

NSW Cancer Plan 2011–15



Lessening the impact of cancer in NSW





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Cancer Institute NSW, Level 9, 8 Central Avenue, Australian Technology Park EVELEIGH NSW 2015

PO Box 41 Alexandria NSW 1435

Telephone: (02) 8374 5600 Facsimile: (02) 8374 5700

Homepage: www.cancerinstitute.org.au Email: information@cancerinstitute.org.au

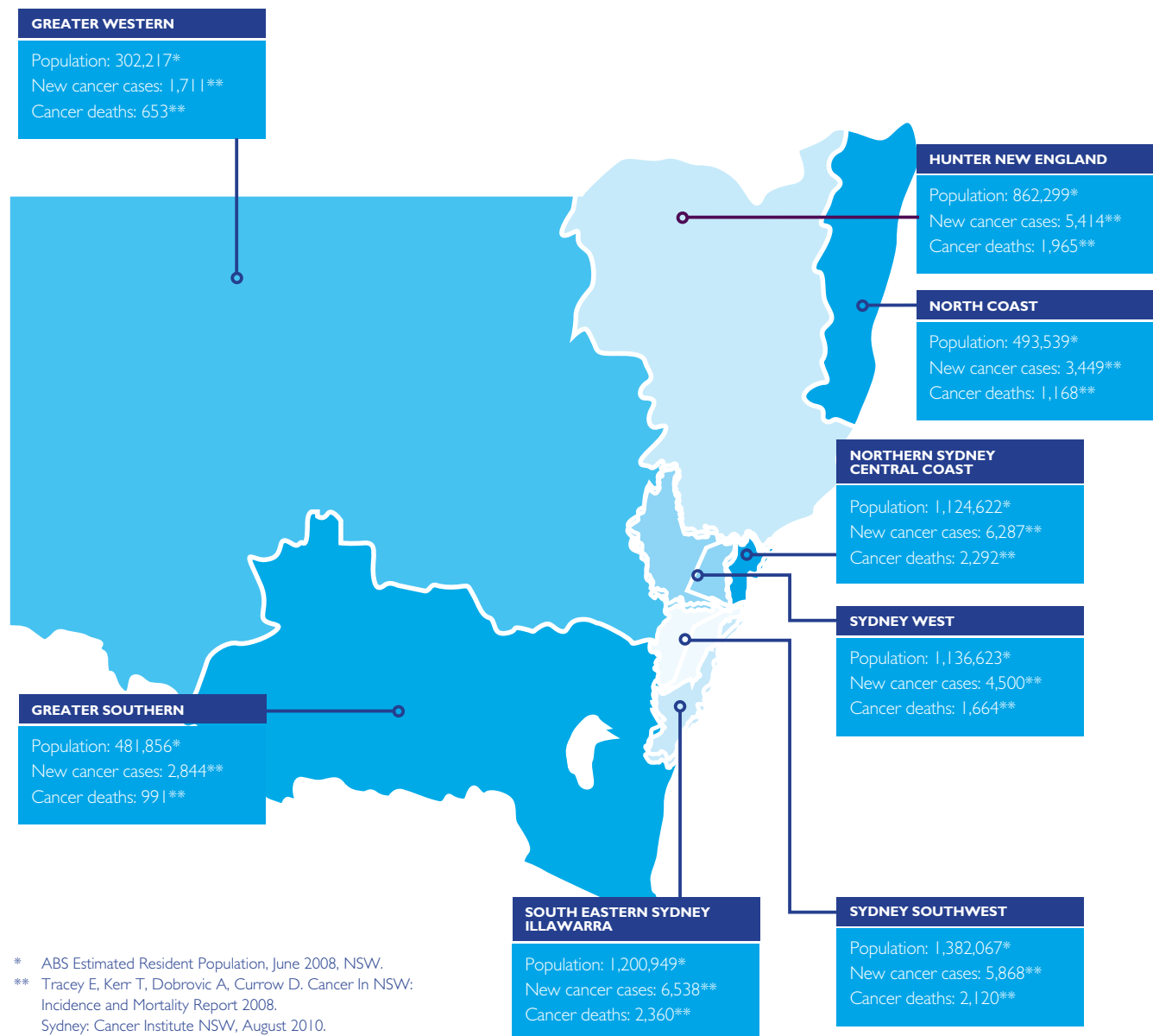
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Cancer in NSW

NSW is the most populous state of Australia, with 6,984,172* residents. NSW is situated between latitudes 28°S and 38°S and longitudes 141°E and 154°E. Two-thirds (63 per cent) of the population live in the capital city, Sydney. In 2008, there were 36,611** new cases of cancer in NSW and 13,213** deaths from cancer.

There are eight Area Health Services (AHS)*** in NSW that have the main responsibility for health care delivery under the NSW Department of Health. The Cancer Institute NSW is a statutory body charged with substantially improving the impact of cancer in NSW and covers all the Area Health Services.



* ABS Estimated Resident Population, June 2008, NSW.

** Tracey E, Kerr T, Dobrovic A, Currow D. Cancer In NSW: Incidence and Mortality Report 2008. Sydney: Cancer Institute NSW, August 2010.

*** In January 2011, Area Health Services will change to Local Health Networks.

Foreword from the Minister

Since 2003, we have come a long way in alleviating the burden of cancer in our community. We are proud of our achievements so far, but the long term goal of eliminating the cancer burden is still a long way off.

Cancer does not discriminate, it affects us all. The NSW cancer plan sets the strategic direction for the State, which includes reducing cancer mortality and incidence and improving the quality of life for cancer patients and their carers.

The third NSW cancer plan is a clear commitment by the NSW Government to lessen the impact of cancer in our community. In the next few years, we will continue the successful approach of the first and second NSW cancer plans and build on many of the programs already delivering benefits to the people of NSW.

Since the first cancer plan in 2004, we have seen the sharpest decline in smoking rates, which are now at their lowest ever; improved screening services; provided new staff and technology in hospitals; and increased cancer research in hospitals, universities and research institutes.

Survival rates for people with cancer in NSW have increased significantly and are now on par with the best in the world. While the incidence rates of cancer in NSW continue to rise, early detection and best practice treatment of cancer has meant death rates have dropped. The third NSW cancer plan will build on these successes by providing greater access to best practice treatment for residents of rural and regional NSW and members of culturally and linguistically diverse communities.

Our goals are long term. The plans we make now will affect the delivery of prevention, screening and cancer care for generations of people in NSW. It is our belief that this plan provides a clear direction and a structure for accelerated improvements in cancer control in NSW. It is a plan that will lessen the impact of cancer for thousands of people around the State for years to come.



The Hon Frank Sartor MP
Minister Assisting the Minister for Health (Cancer)

Chief Cancer Officer's Report

Cancer remains the largest cause of premature death in our community.

The number of people with cancer is increasing as our population grows and ages. Increasing numbers of people with cancer, coupled with better survival, means there are more people living with a diagnosis of cancer.

Our challenges are to prevent more cancers, find cancer earlier and deliver even better cancer treatment services.

The development of this third cancer plan for the people of NSW reflects an integrated and collaborative approach to reducing the burden of cancer in NSW by coordinating priorities, resources and efforts among all individuals, organisations and governments involved in cancer control.

This cancer plan provides an opportunity to consolidate the efforts over the past six years, identify key cancer control agencies responsible for specific strategies and activities and embed cancer control firmly in the health system in NSW.

In this statewide cancer plan, we will look at the gaps between where we have succeeded and where we need to improve in cancer care within our changing health service environment. The plan sets out the most important principles and actions that need to take place over the next five years to further reduce cancer incidence and improve the care of patients. Our investment in cancer control will be carefully targeted to ensure the greatest impact for the people of NSW.

One of the keys to our success is to ensure we continue to strengthen the collaborations with all groups who are committed to cancer control. The *NSW Cancer Plan 2011–15* focuses on the commitment of all cancer control stakeholders in NSW to lessen the impact of cancer and provides a platform for partnerships between government and non-government organisations and the community.

