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The NSW Cancer Plan

A plan for NSW to lessen the impact of cancers

2022–2027

NSW GOVERNMENT

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We are particularly grateful to the individuals affected by cancer who contributed their own story and experiences, which form the heart of this plan.

The Cancer Institute NSW acknowledges and respects Aboriginal people as the traditional custodians of the lands and waters of NSW and pays respect to Elders past, present and emerging.

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Contents

Foreword from the Minister for Health

The Hon. Brad Hazzard,
Minister for Health

Most of us will be touched by cancer at some point in our lifetime – through a personal diagnosis, a diagnosis of someone close to us, providing care or by searching for better treatments and cures.

Despite incredible advances, cancer remains one of our biggest public health challenges, with our population ageing and living longer than ever before. The NSW Government, through the work of the Cancer Institute NSW, remains committed to tackling these challenges.

People in NSW continue to experience a world-class health system that aims to deliver the best possible outcomes for everyone, no matter who they are or where they live. This *NSW Cancer Plan* sets the vision, goals and priorities for how we can achieve this. It provides a clear and ambitious direction across all areas of cancer control – from prevention, screening, early detection and treatment through to palliative care.

It recognises that cancer is not just a health issue. Other factors, such as people's level of education, socioeconomic status, cultural background and place of residence, all affect their risk of developing cancer, access to care and survival.

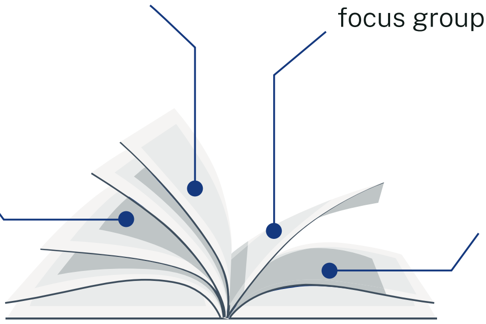
The Cancer Institute NSW, as a pillar of NSW Health and our state's cancer control agency, is the custodian of this plan. Since its establishment in 2003, the Institute has demonstrated strong national and international leadership in cancer control, particularly in its work to prevent cancer and drive better outcomes through information, research and education.

However, the success of this plan requires commitment beyond NSW Health – there must be effective and sustained collaboration across all parts of our community, including individuals, government agencies, non-government and community organisations, and the private sector.

This plan builds on the work that has already been done in creating one of the best cancer care systems in the world, which is driven by our exceptional health workers, clinicians and researchers, who are working around the clock to serve their local communities.

Guided by this plan, we can save more lives from cancer.

This plan was designed with stakeholders who provided their thoughts, comments and expertise.



8 co-design sessions

with 40–60 attendees each

interviews

one-on-one, small group interviews and focus groups

leadership roundtable

with key national and international experts in health and cancer control

written submissions

including contributions from public consultation

Introduction from the Cancer Institute NSW

Sarah McGill,
Acting Chief Executive Officer, Cancer Institute NSW

I am pleased to present the fifth *NSW Cancer Plan*, which sets an ambitious direction for cancer control in NSW over the years ahead.

People affected by cancer are at the heart of this plan. It is grounded in an understanding of what's most important to them. Their voices are woven throughout the document, and most importantly, the plan considers what success looks like from their perspective. I thank everyone who has contributed to this plan, but especially those who have shared stories about their personal experience of cancer.

Three overriding principles guide the direction of the *NSW Cancer Plan*: equity of outcomes, a focus on people affected by cancer (person-centredness) and collaboration. These principles inform the way individuals, organisations and government will work together to develop and deliver initiatives across all aspects of cancer care, research and experience.

Although we have seen cancer survival rates increase and mortality rates decrease since the first statewide Cancer Plan in 2004, some communities continue to bear the burden of cancers more than others.

This plan takes an equity-led approach to cancer control. It seeks to ensure each and every person affected by cancer is seen at the right time, in the right place, for the right care. It acknowledges the unfair burden of cancer on specific communities, and seeks to address inequities and variations in access to care and outcomes they experience.

