagree
 - Unsure
- Facilitate state-wide cancer research collaboration through shared resources, platforms and research infrastructure, data facilitation and partnerships.
 - Agree
 - Disagree
 - Unsure
- Support implementation of gender equity policies in cancer research.
 - Agree
 - Disagree
 - Unsure
- Support the priority actions in the Victorian Aboriginal Cancer Journey Strategy that focus on achieving equitable access to treatment, therapies and clinical trials.
 - Agree
 - Disagree
 - Unsure
- Support implementation of the Victorian Aboriginal Health, Medical and Wellbeing Research Accord to facilitate culturally safe and ethical Aboriginal research.
 - Agree
 - Disagree
 - Unsure

Question 16: Please add any comments about this priority, the opportunities and the actions.

Limit to 150 words - Please do not include any personal information in your responses that may identify you or another individual.

Individual Patient Usage (IPU) datasets held by individual hospitals and hospital networks are a critical, untapped database that have a wealth of independent clinical evidence and information to identify medications for registration in Australia. A collaborative effort to create a repository of unapproved and non-PBS medicine data from all Australian hospitals would enable earlier access to novel cancer therapies in acute care. Hospital pharmacists are well placed to tap into this resource and harness clinical experience to translate this data for informing registration of novel cancer treatments. Electronic medication records (EMR) within hospitals can also provide medicines usage data to support equitable cancer care service design.

Data collection should minimise additional administrative burden on the healthcare workforce through automation and integration with other services. As in the cases of IPU datasets and EMM systems, they are readily available data in hospitals, thereby limiting additional administrative burden of data collection.



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Question 17: Please include any additional comments you would like to make for the development of the Victorian cancer plan 2024-2028. This may include other priorities that should be in the cancer plan and/or how to ensure equity of cancer outcomes for individuals and communities.

Limit to 200 words - Please do not include any personal information in your responses that may identify you or another individual.

The Society of Hospital Pharmacists of Australia (SHPA) is the national, professional organisation for the 6,100+ Hospital Pharmacists, and their Hospital Pharmacist Intern and Hospital Pharmacy Technician colleagues working across Australia's health system, advocating for their pivotal role improving the safety and quality of medicines use. Embedded in multidisciplinary medical teams and equipped with exceptional medicines management expertise, SHPA members are progressive advocates for clinical excellence, committed to evidence-based practice and passionate about patient care.

SHPA convenes an Oncology and Haematology Specialty Practice Group, comprising of a network of specialist pharmacists who work to optimise best practice cancer care for oncology and haematology patients in inpatient, outpatient, ambulatory care or primary care settings where patients of any age receive cancer services and pharmacy services. These members are key workers in the provision of safe and quality cancer care, and promote and foster education, research, and communication in cancer pharmacy related issues.



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