As a government agency, we don't work alone and we are proud to work alongside such organisations as NSW Health, the Cancer Council NSW, the Aboriginal Health and Medical Research Council, GP NSW and NSW Multicultural Health Communication Centre in our vision to lessen the impact of cancer in NSW. Through our collaborations, we will have the widest possible reach to improve cancer outcomes in our State.



Professor David Currow
Chief Cancer Officer and CEO,
Cancer Institute NSW

The challenge of cancer

Cancer impacts the lives of many people in NSW, whether by coping with a diagnosis of cancer, caring for a loved one, or searching for a cure.

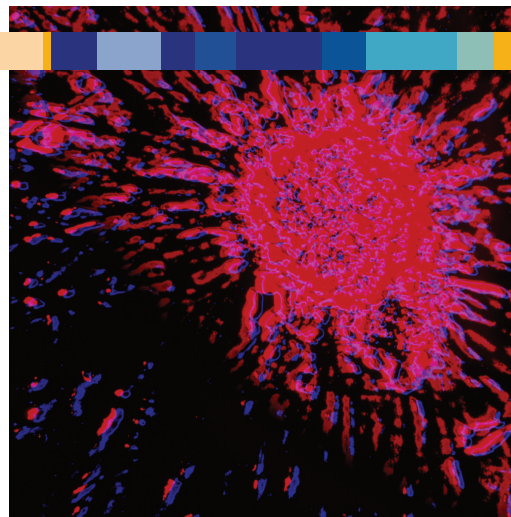
However, the number of people in NSW diagnosed with cancer is steadily rising. In 2008, 36,611 people were diagnosed with invasive cancer in NSW. Men were 1.5 times more likely to be diagnosed with cancer than women. Cancers of the prostate, bowel, breast, melanoma and lung were the most common and were responsible for 63 per cent of all new cases.

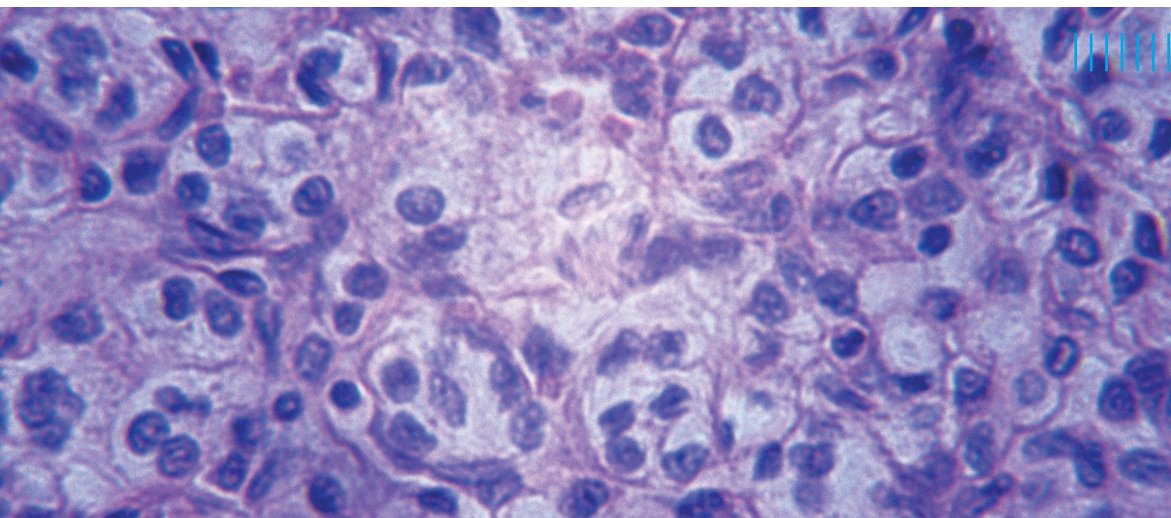
Although the burden of cancer is shared by all, the distribution of its impact and outcomes is not equal across the entire population in NSW. Throughout the State, minority and underserved groups have higher incidence and mortality, particularly Aboriginal people, people from culturally and linguistically diverse backgrounds and those from lower socioeconomic backgrounds.

Advances in prevention, early detection, diagnosis and treatment of cancer are allowing many more people to survive and live longer with the disease.

As the number of survivors grows, the impact on the healthcare system will increase, including the need for long term follow up after treatment, late effects of treatment, the need for rehabilitation and improved palliative care.

Based on current trends in NSW, 38,872 people will be told 'you have cancer' in 2011. That number will increase to 50,967 by 2021.





Key achievements of the *NSW Cancer Plan 2007–10*

- A combined approach to tobacco control has contributed to an approximate 5 per cent reduction in smoking prevalence from 22.3 per cent in 2003 to 17.2 per cent in 2010.
- NSW is the only state with a significant decrease (53 per cent to 46 per cent) in the appeal to get a suntan in the period October 2008 to February 2009.
- NSW School Students Health Behaviours Survey showed that 35 per cent of school students in 2008 preferred to have no tan at all, up from 25 per cent just four years earlier.
- Multidisciplinary cancer teams have increased by 12 per cent, from 147 in 2006 to 160 in 2008. Within the overall increase there was a 32 per cent increase in rural teams.
- Direct service delivery has been enhanced by supporting an additional 27 psycho-oncology and social worker positions.
- Two patient surveys have been undertaken in partnership with NSW Health and Ipsos to identify key issues of concern for cancer patients.
- There has been a doubling in new participants enrolled in trials, from 1,054 in 2004 to 2,007 in 2009; and an increase from 190 trials open to recruitment in 2004 to 283 in 2009.
- An increase of more than 63,000 (16 per cent) more women participating in breast screening from July 2005 to February 2010 in the biennial period.
- Unprecedented collection of clinical data and information into the Clinical Cancer Registry has seen over 17,500 new cases added annually since 2006.



Introducing the *NSW Cancer Plan 2011–15*

The *NSW Cancer Plan 2011–15* has been put together through extensive statewide consultation. It represents a comprehensive blueprint for how stakeholders can work together so fewer people will get cancer, patients can receive the highest standard of care and outcomes are equitable across all groups.

The plan is organised around the goals for cancer control articulated in the *Cancer Institute (NSW) Act 2003*. While there have been actions and achievements in all these goals in the past, important challenges remain. Each goal is underpinned by a series of tightly focused key objectives and clear strategies to advance them. Key leaders and collaborators who are responsible for cancer care in NSW will work collectively to achieve the full potential of this plan.

The priorities for action for this plan are:

To reduce the incidence of cancer

- Reduce smoking prevalence.
- Reduce over-exposure to ultraviolet radiation by behaviour modification.
- Create environments that promote healthy lifestyles and policy to support these directions.
- Encourage participation in current screening programs where pre-cancerous lesions can be detected.

To increase survival with cancer

- Encourage participation in current screening programs where early detection of cancer improves survival (breast, cervical and bowel cancer) with more effective engagement of potential participants.
- Improve earlier diagnosis of cancer by improving awareness of symptoms that may herald cancer.
- Reduce variations in cancer outcomes in NSW by providing timely feedback of quality information to drive systems improvement, and by providing information on performance of the cancer system to health services, practitioners and the community.

- Reduce the gap between established best evidence, and the care actually provided by defining areas where reducing this gap will improve outcomes.
- Provide support for a sustainable high-performing workforce by developing and supporting systems to sustain life-long learning, and by investing in research to facilitate uptake of new evidence into clinical practice.
- Improve models of service delivery.
- Embedding health services research in cancer care.

To improve the quality of life for people with cancer and their carers

- Improve assessment and response to the needs of people affected by cancer, in patient-centred health systems.

Underpinning these initiatives will be

- A focus on improving cancer outcomes for Aboriginal people, people from culturally and linguistically diverse backgrounds and people in rural and remote NSW.
- A reporting cycle on the performance of cancer services.
- Greater system-wide engagement with primary care.
- Enhanced research capabilities with an emphasis on clinical trials, translational research and the more rapid uptake of new evidence into practice.