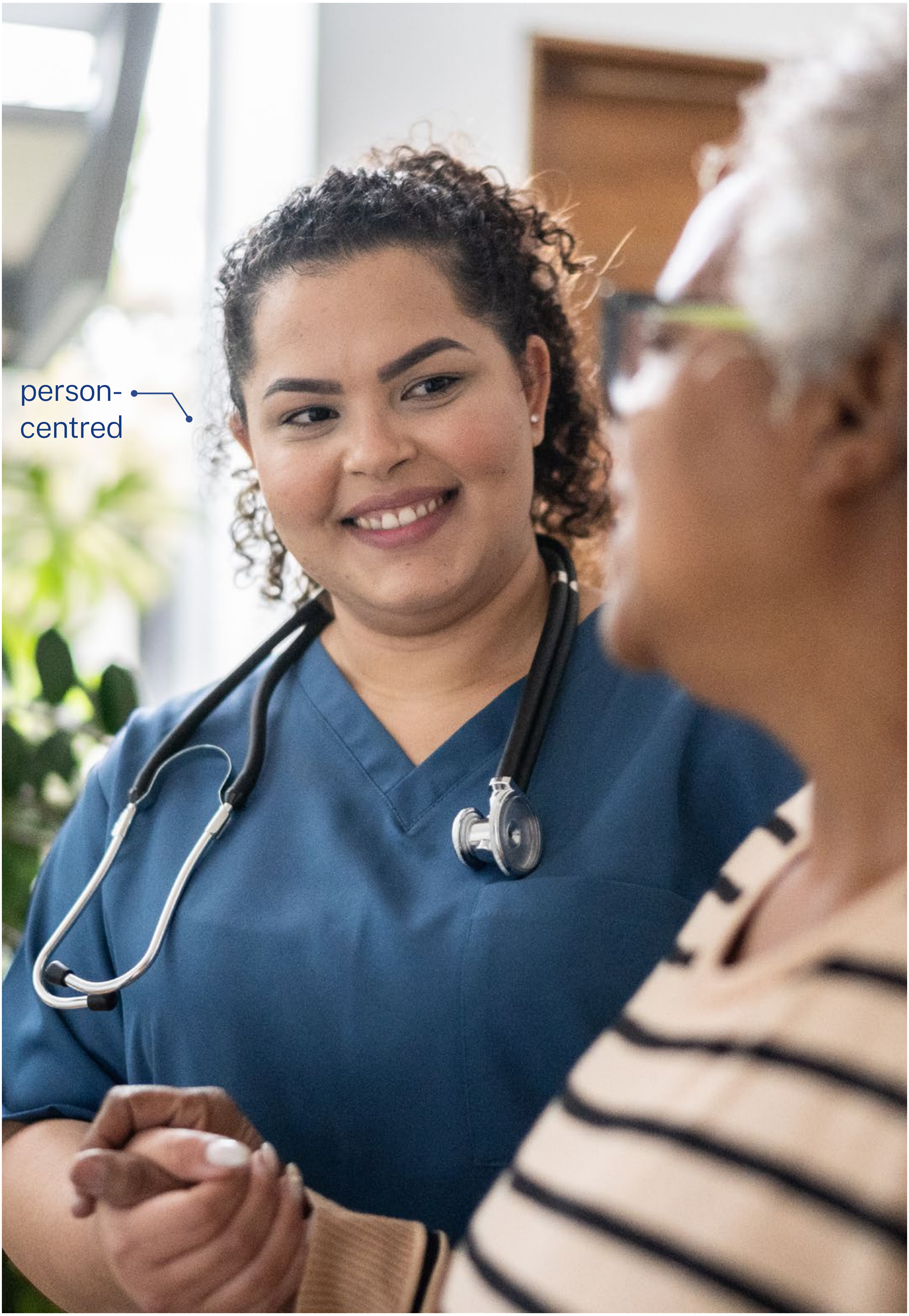
If we take the knowledge of cancer prevention, treatment and care we have today, and apply it equitably across the community, we can make significant improvements to cancer outcomes for all. This plan focuses our efforts to do just that.

To deliver person-centred care and improve the experiences of people affected by cancer, the work guided by this plan will aim to empower people to make informed decisions about their care, and ensure they are treated with kindness and respect.

Collaboration is vital to achieve improvements for the future of cancer control in NSW. We must take a united approach to reduce the burden of cancer by coordinating our priorities, resources and efforts.

The plan itself is a testament to the power of collaboration. It is the product of more than 800 people from across the state coming together to contribute their experiences, expertise and hopes for a future without cancer.

I am confident the direction set by this statewide plan will have a positive impact on the health of NSW and help us continue to work towards realising our vision: to end cancers as we know them.



person-centred

NSW Cancer Plan

Vision: To end cancers as we know them

Goals

Reduce inequity in cancer outcomes

Reduce the incidence of cancer

Increase cancer survival

Enhance quality of life and experience for people at risk of and affected by cancer

Overriding principles

✓ **Equity of outcomes**

Improve cancer outcomes in communities that continue to have poorer outcomes to help everyone achieve their best health.

✓ **Person-centredness**

Focus on the experiences of people with cancer and those accessing screening and prevention services, to ensure they achieve outcomes that are meaningful to them.

✓ **Collaboration**

Work together at the system, service and care team levels with clear roles, accountabilities and governance, to achieve the best cancer outcomes.

Priorities

1. Prevention of cancers

2. Screening and early detection of cancers

3. Optimal cancer treatment, care and support

4. Cancer research

← Strategic actions →

System enablers

Staff are engaged and well supported

- Leadership and culture
- Workforce

Innovation and digital advances inform service delivery

- Data and information
- Technology and innovation

The system is managed sustainably

- Governance
- Monitoring, evaluation and reporting

Target outcomes

Achieve equitable cancer outcomes for all NSW residents.

Reduce the risk of preventable cancers for people in NSW.

Increase one-and five-year survival of NSW residents with cancer.

Increase the collection and use of people's reported experience and outcomes to improve care and services.

Our actions

Over the next five years, the following high-level actions will address our four priority focus areas.

