Established in 1976, Cancer Council Victoria's Clinical Network is a peak multispecialty forum in Victoria consisting of over 650 health professionals. The Clinical Network priorities align with the overarching CCV priorities of research, prevention and support, providing an independent and collegial voice for all Victorian cancer clinicians.

Key Stakeholder Consultations - 24 March and 14 April 2014

Members of the Executive Committee of Cancer Council Victoria's Clinical Network, together with tumour specific/practice area committees identified the following priorities for consideration in CCV's election platform for 2014 and future Clinical Network policy work:

Data Collection/Registries

- Call for commitment to reporting of outcome measures including both patient reported and disease outcomes
- Support education and research initiatives to standardise knowledge of psychosocial risk factors across all organisations participating in screening to ensure that patients being screened are those with the greatest need or capacity to benefit
- Expand cancer registries to include mandatory reporting of staging data across all tumour streams
- Consider fee reimbursement to health services for provision of complete data sets to cancer registries
- Reform current data discrepancies by linking data to quality reporting at health service levels
- As a long term solution, invest in better IT infrastructure to facilitate data entry/reporting

- Introduce measures to improve the linking of current state data to MBS and PBS data
- Commit to review of how privacy laws impact on the sharing of cancer data and whether current legislation reflects consumer expectation in regards to availability of shared health records between cancer services
- Introduce automatic notification to Breast Screen, Pap Screen and Bowel Screening registries for interval cancers and death registry data to address the current gap in reporting time.

National Bowel Cancer Screening Program (NBCSP)

- Introduce KPI reporting for colonoscopy and other types of gastrointestinal endoscopy waiting lists to reduce the number of delayed colorectal cancers. WA has successfully reduced colonoscopy waiting lists through the introduction of KPI reporting. The rapid expansion of the National Bowel Cancer Screening Program (NBCSP) and the roll out of biennial screening 2015-2020 has increased the urgency for KPI reporting for all colonoscopy services that will create an urgent demand to ensure that Victorian public hospitals are adequately resourced

to deliver timely colonoscopy service provision.

- Introduce governance and evaluation measures to ensure that the state-based component of the NBCSP functions effectively and has access to data from the national registry. This includes a commitment to a funded program for following up patients who record positive faecal occult blood tests (+ FOBT).

Supportive Care Services

- Improve patient experience and patient reported outcomes by investing in funding for cancer specific psychosocial services in both the acute hospital and community health settings
- Provide pilot funding for high risk groups, to provide evidence for broader population based psycho-oncology services
- Support the addition of psychosocial risk factor identification fields in cancer registries
- Provide funding for patient reported outcome research including function and emotional wellbeing after cancer treatment and during survivorship

Prevention

- Commit to reinvestment in SunSmart funding including capital for a new summer skin cancer prevention campaign
- Introduce curriculum guideline and content standards on prevention policy to undergraduate/postgraduate training to mobilise health professionals to promote healthy life style behaviours

Research and Clinical Trials

- Promote investment into clinical trial activity within health services by embedding trial targets into hospital KPI reporting
- Commit to a review of current research directions of the VCA with increased emphasis on linking research to cancer incidence/outcome data in Victoria, particularly within priority groups such as CALD, ATSI and migrant groups.

Variations in Care

- Utilise current data to reduce variations in care between metropolitan and rural/regional services
- Invest in funding to support IT linkage of multidisciplinary care treatment planning in rural/ regional areas to metropolitan meetings
- Invest in telehealth consultation infrastructure to reduce travel and accommodation costs for rural patients
- Continue to invest in capability framework planning and establish minimal clinical service level capability targets and referral pathways across rural and regional Victoria
- Integrate at least one cancer service KPI into "Statement of Priorities" signed between hospital boards and the health minister
- Ensure that rural cancer patients have access to free standard staging imaging in rural and regional Victoria.

Access to new oncology drug treatments

- Work with the Federal Government to address the increasing instances of access delays to new oncology drugs in Australia compared to other countries including the US and Europe through:
  - Consideration of adaptive licensing of new chemotherapy drugs over current application schemes
  - Development of a framework that allows for high priority cancer drugs to be subject to expedited registration or reimbursement timelines as is available in other countries
  - Development of solutions to current inequities in Australian regulatory processes that limit opportunities for registration and reimbursement of drugs for small patient populations with rare cancers
  - Development of practical solutions to the current system to ensure funding of oncology drugs is linked to outcomes in clinical practice
  - Consideration of legislative changes to address barriers to cancer drugs and treatments due to state/federal funding arrangements.

Improved access to palliative care services

- Address concerns around the impact of the Activity Based Funding model on Consultant-Liaison Palliative Care Services

that does not take into account the complexities of care, contribution of carers and volunteers and desirability of service provision across a range of different settings

- Allow the Department of Health to have greater input into ABF allocation including establishment of KPI's for all palliative care services including inpatient, consultation and community
- Support funding initiatives that provide 24hr, 7 days per week consulting services and improved community based liaison services that allows people to die in place of choice
- Support the development of a consistent, national data collection specifically for the recording and reporting of palliative care data
- Increase funding for support services, including bereavement and allied health outpatient services, for families and carers of people with a terminal disease to enable these patients to be cared for at home as long as possible
- Commit to recurrent funding for palliative care research (projects and positions) to ensure we have strong evidence to support good quality care