Building the NSW Cancer Plan 2011–15

The development of this third cancer plan for the people of NSW – the *NSW Cancer Plan 2011–15* – reflects an integrated and collaborative approach to reducing the burden of cancer in NSW. We have coordinated priorities, resources and efforts among all individuals, organisations and governments involved in cancer control. This cancer plan provides an opportunity to consolidate the efforts over the past seven years and identify key cancer agencies responsible for specific programs.

This statewide cancer plan provides an opportunity to identify areas where we have succeeded and where we need to improve in cancer control. The plan sets out the most important principles and actions that need to take place over the next five years to improve cancer outcomes. The investment in cancer control will be carefully targeted to ensure the greatest impact for the people of NSW.

In accordance with the *Cancer Institute (NSW) Act 2003*, the Cancer Institute NSW has taken the leadership role in developing this cancer plan, in collaboration with consumers, state government, other cancer control organisations, health care professionals and a broad range of others affected by cancer and/or involved in cancer control.

The Cancer Institute NSW, in leading the development of the cancer plan, was guided by the goals of cancer control as stated in the *Cancer Institute (NSW) Act 2003*.

Our goals are:

- to increase the survival rate for people diagnosed with cancer
- to reduce the incidence of cancer in the community
- to improve the quality of life of people diagnosed with cancer and their carers
- to operate as a source of expertise on cancer control for the government, health service providers, medical researchers and the general community.

The Act also identifies the guiding principles to be observed when developing key cancer control actions to support these goals.

These key principles include the need for:

- effective partnerships between the public sector (national and state), the private sector and the general community
- equitable, evidence based, patient centred approaches to the care and treatment of people with cancer
- cancer-related research that focuses on improving cancer outcomes
- high quality, coordinated and multidisciplinary care available for all people diagnosed with cancer
- maximise the benefit of resources available for cancer control
- provision of expert and up to date information about cancer control.

In developing this plan it was important to consider the context in which this cancer plan will be undertaken in NSW in the next five years, in terms of: existing state and national government strategic plans, responsibilities and priorities; health system reform; the experiences of people with cancer and their carers; other cancer agencies; research institutions; and the private sector including primary care.

NSW Government

The NSW Government, through the NSW Department of Health, is responsible for ensuring the people of NSW are provided with the best health care possible within available resources. It develops and implements policy, advises the Minister and State government on strategic direction, plans for the provision of comprehensive health services and monitors the performance of the health system.

The *NSW State Plan 2010* sets out key priorities and targets for healthy communities. Those relevant to cancer control and which align to the goals of the *Cancer Institute (NSW) Act 2003* are:

- Promote healthy lifestyles. (Aligns with Goal 1)
- Reduce preventable hospital admissions. (Aligns with Goals 1 and 2)
- Improve and maintain access to quality healthcare in the face of increasing demand. (Aligns with Goal 2)
- Improve survival rates and quality of life for people with potentially fatal or chronic illness. (Aligns with Goals 2 and 3)

A number of additional strategic documents and policies have been developed by the NSW Government and the Department of Health that provide the foundation for the delivery of health services and, in particular, cancer services. These documents address issues such as an ageing population, inequities in service provision, a greater focus on patient-centred care and greater community engagement in service delivery.

The State Health Plan – Towards 2010 highlights major challenges in the healthcare system, particularly the ageing population. *Future Directions for Health in NSW – towards 2025* highlights major challenges to the health system in the years ahead, particularly in providing quality care in rural areas.

In addition, *Caring together: The Health Action Plan for NSW* identifies health reforms made in response to the Garling Inquiry. This plan sets out a new direction for engaging with the community and health care professionals in service delivery that will ensure a greater focus on the patient.

There are a number of key cancer control roles and responsibilities across NSW Health. Programs such as tobacco control, obesity and physical activity are supported by state plans, which have been developed by NSW Health (in consultation). Statewide Services Branch of NSW Health has overarching responsibility for services such as radiotherapy including planning of capital projects, and has recently released the *Radiotherapy Services in NSW – Strategic Plan to 2016*. The Branch is also responsible for a number of other cancer services provided across the State that underpins the network model for NSW.

Local Health Networks are responsible for the planning and delivery of health services in a wide range of settings, within defined geographical areas and with an emphasis on primary care. Structures for cancer services have been developed by the Cancer Institute NSW and supported by funding for key positions, such as directors of cancer services and cancer services development managers and many other frontline positions, especially in psycho-oncology. A number of key cancer networks are embedded and multidisciplinary teams are well established.

The cancer services structure developed as a direct result of programs and policies implemented during the previous cancer plans is a key platform on which achievements in cancer control sit. The improvements in cancer control to date must now be built upon while simultaneously being part of, and responsive to, current health reform.

Australian Government

The Australian Government's commitment to cancer control is reflected in the establishment of an expanded cancer control agency – Cancer Australia (now incorporating National Breast and Ovarian Cancer Centre) – the national government agency working to reduce the impact of cancer on all Australians. This agency provides advice to government about cancer policy and priorities, and works in partnership with key stakeholders to improve outcomes for all people affected by cancer, particularly for those people whose survival rates or cancer experiences are poorer.

The Australian Government also contributes substantial funding and provides overall coordination and policy formulation for screening for cancers such as breast and cervical cancers. For breast cancer, funding to State governments supports their primary responsibility for the implementation of the program at their local level. For cervical cancer, general practitioners and women's health nurses provide the majority of Pap tests.



The National Partnership Agreement on Closing the Gap in Indigenous Health Outcomes sets out specific action to be taken by all levels of government to address the gap in health outcomes experienced by Aboriginal and Torres Strait Islander people. The states have specific responsibilities in areas including tackling smoking. Strategies in this cancer plan to improve cancer control for Aboriginal people will reflect this national agreement.

Importantly, the *NSW Cancer Plan 2011–15* will be delivered in an environment characterised by large scale reforms to health within Australia. The implementation of Local Health Networks, use of activity based funding and other reforms will deliver opportunities for cancer control.

General practice, community health services and Aboriginal health services are key collaborators if we are going to achieve better cancer outcomes. This plan seeks to work closely with all service providers.

The *NSW Cancer Plan 2011–15* will be flexible to ensure it can adapt to the changing operating environment in which it will be implemented.

People with cancer, their carers and consumer groups and organisations

Consumer preferences, attitudes and experiences help to inform the priorities in cancer control and delivery of services. The ability to respond to issues and ensure inclusion of consumer priorities is paramount in developing this cancer plan.

Equally important is the need to ensure the community is aware of the need to support cancer control initiatives based on best evidence and best use of available resources.

Cancer charities

Cancer fundraising by not-for-profit foundations and charities is an essential and critical part of the cancer control effort in NSW. The cancer charities sector raises in excess of \$100M per annum, which is directed towards cancer research, support and control programs. The Cancer Institute NSW engages the NSW cancer charities, particularly to strengthen coordination and collaboration of research and support activities.

The Cancer Council NSW is the largest cancer charity in NSW, supporting programs in excess of \$50M per annum. The Cancer Council plays a major role in cancer control in NSW and is dedicated to working with the community to prevent cancer and reduce the impact through research, education, advocacy and the care and support of people affected by cancer.


Private sector

More than 50 per cent of all cancer care is provided by the private sector. Ensuring best models of care and equitable outcomes across the health system are crucial if cancer outcomes are to further improve.

Consultation with key stakeholders

A comprehensive consultation process has been undertaken by Cancer Institute NSW to seek input from key stakeholders in cancer control, including

- Evaluation of the programs implemented in response to the *NSW Cancer Plan 2007–10* to determine the extent to which they achieved their desired outcomes and their impact on cancer control.
- An invitation to provide written submissions to the Cancer Institute NSW about key issues in cancer control.
- Ten workshops involving key stakeholders – consumers, government, health care professionals, researchers in:
 - > Prevention
 - Tobacco control
 - Skin cancer prevention
 - Strategic research
 - > Screening
 - BreastScreen
 - Cervical screening
 - > Services and education
 - NSW Oncology Group Rural Forum
 - General strategic forum
 - > Research
 - Strategic research
 - Clinical Trials
 - > Improving cancer outcomes for Aboriginal people



Subsequently, a workshop was held with key cancer control leaders in the State. Internationally recognised experts were also invited from interstate to provide a broader perspective on cancer control. This workshop synthesised the key themes that emerged from previous consultations and reviewed and suggested potential strategies that will lead to maximising the cancer control effort in NSW.