Priority 1

Prevention of cancers

#	Action
1.1	Improve people's ability to understand and engage with prevention, screening and cancer care services and information, and reduce fear, stigma and shame among Aboriginal and multicultural communities.
1.2	Target evidence-based prevention efforts in areas with the greatest need and demonstrated impact, including helping people to not take up smoking, quit smoking, protect their skin from ultraviolet radiation and reduce alcohol consumption.
1.3	Use new technologies and innovations, such as digital services, to support people to adopt healthy lifestyle behaviours and reduce their risk of cancer.
1.4	Strengthen broad public health prevention collaborations and partnerships at all levels across public, private and non-government sectors.

Priority 2

Screening and early detection of cancers

#	Action
2.1	Engage primary care providers to encourage participation in the national cancer screening programs.
2.2	Maximise participation in screening and early detection programs and make NSW a national leader in early detection of cancers.
2.3	Promote opportunities for people who are already engaged with the health system to participate in cancer screening, and enable key organisations to promote cancer screening to focus populations.
2.4	Target early detection efforts in communities with the greatest need and the highest potential for improved outcomes.
2.5	Continue to support primary care providers to proactively identify and effectively care for people who have, or may have, cancer.
2.6	Create and deliver consistent, coordinated and timely pathways to ensure people with cancer are referred appropriately from primary care to treatment and care.

Priority 3

Optimal cancer treatment, care and support

#	Action
3.1	Support best-practice and value-based cancer care to ensure people are seen at the right time, in the right place, for the right care.
3.2	Provide care that is coordinated, easy to access and navigate, is given by multidisciplinary teams (teams of cancer specialists with expertise in different areas of cancer care) and is affordable for the person being treated.
3.3	Ensure people who experience cancer, their families and carers are actively linked with supportive care and services such as psychosocial care, allied health care and financial counselling.
3.4	Provide patients, families and carers with timely access to relevant, credible and understandable information that helps them to play an active and informed role in making decisions about their treatment and care.
3.5	Improve integration and communication across services and providers, between local health districts (LHDs) and specialty networks (SNs), and across the public, private and primary care settings.
3.6	Ensure high quality and accurate information is available to those working in the health system to support them to make decisions and develop quality improvement initiatives that are informed by the best available evidence.
3.7	Ensure that feedback from patients about their experiences and outcomes is routinely used for care delivery, service planning and quality improvement.

Priority 4

Cancer research

#	Action
4.1	Invest in cancer research infrastructure in NSW, and promote national and international collaboration.
4.2	Enhance access to and participation in cancer clinical trials, with a focus on communities that experience poorer cancer outcomes.
4.3	Provide easy-to-understand information to people experiencing cancer, their families and carers to support their involvement in cancer research.
4.4	Support primary care providers to encourage people to participate in cancer clinical trials and other research.
4.5	Build the capability of the cancer control workforce to engage and participate in cancer research, including clinical research.
4.6	Improve the ability to link databases to support cancer control research and get a better understanding of people's overall health.

Cancers in NSW

While NSW is recognised as a global leader in cancer care, with one of the highest one-and five-year survival rates for most cancers in the world,[1] cancer continues to have a significant impact on the people of NSW.

Cancer contributes the largest burden of disease in Australia.[2] In NSW, there remains variation in access to a range of cancer services and in cancer outcomes. Some groups of people within the population are disproportionately affected by cancer than others, including:

- Aboriginal communities*
- multicultural communities
- people from lower socioeconomic backgrounds
- regional, rural and remote communities
- older people
- sexuality and gender diverse people (lesbian, gay, bisexual, transgender, intersex and queer people, known as LGBTIQ+ communities)
- people with a mental health condition
- people who are engaged with the justice system.[3]

These communities are 'focus populations' of this Cancer Plan.

* Note that the *NSW Cancer Plan* uses the term 'Aboriginal' rather than 'Aboriginal and Torres Strait Islander', recognising Aboriginal people are the original inhabitants of NSW.


Aboriginal communities

Although NSW remains a global leader in cancer outcomes, cancer remains a leading cause of illness and premature death.

3 in 10

deaths will be caused by cancer[4]

1 in 2

will be diagnosed with cancer by the age of 85[3]

