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## Working together to build sustainable cancer services closer to home

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### Why is this important?

Cancer doesn't discriminate. In fact it affects more people in some areas of rural Australia compared with metropolitan areas. Since 1982, cancer incidence in Australia has increased from approximately 47,000 cases per year to approximately 128,000 in 2014\*. Additionally, between 2008-2012 age-standardised incidence rates were higher in remote and very remote areas combined, compared to major cities for some cancers\*. Between 1984-1988 and 2009-2013, 5-year relative survival for all cancers combined increased from 48% to 68%(1). Given increased incidence in cancer, particularly in rural areas it is imperative that access to multi-disciplinary treatment is maximised in rural areas. Furthermore, treatment for many cancer patients is now sustained over many years for some treatments. Hence the demand for cancer services in rural South Australia is higher than it has ever been. Increased access to treatment options closer to home is vital to reduce the burden of disease and increase acceptance of treatment and resultant survival.

Imagine needing to travel hundreds of kilometres for treatment which sometimes takes minutes and often leaves you feeling unwell. You then need to possibly stay in the city overnight until you are able to travel home. You often need to pay the upfront costs of travel and accommodation associated with treatment which may be reimbursed, depending on circumstances. If you need to be accompanied to travel, your travel companions may need to take time off work. Treatment is often ongoing, requiring multiple trips for many months or even years. Travelling for treatment also consumes precious time that could be spent with family, friends and community.

The impact of a cancer diagnosis can be emotionally, physically and financially draining. Accessing services close to home reduces some of this burden and improves quality of life for patients during a difficult time for them and their family. In reality, the need to travel causes many rural people to decline treatment—a concept which is difficult to comprehend for people who live in metropolitan areas. These factors may contribute to the discrepancy in cancer survival rates between people living in metropolitan areas and those in rural and remote regions of Australia. Cancer incidence and mortality rates are higher for Indigenous Australians than for non-Indigenous Australians and cancer survival is lower(2). About one-third of the people affected by cancer live in rural and regional areas and they have poorer survival rates than people living in major cities. The further from a major city patients with cancer live, the more likely they are to die within five years of diagnosis(1).

Cancer patients living in rural and remote areas need to be able to access sustainable, high quality services; this is the edict of the South Australian Country Cancer Service.

## What was the situation?

In 2010 State and Federal funding supported the establishment of South Australian Country Cancer Service, consisting of 15 chemotherapy units spread across rural South Australia. This funding enabled the employment of a Medical Oncologist, Cancer Pharmacist, Cancer Nurse, Project Officer and Clinical Director. Infrastructure investment in Country Hospitals provided new chemotherapy units however they were not adequately resourced for optimum use and the benefit of rural people with cancer. Furthermore, activity based funding formulas used for outpatient activity has not accurately reflected the cost of providing cancer services outside of metropolitan Adelaide. Country Cancer Services were operating within a system that did not meet the needs of the community and was not sustainable.

By 2017 Country South Australia had 2 chemotherapy units that were functioning well and exceptionally busy and 13 chemotherapy units that were underutilised. It was time to consider barriers to the sustainability, and opportunities for further growth and maturity of Country Cancer Services.

## What did we do?

- We took stock: Professor Dorothy Keefe, an experienced Medical Oncologist, was commissioned to closely examine Country Cancer Services. The process provided an opportunity to assess risks and provide recommendations for improvement in the accessibility, safety and quality of Country Chemotherapy services.
- We had some luck: the state opposition party formulated a pre-election policy regarding 'Expansion of Country Cancer Services,' The South Australian Government has now committed \$6.9m over the next 4 years to double the amount of chemotherapy delivered in country South Australia, invest in specialist staff and develop a GP Oncologist role.
- We developed a new narrative: we reinforce at every opportunity the difference that accessing treatment locally makes for patients and their families and emphasise that Country Cancer Services is part of the statewide service—we need to work together.
- We worked on strengthening collaborative relationships and communication systems: Statewide, Metropolitan and within Country Health SA Local Health Network.
- We persisted

"By working together and supporting the team at the South Coast District Hospital, we can now administer medium complexity chemotherapy there safely and effectively. Patients can get up in the morning, have breakfast, go and have treatment, and get back home in time for lunch." Professor Chris Karapetis, Flinders Centre for Innovation in Cancer.

## 2019 outcomes

### Workforce

- Country Consultant Medical oncology staffing has increased 160%
- The number of Cancer Care Coordinator nurses has increased from 1.8FTE to 3.8FTE
- Administration officer roles have been implemented in busier chemotherapy units
- The single person fragility previously evident in medical oncology and nursing has been reduced significantly. The Clinical Director Cancer Services holds a clinical workload in Country Cancer Services.
- A Manager of Country Cancer Services has been employed.

### Service Improvements

- The number of medium complexity chemotherapy units in rural South Australia has been increased from 3 to 4 and will increase further to 5 in mid-2019 and 6 in 2020.
- Recent service improvements have already enabled greater access to chemotherapy treatment closer to home for country patients with a 24% increase in chemotherapy treatment delivered in Whyalla and Mount Gambier chemotherapy units over the past two months.

## Recommendations

The cost for Oncology Pharmacy operational activities in country units and Oncology Pharmacy Chemotherapy Verification should be accounted for in National Activity Based Funding mechanisms.

## The next frontier

Country Cancer Services continue to build excellent cancer services for rural South Australians. Priorities for action in the future include:

- Working with Aboriginal communities to increase access to bespoke services for Aboriginal Cancer patients and their families.
- Increased focus on wellness and implementation of the SA Health Survivorship framework across the entire Country Cancer Service
- Funding and implementing a data officer role for Country Cancer Services
- Development of a robust clinical governance system for rural Clinical trials
- Ensuring sustainability of Consultant workforce
- Building our specialist cancer Allied Health workforce
- Implementing exercise treatment programmes for cancer patients and survivors.
- Focus on a cancer prevention programme in country cancer services through exercise and other initiatives.

## References

1. Australian Institute of Health and Welfare 2017. Cancer in Australia 2017. Cancer series no.101. Cat. no. CAN 100. Canberra: AIHW.
2. Cancer in Aboriginal and Torres Strait Islander peoples of Australia: an overview. Australian Institute of Health and Welfare, 2013.

## Presenter

**Ms Kelly Schulze** holds academic qualification in occupational therapy and has worked in the university environment, as well as in clinical positions. She has held a number of project management and strategic policy and advisory positions in SA Health and Country Health SA Local Health Network, including as Rural Clinical Placements Project Manager, Senior Clinical Educator, Advanced Clinical Lead Occupational Therapist and Senior Workforce Consultant. In her current role as Manager, Cancer Services, her role is to ensure that the Country Health SA Local Health Network is delivering high-quality, safe and sustainable cancer services to residents of country South Australia.