The Board of the Cancer Institute NSW also provided key direction in the *NSW Cancer Plan 2011–15*.

During this planning process a number of key strategic themes emerged that have informed the development of this cancer plan:

- The need to further decrease the variation in outcomes
 - > Focus on developing individual strategies that are embedded in the cancer plan for the next five years and beyond for Aboriginal people, culturally and linguistically diverse communities and geographically isolated people.
 - > Understand the variations in outcomes at a systems level such as: outcomes in low volume, high complexity surgical treatment; using data to understand reasons for the variations; and to identify and implement ways of improving care.

- The need to build new and enhance existing partnerships and collaborations

Enhance and strengthen the engagement and partnerships between key stakeholders in cancer control between:

- > cancer patients and their carers
- > governments
- > health service providers, in particular the primary and community care sector
- > cancer control agencies/research institutions/funding agencies
- > private organisations
- > sectors beyond cancer control.
- The need to more effectively use data to develop evidence and drive policy and practice
 - > Use the breadth of data available to monitor performance and support the implementation of best evidence practice.
- The need to more rapidly translate evidence into clinical practice
 - > Understand better how to facilitate uptake of new evidence into practice and develop a system wide approach to the implementation of research outcomes.

The Cancer Institute NSW then developed a concise matrix of key objectives, strategies, activities and measures for anticipated outcomes. This document was the basis of further consultations.

The future: achieving our goals

The achievements realised through the implementation of the previous NSW cancer plans are significant steps towards ensuring we improve cancer outcomes in NSW.

We recognise where we must focus our collaborative efforts to ensure as many cancers as possible are prevented, the disease is detected as early as possible and that patients get the best possible treatment throughout the continuum of their care. To achieve this, cancer control will be based on best evidence and performance, and will need to be continually benchmarked. This statewide cancer plan promotes coordinated efforts throughout all these areas over the next few years and identifies priorities where we can have the greatest impact in cancer control for all people living in NSW.

Woven throughout these priorities are shared commitments to use epidemiology and cancer surveillance practices to guide our planning, research, collaborative activities and use of resources. In addition, this plan specifically addresses disparities in outcomes to accelerate equitable cancer outcomes for all people in NSW.

The following comprehensive matrix outlines the objectives, strategies and key activities over the next five years necessary to achieve improved cancer outcomes. Ongoing monitoring and review will help to ensure we are achieving these outcomes and allow objectives to be modified if research and evaluation identifies effective ways to improve prevention, reduce the impact of cancer and reduce inequitable cancer outcomes.

The goals of the *Cancer Institute (NSW) Act 2003* are the centrepiece of this statewide cancer plan. Each goal has objectives and strategies to attain these objectives. Lead¹ organisations and key collaborators² have been identified for each strategy and clear measures are articulated to identify progress over the coming years.

There are cross cutting issues that encompass the continuum of cancer care and do not naturally fall under a particular goal but rather are threaded throughout the objectives and priorities of this plan. These include the need for evaluation to ensure that priorities and strategies in this plan are measured and can show improvement over time; the need for research to ensure best evidence practice is developed and implemented; the need to ensure we reduce the gap in cancer outcomes for priority groups; and the need for an enhanced role for primary/community care.

A particular focus on actions required to address the needs of Aboriginal people is included throughout this plan. The high burden of disease and poorer health outcomes from cancer provide an imperative for all to commit to improve the responsiveness of the health system and 'close the gaps' for Aboriginal people with cancer, their carers and their communities. To be effective, these efforts must include consideration of the social determinants of Aboriginal health, be informed by the principles of self determination and a holistic approach³, and build partnerships with Aboriginal communities and their representative organisations.

This cancer plan reflects the need for a system-wide approach to cancer control and we anticipate the activities identified in the matrix will be tailored to the age and development of the person with cancer including children, adolescents and young adults.

This statewide *NSW Cancer Plan 2011–15* focuses on the commitment of all cancer control stakeholders in NSW to lessen the impact of cancer and provides a platform for partnerships between government and non-government organisations and the community for cancer control.

¹ Lead : the entity responsible for managing and directing the activity(ies) and measuring the outcome(s) designated to them in the *NSW Cancer Plan 2011–15*. The Lead entity will collaborate and/or form partnerships with the nominated collaborators as appropriate. Designation as a Lead agency does not confer any particular financial assistance from the Cancer Institute.

² Collaborator(s): an entity(ies) that works/partners with the Lead entity to achieve the designated activities and measures designated to them in the *NSW Cancer Plan 2011–15*.

³ 'Aboriginal health' means not just the physical well-being of an individual but refers to the social, emotional and cultural well-being of the whole Community in which each individual is able to achieve their full potential as a human being thereby bringing about the total well-being of their Community. It is a whole of life view and includes the cyclical concept of life-death-life. As defined in the *National Aboriginal Health Strategy (NAHS) 1989*.

GOAL I To reduce the incidence of cancer (through improving modifiable risk factors)

OBJECTIVE	STRATEGY	KEY ACTIVITIES	MEASURE	LEAD	COLLABORATOR/S
Reduce smoking prevalence	Behaviour modification	<ul style="list-style-type: none"> Develop and implement public education anti-smoking mass media campaigns. 	<ul style="list-style-type: none"> Smoking prevalence in the NSW population. 	CINSW	<ul style="list-style-type: none"> NSW Health AH&MRC MHCS Multiple agencies
		<ul style="list-style-type: none"> Improve and further integrate evidence-based population level cessation support for smokers. 	<ul style="list-style-type: none"> Utilisation of smoking cessation support including the Quitline and iCanQuit website. 	CINSW	<ul style="list-style-type: none"> NSW Health CCNSW AH&MRC MHCS NSW Quitline
		<ul style="list-style-type: none"> Deliver smoking cessation interventions across the NSW Health system. 	<ul style="list-style-type: none"> Number of health professionals providing routine smoking cessation advice. 	NSW Health	<ul style="list-style-type: none"> CINSW CCNSW Local Health Networks
		<ul style="list-style-type: none"> Develop and support culturally appropriate tobacco control programs for culturally and linguistically diverse (CALD) communities. 	<ul style="list-style-type: none"> Smoking prevalence in CALD communities. 	CINSW/MHCS/ NSW Health	
	Smoke-free environments	<ul style="list-style-type: none"> Further restrict smoking in workplaces, public places and other settings. 	<ul style="list-style-type: none"> Additional legislative and regulatory change relating to smoke-free environments. 	NSW Health	<ul style="list-style-type: none"> Local Health Networks CCNSW Local Govs CINSW Multiple agencies

OBJECTIVE	STRATEGY	KEY ACTIVITIES	MEASURE	LEAD	COLLABORATOR/S
	Tobacco control policy	<ul style="list-style-type: none"> Further restrict availability and supply of tobacco products. 	<ul style="list-style-type: none"> Additional legislative and regulatory change restricting tobacco availability and supply. 	NSW Health	<ul style="list-style-type: none"> CINSW CCNSW Multiple agencies
	Aboriginal specific tobacco control programs	<ul style="list-style-type: none"> Develop and support culturally appropriate Aboriginal-specific tobacco control programs. Develop and implement targeted public education campaigns to promote smoking cessation and reduce the impacts of environmental tobacco smoke for Aboriginal people. Develop and support an appropriately trained workforce to address tobacco use among Aboriginal people. Develop and support interventions that reduce the uptake of smoking by Aboriginal youth. 	<ul style="list-style-type: none"> Smoking prevalence in Aboriginal people. 	AH&MRC/ CINSW/NSW Health	<ul style="list-style-type: none"> ACCHSs Multiple agencies
Reduce overexposure to ultraviolet radiation	Behaviour modification	<ul style="list-style-type: none"> Develop and implement public education mass media campaigns to reduce overexposure to ultraviolet radiation. Promote greater use of individual sun protection measures. 	<ul style="list-style-type: none"> Changes in behaviour related to overexposure to ultraviolet radiation. 	CINSW	<ul style="list-style-type: none"> CCNSW
	Protective environments	<ul style="list-style-type: none"> Improve shade availability in a range of settings, including: <ul style="list-style-type: none"> > schools > community. 	<ul style="list-style-type: none"> Availability of shade in schools and the community. 	<ul style="list-style-type: none"> CCNSW Local Govs 	<ul style="list-style-type: none"> DET

GOAL I To reduce the incidence of cancer (through improving modifiable risk factors) cont.