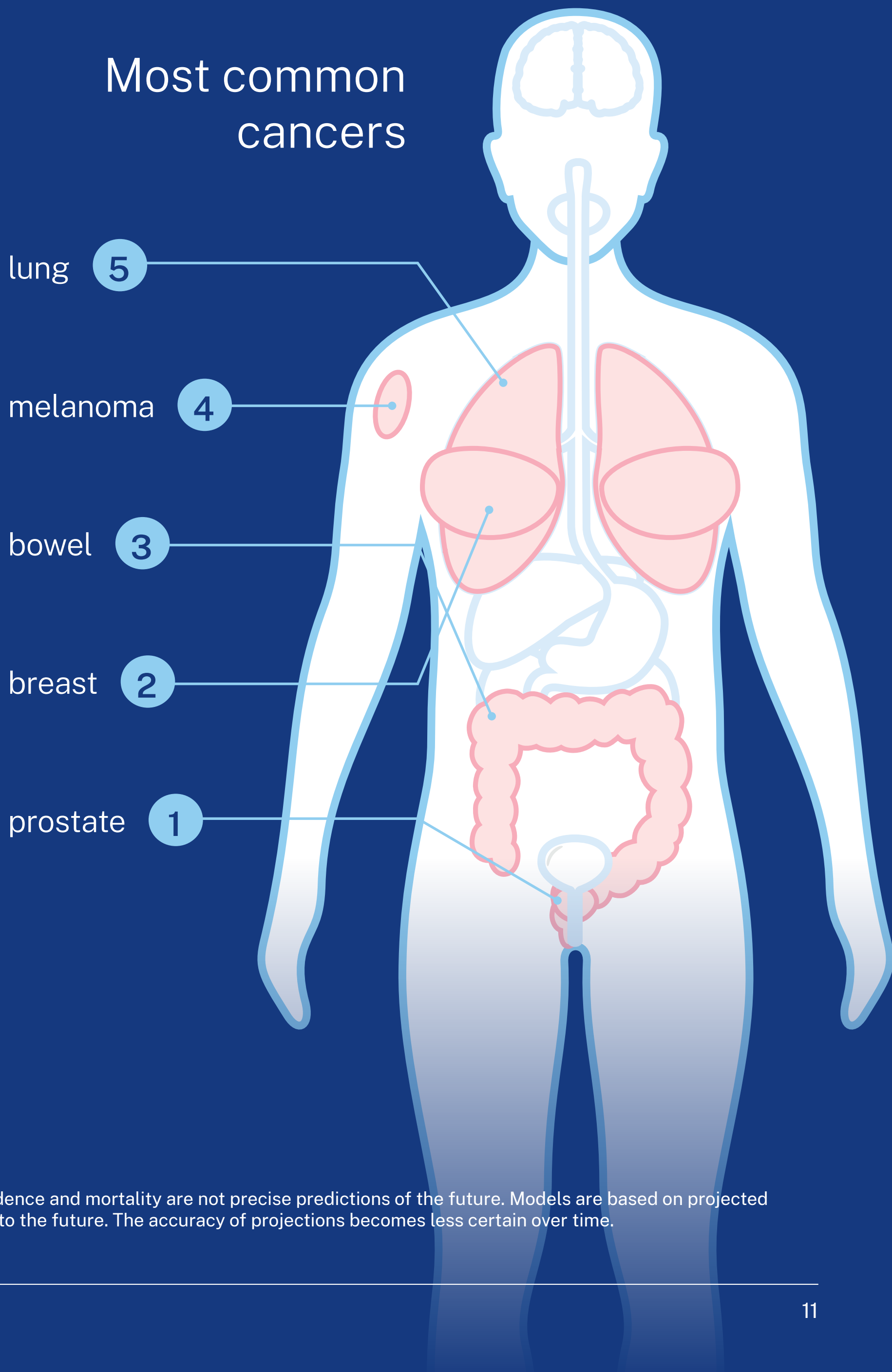
16,000+

people will die from cancer[5]

51,000+

people will be diagnosed with cancer[5]

Most common cancers



*The figures on this page are projections for 2022. Projections of incidence and mortality are not precise predictions of the future. Models are based on projected populations and the assumption that historical trends will continue into the future. The accuracy of projections becomes less certain over time.

Overriding principles

Three overriding principles guide the direction of the *NSW Cancer Plan*. These principles inform the way individuals, organisations and governments involved in cancer control will work together to develop and deliver initiatives to improve cancer outcomes.

✓ Equity of outcomes

Improve cancer outcomes in communities that continue to have poorer outcomes to help everyone achieve their best health.

- Take an equity-first lens to decision making, investment and monitoring. This means prioritising focus populations that have poorer cancer outcomes.
- Recognise the individual, social, cultural and environmental factors that are important to prevent cancers and create supportive environments for healthier decisions and behaviours.
- Empower and partner with focus populations – including through community-based organisations – to create supportive environments, targeted initiatives and services that are culturally safe and responsive, and meet community needs and preferences.
- Ensure the workforce reflects the diversity of the NSW population, and has the skills to deliver care that is culturally safe, particularly for Aboriginal people.
- Build a strong voice for focus populations at the system level through co-design, leadership roles and governance structures.
- Deliver effective, efficient and affordable treatments that improve cancer outcomes for all.

✓ Person-centredness

Focus on the experiences of people with cancer and those accessing screening and prevention services, to ensure they achieve outcomes that are meaningful to them.

- Ensure prevention, screening, treatment, care and support services are informed by people's experiences, and are responsive to their needs and preferences – including ensuring services are culturally safe, responsive and appropriate.
- Empower people at risk of or affected by cancer, their families and carers to make informed decisions and be full partners in their care.
- Ensure information and communication is accessible and tailored for each individual, to support informed decision making.
- Build a system that is easier for people in the community to understand and navigate, and strengthen ways to coordinate care.
- Ensure cancer services meet all the needs of patients, families and carers, including access to supportive care, such as psychosocial and allied health services and non-clinical supports.
- Acknowledge the important role of family and community in the care of many cancer patients.
- Ensure people at risk of or affected by cancer and carers have positive experiences and outcomes that matter to them.

✓ Collaboration

Work together at the system, service and care team levels with clear roles, accountabilities and governance, to achieve the best cancer outcomes.

- Strengthen partnerships with primary health care to support prevention, screening and early detection efforts, help people through all stages of care, and assist with the coordination of care.
- Partner effectively across government – including the education, planning and communities and justice sectors – to ensure that cancer is considered in major strategies, frameworks and plans and to increase the resources and infrastructure available to the community.
- Formalise governance systems and frameworks, so those working within cancer can partner effectively and be held accountable to meet the vision, goals and priorities of the *NSW Cancer Plan*.
- Work with partners to ensure that activities related to cancer prevention, screening, treatment and follow-up are integrated into the delivery of other health services.
- Strengthen alignment with existing strategies, frameworks and plans developed by the NSW Ministry of Health, NSW Health pillars, the Australian Government Department of Health, Cancer Australia, the Aboriginal Health & Medical Research Council (AH&MRC) and non-government organisations.

Putting the principles into practice

These principles will be put into practice under each priority throughout this plan.

The implementation plan that supports this *NSW Cancer Plan* provides further detail on how the overriding principles will be embedded into the work of key stakeholders.

The actions in the implementation plan intend to contribute to driving forward progress under each of the principles – for example, targeted action for focus populations; actions that enhance access in regional, rural and remote areas; or actions that bring together groups to develop coordinated and collaborative approaches.

cancer treatment

Priorities

Priority 1

Prevention of cancers

Support people to reduce their cancer risk

Our actions for the next five years

#	Action
1.1	Improve people's ability to understand and engage with prevention, screening and cancer care services and information, and reduce fear, stigma and shame among Aboriginal and multicultural communities.
1.2	Target evidence-based prevention efforts in areas with the greatest need and demonstrated impact, including helping people to not take up smoking, quit smoking, protect their skin from ultraviolet radiation and reduce alcohol consumption.
1.3	Use new technologies and innovations, such as digital services, to support people to adopt healthy lifestyle behaviours and reduce their risk of cancer.
1.4	Strengthen broad public health prevention collaborations and partnerships at all levels across public, private and non-government sectors.

> "Our communities are really fearful of cancer … we think it's going to take us overnight – you get diagnosed and that's it. What we need is better education about cancer in the community, so that people know what it is, what you can do to reduce your chance of getting it, and how important it is to have those conversations with your doctor."
>
> **Aboriginal community member**

prevention

Preventing cancer is one of the most effective ways to address inequities and achieve our vision of ending cancers as we know them. At least one in three cases of cancer can be prevented. In Australia approximately 16,700 cancer deaths and 41,200 cancer cases each year could be prevented through lifestyle changes.[6]

A number of healthy lifestyle behaviours can lower the risk of getting cancer. These include avoiding or stopping smoking, reducing alcohol consumption, reducing sun exposure, healthy eating and increasing physical activity. Some cancers that are linked with viruses like human papillomavirus (HPV) or hepatitis B can also be prevented through vaccination.

These behaviours are influenced by the social determinants of health – that is, the conditions in which people are born, educated, work, live and age. Therefore, a public health approach to cancer prevention, thinking about individuals and the environments that they live in, is essential to make the greatest impact.

Many risk factors for cancer are also linked to other chronic diseases, such as heart disease, type 2 diabetes and respiratory diseases, making a strong case for including cancer in broader chronic disease partnerships.

Prevention also includes secondary prevention of cancers. This is detecting and treating cancers as soon as possible through screening and regular tests, and encouraging personal strategies to reduce the impact of cancers and prevent recurrence.

Putting the principles into practice

Examples may include:

✓ **For equity of outcomes,** enabling community leaders to deliver cancer prevention information and support within their own communities, for example Aboriginal Health Workers.

✓ **For person-centredness,** providing support services that provide tailored information and support to help people improve their health.

✓ **For collaboration,** working with the education sector to include cancer-prevention messages into education curricula and learning.

✓ What success looks like

For the health system

All people in NSW live in healthy environments and are supported and empowered to make evidence-informed decisions and behaviour changes that reduce their risk of cancers.

For people at risk of or affected by cancer, their families and carers

I know what I can do to reduce my chance of getting cancer, and I know where I can go and who I can talk to if I have questions.

Priority 2

Screening and early detection of cancers

Screen for and diagnose or detect cancers accurately, in a coordinated manner and, where possible, at an earlier stage

Our actions for the next five years

#	Action
2.1	Engage primary care providers to encourage participation in the national cancer screening programs.
2.2	Maximise participation in screening and early detection programs and make NSW a national leader in early detection of cancers.
2.3	Promote opportunities for people who are already engaged with the health system to participate in cancer screening, and enable key organisations to promote cancer screening to focus populations.
2.4	Target early detection efforts in communities with the greatest need and the highest potential for improved outcomes.
2.5	Continue to support primary care providers to proactively identify and effectively care for people who have, or may have, cancer.
2.6	Create and deliver consistent, coordinated and timely pathways to ensure people with cancer are referred appropriately from primary care to treatment and care.