OBJECTIVE	STRATEGY	KEY ACTIVITIES	MEASURE	LEAD	COLLABORATOR/S
	UV protection policy	<ul style="list-style-type: none"> Further restrict access to and use of solaria. Develop and implement policies and guidelines which reduce overexposure to ultraviolet radiation in a range of settings, including: <ul style="list-style-type: none"> > schools > community > workplace. 	<ul style="list-style-type: none"> Ongoing monitoring of solaria Prevalence of solaria use. Policies and guidelines developed and implemented in schools, the community and workplaces. 	DECCW CCNSW Local Govs WorkCover	<ul style="list-style-type: none"> CINSW NSW Health DET
Improve diet, weight and physical activity	Behaviour modification	<ul style="list-style-type: none"> Develop and implement public education mass media campaigns to improve diet, weight and physical activity. 	<ul style="list-style-type: none"> Changes in behaviours related to diet, weight and physical activity in the NSW population. 	NSW Health	<ul style="list-style-type: none"> CINSW CCNSW Multiple agencies
		<ul style="list-style-type: none"> Promote participation in the NSW Get Healthy Information and Coaching Service. 	<ul style="list-style-type: none"> Utilisation of the NSW Get Healthy Information and Coaching Service. 	NSW Health	
		<ul style="list-style-type: none"> Develop and support culturally appropriate diet, weight and physical activity programs for CALD communities. 	<ul style="list-style-type: none"> Changes in behaviours related to diet, weight and physical activity in CALD communities. 	NSW Health/ MHCS	<ul style="list-style-type: none"> CINSW CCNSW
	Aboriginal-specific healthy diet, weight and physical activity programs	<ul style="list-style-type: none"> Develop and support culturally appropriate Aboriginal-specific healthy diet, weight and physical activity programs including social marketing campaigns. Develop and support an appropriately trained workforce to promote healthy diet, weight and physical activity among Aboriginal people. 	<ul style="list-style-type: none"> Changes in behaviours related to diet, weight and physical activity in Aboriginal people. 	AH&MRC/ CINSW/ NSW Health	

OBJECTIVE	STRATEGY	KEY ACTIVITIES	MEASURE	LEAD	COLLABORATOR/S
Increase awareness of cancer risk associated with alcohol consumption	Cancer risk information	• Increase awareness of the link between alcohol consumption and cancer.	• Knowledge of alcohol and cancer risk in the NSW population.	CINSW/ NSW Health	• CCNSW
		• Support activities currently addressing alcohol consumption in Aboriginal communities in NSW.	• Number of activities supported.	AH&MRC/ NSW Health	
		• Support programs addressing alcohol consumption in CALD communities.	• Number of programs supported.	MD&AEC	
Increase the rates of cancer-relevant immunisation	Behaviour and attitudinal modification	• Increase awareness of lifetime reduction of cancer risk with adequate immunisation for human papillomavirus (HPV) and viral hepatitis.	• Rates of cancer-relevant immunisation.	NSW Health	• CINSW • CCNSW
		• Develop programs specific to Aboriginal people.	• Rates of cancer relevant immunisation of Aboriginal people ¹ .	NSW Health	• AH&MRC
		• Develop programs specific to CALD communities.	• Rates of cancer relevant immunisation in CALD communities.	NSW Health	• MHCS
Reduce other cancer risk behaviours or exposures to relevant carcinogens	Behaviour modification	• Identification of high-risk workplace environments.	• Ongoing compliance monitoring.	WorkCover	• CINSW • NSW Health
		• Increase public awareness of environmental carcinogens.	• Knowledge of environmental carcinogens.	CINSW	• Multiple agencies

¹ Data on Aboriginality will be available from 2010–11 onwards.

GOAL 1 and 2 Reducing the incidence of cancer and improving the survival of people with cancer

OBJECTIVE	STRATEGY	KEY ACTIVITIES	MEASURE	LEAD	COLLABORATOR/S
Increase overall participation rates in breast and cervical screening programs in line with national programs	Quality screening programs	<ul style="list-style-type: none"> Provision of screening invitation, reminder and referral systems in accordance with stakeholder and client expectation. 	<ul style="list-style-type: none"> Breast and cervical screening participation rates. Stakeholder and client feedback measures. 	CINSW	<ul style="list-style-type: none"> NSW Health PHCOs
		<ul style="list-style-type: none"> Identify and implement best business and clinical practices. 	<ul style="list-style-type: none"> Percentage of BreastScreen NSW services with full accreditation. Monitoring unsatisfactory Pap tests. 	CINSW	<ul style="list-style-type: none"> NSW Health PHCOs
		<ul style="list-style-type: none"> Develop programs based on current and emerging barriers/enablers to uptake of screening in CALD communities. 	<ul style="list-style-type: none"> Programs implemented to enable screening in CALD communities. Breast screening participation rates for CALD communities. 	CINSW	<ul style="list-style-type: none"> NSW Health PHCOs MHCS
	Behaviour modification	<ul style="list-style-type: none"> Develop targeted behaviour modification models to improve screening in unscreened and under screened women. 	<ul style="list-style-type: none"> Women participating in screening programs for the first time. Lapsed screener rates. CALD community specific measures. Screening participation rates in Local Government Areas. 	CINSW	<ul style="list-style-type: none"> CCNSW ACCHSs MHCS Other health services
		<ul style="list-style-type: none"> Promote screening through social media marketing campaigns. 	<ul style="list-style-type: none"> Participation rate changes and absolute number of screens. 	CINSW	<ul style="list-style-type: none"> CCNSW ACCHSs MHCS Other health services

OBJECTIVE	STRATEGY	KEY ACTIVITIES	MEASURE	LEAD	COLLABORATOR/S
	Professional stakeholder engagement	<ul style="list-style-type: none"> Engage general practitioners (GPs) and practice nurses to promote referral to BreastScreen and provide cervical screening. 	<ul style="list-style-type: none"> Referral rates by GPs. Number and rate of Pap tests. 	CINSW	<ul style="list-style-type: none"> PHCOs Consumer & community groups Professional associations MHCS GPNSW Primary Health Care
	Community stakeholder engagement	<ul style="list-style-type: none"> Consult widely to improve engagement of key community groups to support uptake of screening. 	<ul style="list-style-type: none"> Participation rates and screening numbers across the community. 	CINSW	<ul style="list-style-type: none"> Consumer & community groups
	Aboriginal specific screening programs	<ul style="list-style-type: none"> Develop targeted and specific models of care to increase access of Aboriginal women to culturally appropriate screening services. Identify and implement best practice in screening and follow up for Aboriginal women. Develop targeted and specific social marketing campaigns to promote screening to Aboriginal women. 	<ul style="list-style-type: none"> Breast screening rates in Aboriginal women. 	AH&MRC/CINSW	<ul style="list-style-type: none"> ACCHSs CCNSW
Increase awareness of bowel cancer risk factors, signs and symptoms	Cancer risk information	<ul style="list-style-type: none"> Raise awareness of risk factors, signs and symptoms. 	<ul style="list-style-type: none"> Changes in awareness. 	CINSW/ NSW Health	