> “I received my bowel cancer screening kit in the mail and put it away in my bedroom, thinking I would do it some other time. My husband encouraged me to just get it over with. After a positive result, I had a colonoscopy and found out I had cancer. It’s worthwhile doing the kit straight away, that’s what I tell everyone now.”
>
> **Multicultural community representative**

Early detection of cancer can significantly improve outcomes for patients. This is enabled through cancer screening, which means checking the body for signs of cancer before symptoms appear, opportunistic testing (offering screening linked to other occasions of care), risk recognition and symptom awareness.

There are three national screening programs for breast, bowel and cervical cancers. According to the Australian Institute of Health and Welfare (AIHW):[7]

- people with cancers diagnosed through the National Bowel Cancer Screening Program had a 40% lower risk of dying than those who had not been screened
- women with cancers diagnosed by BreastScreen had a 42% lower risk of dying than women with cancer who had never been screened*
- women with cancers diagnosed through cervical screening had an 87% lower risk of dying than women with cancers who had never had a Cervical Screening Test.

Efforts are needed to increase screening rates and support early detection, with the AIHW analysis showing:[7]

- six out of 10 eligible people were not participating in the National Bowel Cancer Screening program
- 40% of eligible women were overdue for a screening mammogram
- people from Aboriginal and Torres Strait Islander or culturally and linguistically diverse backgrounds were less likely to participate in bowel, breast and cervical screening
- four out of 10 eligible women were overdue for cervical screening.

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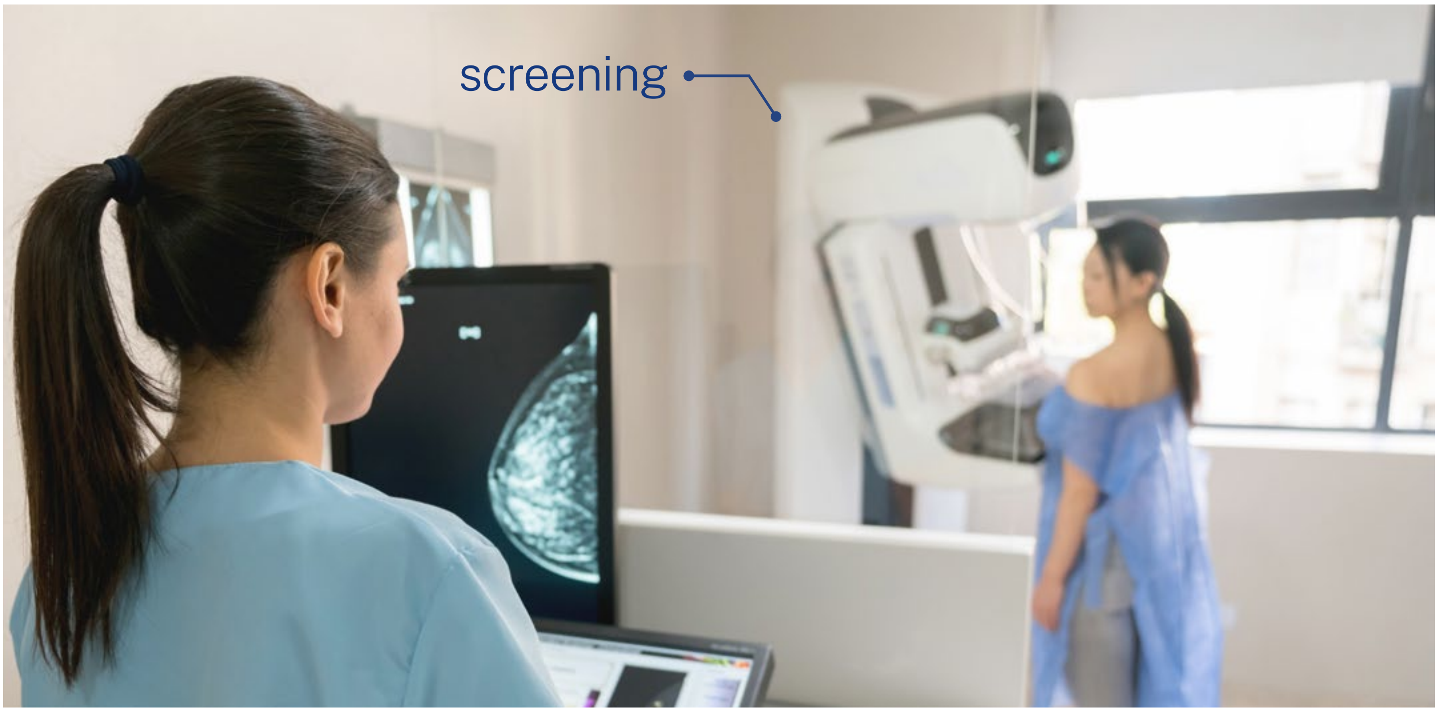
* Note that while data presented in this section specifically refers to cisgender women (i.e. women whose sense of personal identity and gender corresponds with their birth sex), not everyone with a cervix and/or breasts is a woman, and cervical and breast cancer screening is important for everyone with a cervix and/or breasts including transgender and non-binary people.