GOAL 2 Improving the survival of people with cancer

OBJECTIVE	STRATEGY	KEY ACTIVITIES	MEASURE	LEAD	COLLABORATOR/S
Improve early detection of cancer	Cancer symptom awareness	• Public education for earlier presentation.	• Changes in extent of disease at diagnosis.	CINSW	• CCNSW • GPNSW • PHCOs
		• Public education for earlier presentation in CALD communities.	• CALD specific resources implemented and evaluated.	MHCS	
		• Public education for earlier presentation in Aboriginal people.	• Aboriginal-specific resources implemented and evaluated.	AH&MRC/ ACCHSs/CINSW	• NSW Health
Reduce variations in cancer outcomes across NSW	Data feedback to drive performance improvement	• Further develop data capabilities especially using the Clinical Cancer Registry with a feedback loop to funders, practitioners and consumers.	• Relevant clinical indicators.	CINSW	• NSW Health • BHI
		• Expand the use of linked data.		CINSW	• NSW Health • CHeReL
		• Refine and use reporting measures for systems and patient level outcomes.		CINSW	• NSW Health • BHI
	Transparency of information and accountability	• Develop reporting schedules and work with State, networks, hospitals and clinicians to improve cancer outcomes and reduce variation.	• Reporting mechanisms established and utilised routinely.	CINSW	• NSW Health • BHI
		• Implement service delivery performance improvement strategies and priorities.	• Reporting mechanisms established and utilised routinely.	CINSW	• NSW Health • 4 Pillars
Reduce the gap between evidence and clinical practice	Evidence-based practice gaps affecting clinical outcome	• Define barriers/enablers to uptake of best evidence practice.		CINSW	• CCNSW • CEC • ACI • Clinicians
		• Assist health care professionals transfer research outcomes into clinical practice.		CINSW	

OBJECTIVE	STRATEGY	KEY ACTIVITIES	MEASURE	LEAD	COLLABORATOR/S
		• Measure practice against best evidence.	• Per cent compliance to best evidence based care across NSW in a number of cancers.	CINSW	
		• Promote better coordination of cancer care.	• Teamwork of doctors and nurses.	CINSW	• PHCOs • NSW Health
	A sustainable, high performing workforce	• Define roles and competencies for cancer health care professionals and further develop clinical leadership.	• Competency framework established for all cancer health professionals.	CINSW	• Health professionals • CETI • CEC • ACI • Learned Colleges
		• Promoting life-long learning among clinicians.	• Number of evidence into practice programs established statewide 2011–15.	CINSW	• Health professionals • CETI • CEC • ACI • Learned Colleges
		• Invest in research to improve evidence-into-practice strategies.	• Number of research projects investigating evidence into practice strategies.	CINSW	• NSW Health
		• Improve Aboriginal cultural competency among cancer care staff by using a quality improvement framework.	• Participation in cultural competency courses.	NSW Health	• AH&MRC
Reduce the gap between evidence and policy	Cancer policies reflect best evidence	• Increase investment in policy relevant health service research.	• Number of research projects supported.	CINSW	• CCNSW
		• Better use of existing data sets to constantly define evidence gaps in a timely manner.		CINSW	
		• Ensure emerging policy evidence is systematically captured and provided to decision makers.	• Change in policy against best evidence.		• NSW Health • 4 Pillars

GOAL 3 Improving the quality of life of people with cancer and their carers

OBJECTIVE	STRATEGY	KEY ACTIVITIES	MEASURE	LEAD	COLLABORATOR/S
Improve the experience of people with cancer and their carers	Patient-centred, quality system	<ul style="list-style-type: none"> Further develop and use the tools to measure the needs of the person with cancer across the continuum of care. 	<ul style="list-style-type: none"> Annual assessment of the experience of people with cancer and their carers. 	NSW Health	<ul style="list-style-type: none"> CINSW Cancer Voices NSW Consumers & consumer groups CCNSW
		<ul style="list-style-type: none"> Mitigating the impact of the patient's cancer on carers and significant others. 	<ul style="list-style-type: none"> Annual assessment of the experience of people with cancer and their carers. 	CINSW	<ul style="list-style-type: none"> CINSW Cancer Voices NSW Consumers & consumer groups CCNSW NGOs
		<ul style="list-style-type: none"> Ensure each health professional contributes to identifying areas of unmet need. 	<ul style="list-style-type: none"> Implement point of care needs assessment for patients and carers. 	CINSW	<ul style="list-style-type: none"> Clinicians & people with cancer Consumers & consumer groups Primary care providers Specialist cancer services

OBJECTIVE	STRATEGY	KEY ACTIVITIES	MEASURE	LEAD	COLLABORATOR/S
		<ul style="list-style-type: none"> Individualised plan, tailored to needs during and after treatment. 	<ul style="list-style-type: none"> Incidence of point of care assessment of patient symptoms and distress by specialised cancer services. 	CINSW	<ul style="list-style-type: none"> Clinicians & people with cancer Consumers & consumer groups Primary care providers Specialist cancer services
		<ul style="list-style-type: none"> Engage the person with cancer as an active partner and decision-maker in his/her treatment. 		CINSW	<ul style="list-style-type: none"> Clinicians & people with cancer NSW Health
		<ul style="list-style-type: none"> Define the role of rehabilitation in cancer care for uptake into practice and policy. 	<ul style="list-style-type: none"> Percentage of services with needs based assessment for ongoing contact and support. 	NSW Health	
		<ul style="list-style-type: none"> Access to needs based palliative care. 		NSW Health	
	Patient centred, quality system for Aboriginal people with cancer and their carers	<ul style="list-style-type: none"> Consider and address the specific needs of Aboriginal people with cancer and their carers, and monitor whether they are being met - including through developing culturally appropriate feedback mechanisms. 	<ul style="list-style-type: none"> Experience of Aboriginal people with cancer and their carers. 	CINSW	<ul style="list-style-type: none"> AH&MRC
	Evidence based information for people with cancer and their families	<ul style="list-style-type: none"> Provide relevant and accurate information about cancer and the cancer care system including web-based technologies. 	<ul style="list-style-type: none"> Utilisation of relevant web sites. 	CINSW	<ul style="list-style-type: none"> CCNSW

CROSS CUTTING ISSUE I Monitoring and evaluating cancer control activities

OBJECTIVE	STRATEGY	KEY ACTIVITIES	MEASURE	LEAD	COLLABORATOR/S
A quality cancer health system focused on performance and improving outcomes	Utilise evidence to drive system improvement	<ul style="list-style-type: none"> Further develop performance measures across the continuum of care. 	<ul style="list-style-type: none"> Reduce variation in outcome. 	CINSW	<ul style="list-style-type: none"> NSW Health School of Public Health, USyd 4 Pillars
		<ul style="list-style-type: none"> Expand capabilities to collect and link accurate data using the Clinical Cancer Registry and capabilities of the Centre for Health Record Linkage. 	<ul style="list-style-type: none"> Number of linkage projects that have influenced practice or policy. 	CINSW	<ul style="list-style-type: none"> CCNSW NSW Health
		<ul style="list-style-type: none"> High quality analysis of data on cancer prevention, screening, incidence, survival and quality of life to monitor and evaluate cancer control activities. 	<ul style="list-style-type: none"> New data syntheses that has influenced policy and practice change. 	CINSW	<ul style="list-style-type: none"> CCNSW
		<ul style="list-style-type: none"> Develop the quality and usefulness of data to monitor cancer screening, incidence, treatment and outcomes to address equity of access to care and health outcomes for Aboriginal people. 	<ul style="list-style-type: none"> Cancer outcomes for Aboriginal people. 	CINSW	<ul style="list-style-type: none"> AH&MRC
	Transparency of information and accountability	<ul style="list-style-type: none"> Develop agreed reporting tools for the community, clinicians and health planners. Refine and use reporting measures for systems and patient level outcomes. 	<ul style="list-style-type: none"> Public reporting of performance. 	CINSW	<ul style="list-style-type: none"> 4 Pillars NSW Health Clinicians
	Evaluation of cancer control programs and activities	<ul style="list-style-type: none"> Measure the effectiveness of cancer control programs and activities. 	<ul style="list-style-type: none"> Cancer control programs and activities appropriately evaluated. 	CINSW	<ul style="list-style-type: none"> CCNSW NSW Health
		<ul style="list-style-type: none"> Monitor cancer related population health behaviours. 	<ul style="list-style-type: none"> Ongoing monitoring of population health behaviours. 	NSW Health	<ul style="list-style-type: none"> CINSW CCNSW