Putting the principles into practice

Examples may include:

- ✓ **For equity of outcomes,** continuing to improve access to cancer screening in regional, rural and remote NSW through mobile screening services, for example BreastScreen NSW mobile vans.
- ✓ **For person-centredness,** providing easy-to-understand information to all people who may have cancer about next steps, care pathways and support services available.
- ✓ **For collaboration,** working across government and community sectors to align screening and early detection strategies and messaging, particularly for focus populations.

> “I was very much guided by my GP [general practitioner], who I have a strong and longstanding relationship with, and my specialists. I know there’s a lot of rubbish information out there on the internet, so I’m glad they were able to give me the information that I needed.”
>
> **Person who has experienced cancer**

✓ What success looks like

For the health system

High-quality cancer screening services are available, accessible and acceptable to all eligible people.

People at risk of cancer or with suspected cancer can access diagnostic services, so that a diagnosis can be confirmed as early as possible.

For people at risk of or affected by cancer, their families and carers

I have any changes in my general health checked by my GP.

I have access to cancer screening programs.

Services and community-based organisations help to direct me to cancer screening programs and provide advice if I need it.

My GP or primary care provider knows the early signs and symptoms of potential cancer and will send me for testing if it is needed.

If I have cancer, it is diagnosed early so I can have the best possible outcomes.

Priority 3

Optimal cancer treatment, care and support

Deliver safe, high-quality, accessible and sustainable cancer treatment, care and supports to all

Our actions for the next five years

#	Action
3.1	Support best-practice and value-based cancer care to ensure people are seen at the right time, in the right place, for the right care.
3.2	Provide care that is coordinated, easy to access and navigate, is given by multidisciplinary teams (teams of cancer specialists with expertise in different areas of cancer care) and is affordable for the person being treated.
3.3	Ensure people who experience cancer, their families and carers are actively linked with supportive care and services such as psychosocial care, allied health care and financial counselling.
3.4	Provide patients, families and carers with timely access to relevant, credible and understandable information that helps them to play an active and informed role in making decisions about their treatment and care.
3.5	Improve integration and communication across services and providers, between local health districts (LHDs) and specialty networks (SNs), and across the public, private and primary care settings.
3.6	Ensure high quality and accurate information is available to those working in the health system to support them to make decisions and develop quality improvement initiatives that are informed by the best available evidence.
3.7	Ensure that feedback from patients about their experiences and outcomes is routinely used for care delivery, service planning and quality improvement.

Quality cancer treatment means ensuring that people living with cancer receive comprehensive assessment, treatment and care overseen by a multidisciplinary team of cancer and allied health specialists. It also means safe, high-quality and person-centred treatment at all stages of the cancer care pathway, including survivorship and palliative care.

> “I feel so fortunate to have this multidisciplinary team around me who support and coordinate my care. But even with this team things fall through the cracks. You have to be a self advocate and remind them, ‘oh I’ve had this scan’ or ‘these were my results last time’. Often communication between doctors and between hospitals isn’t great.”
>
> **Person who has experienced cancer**

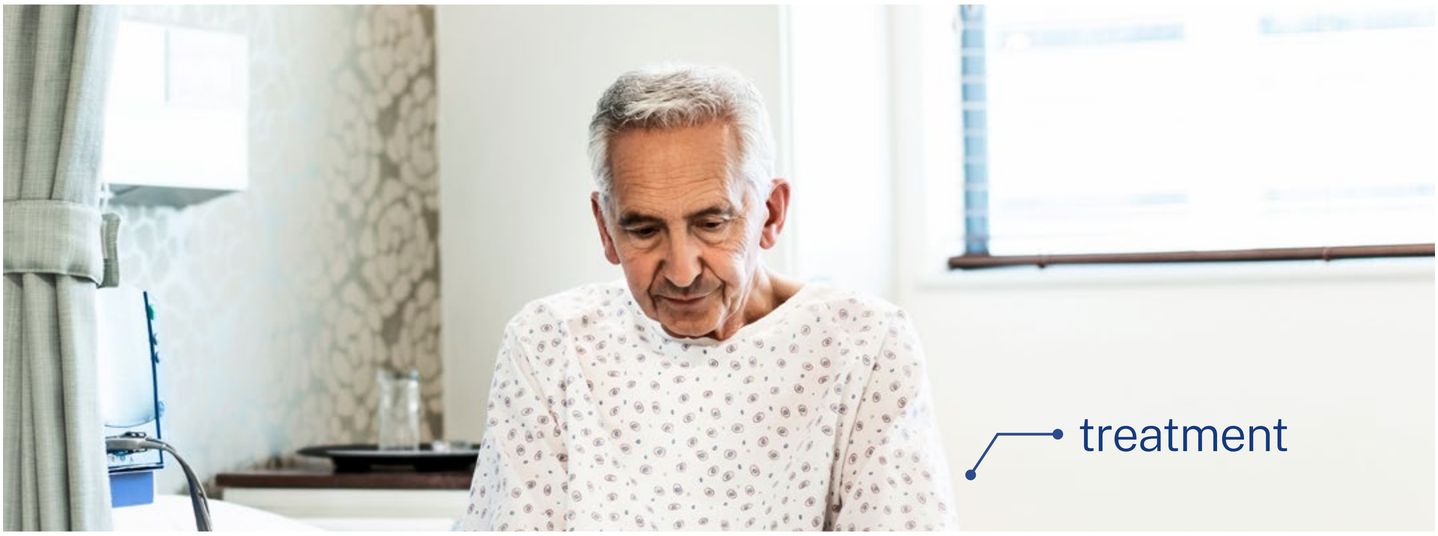
Evidence indicates that a team approach to cancer care, where health professionals together consider all options and develop an individual treatment plan, can improve survival and quality of life.[8]