CROSS CUTTING ISSUE 2 Strategic research investment

OBJECTIVE	STRATEGY	KEY ACTIVITIES	MEASURE	LEAD	COLLABORATOR/S
Create new knowledge and evidence to drive improved cancer outcomes	Build cancer research capacity that is nationally and internationally competitive	<ul style="list-style-type: none"> Further develop early and mid-career researchers. 	<ul style="list-style-type: none"> Competitive funding attracted by these researchers. Successful transition from CINSW Research Fellowships to other funded cancer research positions. 	CINSW	<ul style="list-style-type: none"> Universities MRIs Hospitals
		<ul style="list-style-type: none"> Enhance enabling platforms by creating statewide networks and partnerships. 	<ul style="list-style-type: none"> Number of established key research platforms and breadth of use. 	CINSW	<ul style="list-style-type: none"> OSMR
	Leverage cancer research opportunities between funders	<ul style="list-style-type: none"> Develop partnerships between existing and new research funders to: <ul style="list-style-type: none"> > support research funding opportunities > to attract new investment into cancer research. 	<ul style="list-style-type: none"> Number of new research funding opportunities and total investment available to NSW researchers. 	CINSW	<ul style="list-style-type: none"> CCNSW Cancer research charities Research Australia
	Leverage further cancer research opportunities by fund holders	<ul style="list-style-type: none"> Enable fund holders to seek co-funding within Australia and internationally to build on successful grants. 	<ul style="list-style-type: none"> Amount of research co-funding to NSW. 	CINSW	
	Translational cancer research centres ¹	<ul style="list-style-type: none"> Fund evidence-into-practice research. 	<ul style="list-style-type: none"> Number of evidence into practice educational programs statewide by 2015. 	CINSW	<ul style="list-style-type: none"> Clinicians LHNs PHCOs Universities MRIs
		<ul style="list-style-type: none"> Further develop more effective bench-to-bedside and bedside-to-bench translational research. 	<ul style="list-style-type: none"> Number of functional translational clinical-research networks established. 	CINSW	<ul style="list-style-type: none"> Clinicians LHNs PHCOs Universities MRIs

CROSS CUTTING ISSUE 2 Strategic research investment cont.

OBJECTIVE	STRATEGY	KEY ACTIVITIES	MEASURE	LEAD	COLLABORATOR/S
		<ul style="list-style-type: none"> Further increase clinical trial participation. 	<ul style="list-style-type: none"> Clinical trial participation rate. 	CINSW	<ul style="list-style-type: none"> Clinicians LHNs PHCOs Universities MRIs
	Priority strategic research to complement investigator driven research	<ul style="list-style-type: none"> Develop and apply a mechanism to prioritise research initiatives. 	<ul style="list-style-type: none"> Established mechanism. Number of priority driven research projects. 	CINSW	<ul style="list-style-type: none"> CCNSW
		<ul style="list-style-type: none"> Identify, develop and support priority-driven research in Aboriginal health. 	<ul style="list-style-type: none"> Number of priority driven research projects in Aboriginal Health. 	CINSW	<ul style="list-style-type: none"> AH&MRC
		<ul style="list-style-type: none"> Develop and support an approved clinical trials portfolio of public interest studies. 	<ul style="list-style-type: none"> Number of portfolio-supported clinical trials². 	CINSW	<ul style="list-style-type: none"> CCNSW
		<ul style="list-style-type: none"> Generate and disseminate evidence to inform cancer control policy and practice. 	<ul style="list-style-type: none"> Evidence generated and disseminated. 	CINSW	

1 Translational research comprises:

- a. An exchange of ideas that results in research that transforms discoveries arising from laboratory, clinical or population studies into clinical applications to improve cancer outcome, including biomarkers for earlier diagnosis or prognostication.
- b. The uptake of existing evidence into clinical practice by clinicians and other health care professionals.

2 Portfolio-supported clinical trials: Those clinical trials that meet the set of criteria agreed by the Cancer Institute NSW/Cancer Council NSW supported NSW Cancer Trials Network.

CROSS CUTTING ISSUE 3 Improve cancer outcomes for Aboriginal people

OBJECTIVE	STRATEGY	KEY ACTIVITIES	MEASURE	LEAD	COLLABORATOR/S
Reduce variations in cancer incidence and outcomes in Aboriginal people across NSW	Ensure all programs and activities addressing the needs of Aboriginal people are developed by, or in partnership with, Aboriginal communities, including through ACCHSs and the AH&MRC	<ul style="list-style-type: none"> Develop, promote and support meaningful and supportive partnerships with Aboriginal community/peak bodies and other stakeholders to develop and deliver priority community-driven initiatives interventions. Support integration and coordination of Aboriginal programs/services at all levels. 	<ul style="list-style-type: none"> Partnerships. Priority initiatives implemented. 	AH&MRC/ ACCHSs/CINSW	<ul style="list-style-type: none"> NSW Health CCNSW Other peak bodies
	Develop skills of workforce which provide services to Aboriginal people	<ul style="list-style-type: none"> Develop initiatives to improve cultural competency of cancer health professionals. Support cancer control education among Aboriginal health workers and other health professionals working with Aboriginal people. 	<ul style="list-style-type: none"> Number of training programs conducted. Number of Aboriginal health workers trained. 	AH&MRC/ CINSW	<ul style="list-style-type: none"> CCNSW
	Integrating cancer into the primary health care for Aboriginal people	<ul style="list-style-type: none"> Promote health checks including evidence based cancer screening and follow up. Develop an information strategy regarding cancer risks and symptoms. Develop and support programs that encourage Aboriginal people to seek help if symptoms suggest cancer. Support the ACCHSs in providing primary health care impacting on cancer outcomes for Aboriginal people. 	<ul style="list-style-type: none"> Breast cancer screening participation rates and numbers screened. Information strategy developed and implemented. Number of programs developed and implemented. Cancer outcomes. 	AH&MRC/ CINSW	<ul style="list-style-type: none"> ACCHSs

CROSS CUTTING ISSUE 3 Improve cancer outcomes for Aboriginal people cont.

OBJECTIVE	STRATEGY	KEY ACTIVITIES	MEASURE	LEAD	COLLABORATOR/S
	Develop culturally appropriate cancer services	<ul style="list-style-type: none"> Improve access to culturally safe and appropriate services and programs. 	<ul style="list-style-type: none"> Number of culturally appropriate programs. 	NSW Health	<ul style="list-style-type: none"> CINSW/ AH&MRC
	Generate evidence of effective cancer control strategies	<ul style="list-style-type: none"> Develop Aboriginal culturally appropriate research and evaluation. Translate Aboriginal health research into practice – action oriented research (community to be engaged in the research and acted on). 	<ul style="list-style-type: none"> Number of culturally appropriate projects. 	AH&MRC/ CINSW	
	Use data and information to drive program and service performance improvement.	<ul style="list-style-type: none"> Improve quality of Aboriginal data and information collected and reported, including issues around identification. 	<ul style="list-style-type: none"> Data quality and completeness. 	CINSW	<ul style="list-style-type: none"> AH&MRC

CROSS CUTTING ISSUE 4 Improve cancer outcomes for rural and remote populations

OBJECTIVE	STRATEGY	KEY ACTIVITIES	MEASURE	LEAD	COLLABORATOR/S
Improve cancer outcomes for people in rural and remote populations	Community engagement and awareness of cancer control	<ul style="list-style-type: none"> Enhance collaborations between rural communities and state agencies to improve cancer control planning. Develop information/education initiatives appropriate for rural communities. 	<ul style="list-style-type: none"> Survival rates for rural and remote populations. 	CINSW	<ul style="list-style-type: none"> CCNSW AH&MRC
	Innovative models of care	<ul style="list-style-type: none"> Further develop clinical service networks between rural (including primary/community care) and metropolitan services, ensuring multidisciplinary, coordinated care. 	<ul style="list-style-type: none"> Number of functional networks. 	CINSW	<ul style="list-style-type: none"> Primary care providers AH&MRC
		<ul style="list-style-type: none"> Develop models of care for remote populations, delivered remotely where appropriate. 	<ul style="list-style-type: none"> Number of remote models of care. 	NSW Health	<ul style="list-style-type: none"> CINSW
	Sustainable workforce	<ul style="list-style-type: none"> Develop models of professional support for remote practitioners. 	<ul style="list-style-type: none"> Number of models of support. 	NSW Health	<ul style="list-style-type: none"> CINSW
	Supportive environment	<ul style="list-style-type: none"> Enhance practical assistance e.g. in relation to transport, accommodation, equipment etc. 	<ul style="list-style-type: none"> Documented improved support. 	NSW Health	<ul style="list-style-type: none"> CCNSW CINSW AH&MRC CanAssist

CROSS CUTTING ISSUE 5 Improve cancer outcomes for culturally and linguistically diverse communities

OBJECTIVE	STRATEGY	KEY ACTIVITIES	MEASURE	LEAD	COLLABORATOR/S
Improve cancer outcomes for CALD communities	Community engagement	<ul style="list-style-type: none"> Develop partnerships with CALD communities. Identify key priorities. 	<ul style="list-style-type: none"> Number of new partnerships developed. 	CINSW	<ul style="list-style-type: none"> NSW Health CCNSW MHCS CALD organisations
	Review available evidence	<ul style="list-style-type: none"> In partnership define gaps in cancer information regarding CALD communities. 	<ul style="list-style-type: none"> Report on cancer and CALD groups. 	CINSW	<ul style="list-style-type: none"> CCNSW MHCS CALD organisations
		<ul style="list-style-type: none"> Investigate trends in the incidence of cancers in new and emerging CALD communities. 	<ul style="list-style-type: none"> Report on cancer and CALD groups. 	CINSW	
	Data quality	<ul style="list-style-type: none"> Improve data collection for monitoring of cancer in CALD communities. 	<ul style="list-style-type: none"> Data quality measures. 	CINSW	<ul style="list-style-type: none"> CCNSW MHCS
	Awareness of cancer risks, symptoms and treatment options	<ul style="list-style-type: none"> Identify priority groups by cancer risks and behaviours, and develop strategies based on data and evidence. 	<ul style="list-style-type: none"> Report on key indicators. 	CINSW	<ul style="list-style-type: none"> MHCS
		<ul style="list-style-type: none"> Develop appropriate cancer information. 	<ul style="list-style-type: none"> Cancer information by language group. 		<ul style="list-style-type: none"> CCNSW MHCS
		<ul style="list-style-type: none"> Develop social marketing campaigns targeting specific CALD groups. 	<ul style="list-style-type: none"> Number of campaigns by language group. 		
	Access to care	<ul style="list-style-type: none"> Develop initiatives to encourage early access. 	<ul style="list-style-type: none"> Extent of disease at diagnosis. 	CINSW	<ul style="list-style-type: none"> CCNSW MHCS GPs
	Relevant cultural competency	<ul style="list-style-type: none"> Develop initiatives to improve cultural competency of cancer health professionals. 	<ul style="list-style-type: none"> Cultural competency training programs. 		<ul style="list-style-type: none"> CINSW CCNSW MHCS

CROSS CUTTING ISSUE 6 Improve cancer outcomes for people who are socioeconomically disadvantaged

OBJECTIVE	STRATEGY	KEY ACTIVITIES	MEASURE	LEAD	COLLABORATOR/S
Improve outcomes in cancer for people who are socioeconomically disadvantaged	Multisectorial engagement	<ul style="list-style-type: none"> Identify enablers and develop multisectorial partnerships with key organisations. Identify key priorities. 	<ul style="list-style-type: none"> Number of new partnerships developed. 	CINSW	<ul style="list-style-type: none"> NSW Health CCNSW NGOs Other Government departments & agencies
	Review available evidence	<ul style="list-style-type: none"> Define gaps in cancer information regarding people who are socioeconomically disadvantaged. 	<ul style="list-style-type: none"> Report on cancer in people who are socioeconomically disadvantaged. 	CINSW	<ul style="list-style-type: none"> CCNSW BHI
	Data quality	<ul style="list-style-type: none"> Improve data collection for monitoring of cancer in socioeconomically disadvantaged people. 	<ul style="list-style-type: none"> Data quality measures. 	CINSW	<ul style="list-style-type: none"> NSW Health
	Awareness of cancer risks, symptoms and treatment options	<ul style="list-style-type: none"> Develop strategies to increase awareness based on data and evidence. 	<ul style="list-style-type: none"> Report on key indicators. Changes in awareness. 	CINSW	<ul style="list-style-type: none"> CCNSW
	Access to care	<ul style="list-style-type: none"> Develop initiatives to encourage early access. 	<ul style="list-style-type: none"> Changes in extent of disease at diagnosis. Screening rates. 	CINSW	<ul style="list-style-type: none"> CCNSW NSW Health Consumer groups NGOs Other Government departments & agencies

CROSS CUTTING ISSUE 7 Enhance the role of primary and community care in cancer control

OBJECTIVE	STRATEGY	KEY ACTIVITIES	MEASURE	LEAD	COLLABORATOR/S
Accelerate cancer control by strengthening primary and community care	Access to primary and community care	<ul style="list-style-type: none"> Collaborate with primary and community care providers to develop priority initiatives. 	<ul style="list-style-type: none"> Partnerships established. 	CINSW	<ul style="list-style-type: none"> Primary Care providers PHCOs ACCHSs GPNSW NGOs RACGP CCNSW
		<ul style="list-style-type: none"> Promote appropriate referral to primary and community care. 		CINSW	<ul style="list-style-type: none"> Primary Care providers PHCOs ACCHSs GPNSW NGOs RACGP CCNSW
		<ul style="list-style-type: none"> Promote screening and proactive identification and follow up of people with cancer, particularly those in high-risk groups. Develop and support initiatives that build the capacity of ACCHSs and other providers of primary health care to Aboriginal people to deliver cancer screening and early diagnosis services, as well as appropriately refer, support and follow up of Aboriginal people with cancer. 	<ul style="list-style-type: none"> Screening rates. Extent of disease at diagnosis. Initiatives developed, implemented and evaluated. Screening rates. Extent of disease at diagnosis. 	AH&MRC/ CINSW	<ul style="list-style-type: none"> Primary Care providers PHCOs ACCHSs GPNSW NGOs RACGP CCNSW

OBJECTIVE	STRATEGY	KEY ACTIVITIES	MEASURE	LEAD	COLLABORATOR/S
	Primary and community care in cancer service coordination and continuity of care	<ul style="list-style-type: none"> • Use evidence to support the design and delivery of best practice models of care that articulate the involvement of GPs, specialists, multidisciplinary teams, hospitals and other care services. • Enhance communication and sharing of patient information between the person with cancer, primary, community care providers, specialists and other health care professionals. 	<ul style="list-style-type: none"> • Effective care models established. • Define time between first presentation to cancer management plan. • Use of eviQ. 	CINSW	<ul style="list-style-type: none"> • Primary Care providers • PHCOs • ACCHSs • GPNSW • NGOs • RACGP • CCNSW • AH&MRC • NSW Health



Acronyms and Definitions

ACI	Agency for Clinical Innovation
ACCHSs	Aboriginal Community Controlled Health Services
AH&MRC	Aboriginal Health and Medical Research Council
BHI	Bureau of Health Information
CALD	Culturally and linguistically diverse
CCNSW	Cancer Council NSW
CEC	Clinical Excellence Commission
CETI	Clinical Education and Training Institute
CINSW	Cancer Institute NSW
Consumer groups	Groups representing people with cancer and their carers
DECCW	Department of Environment, Climate Change and Water
DET	Department of Education and Training
Divisions of GP	Divisions of general practice
GPNSW	General Practice NSW
LHN	Local Health Network
MD&AEC	Multicultural Drug and Alcohol Education Centre
MHCS	Multicultural Health Communication Service
MRI	Medical research institution
NGO	Non government organisation
PHCO	Primary health care organisation
USyd	University of Sydney
4 Pillars	ACI, BHI, CEC, CETI