There are many forms of treatment, used alone or in combination to treat cancer. The best treatment for individuals depends on a variety of factors including:

- type of cancer
- stage and grade of cancer
- the patient’s overall health
- the patient’s choices and preferences.

Effective cancer support also includes allied health, psychosocial support, palliative care, non-clinical support, fertility services, support for cancer survivors, and support for families and carers.

An important part of delivering the best cancer treatment, care and support is collecting and responding to patient input, feedback and advice at all stages (planning, implementation, review and evaluation). Strong evidence links patient experience and person-centred care to improved clinical effectiveness, patient safety, healthy behaviours and better patient outcomes.[9]



Putting the principles into practice

Examples may include:

- ✓ **For equity of outcomes,** continuing to expand access to culturally safe and responsive supportive care and services, for example through ensuring diversity in recruitment practices and cultural competency training for cancer care staff.
- ✓ **For person-centredness,** co-designing patient feedback systems with people who experience cancer, their families and carers to capture what matters most to them.
- ✓ **For collaboration,** strengthening links between all providers of cancer treatment, care and support so that people who experience cancer, their families and carers have a seamless experience.

> “It would be nice if the whole process was a little bit more clear, or a little easier to understand. I remember after my diagnosis someone gave me a list of 20 or so specialists and told me to pick one … that’s not very helpful. At the beginning, you’re really just going through the motions and it’s frightening and confusing.”
>
> **Person who has experienced cancer**

✓ What success looks like

For the health system

People affected by cancer, their families and carers receive safe, high-quality and seamless cancer treatment, care and support that meets all their needs.

For people at risk of or affected by cancer, their families and carers

Once I am diagnosed with cancer, I quickly start treatment and I receive the most appropriate treatment.

It is easy for me to access all the services that I need. This includes cancer treatment, but also things such as allied health, psychosocial support and non-clinical support like financial counselling advice.

There is good communication between everyone involved in my care. I don’t have to repeat my story each time I see someone.

Priority 4

Cancer research

Strengthen cancer research capacity, translation into practice and impact and improve patient, family and carer experience

Our actions for the next five years

#	Action
4.1	Invest in cancer research infrastructure in NSW, and promote national and international collaboration.
4.2	Enhance access to and participation in cancer clinical trials, with a focus on communities that experience poorer cancer outcomes.
4.3	Provide easy-to-understand information to people experiencing cancer, their families and carers to support their involvement in cancer research.
4.4	Support primary care providers to encourage people to participate in cancer clinical trials and other research.
4.5	Build the capability of the cancer control workforce to engage and participate in cancer research, including clinical research.
4.6	Improve the ability to link databases to support cancer control research and get a better understanding of people's overall health.

> "My specialists tried for ages to get me on a clinical trial but it's not easy. You have to be sick, but not too sick. You have to have the right cancer. You have to be in the right location. Eventually I got on one and honestly it saved my life. I don't think I would be here without that."
>
> **Person who has experienced cancer**

High-quality cancer research is vital to ensure the health system, in particular system improvements, are based on the best available evidence. This is supported by trained and motivated staff who are actively engaged in research projects when appropriate. To have the most impact, the results of cancer research need to be routinely and rapidly translated into clinical practice and guidelines.

Research is key across all parts of cancer care – for example, to support best-practice approaches to prevention, to identify ways to enhance participation in screening programs, or to make sure that people with cancer receive the best possible treatment, care and support.

For some people with cancer, clinical trials offer the best option for effective care, treatment and support. However, improvements are needed in access to and participation in clinical trials:

- For every 100 people diagnosed with cancer in NSW, there were six enrolments in a cancer clinical trial in 2019–20.[3]
- In 2019–20, there were differences in the number of cancer clinical trials open for recruitment between different NSW local health districts (LHDs) and specialty networks (SNs). Metropolitan LHDs tended to have more cancer clinical trials open for recruitment as compared to regional, rural and remote LHDs.[3]
- There is a lower participation in cancer clinical trials amongst focus populations, including multicultural communities, Aboriginal communities and those living in regional, rural and remote areas.

Putting the principles into practice

Examples may include:

- ✓ **For equity of outcomes,** providing opportunities to participate in clinical trials for those living in regional and rural areas, for example through telemedicine or virtual care.
- ✓ **For person-centredness,** ensuring all information about participation in clinical trials is clear and easy to understand.
- ✓ **For collaboration,** building greater links between researchers within NSW, across Australia and internationally to ensure that the people of NSW have access to cutting-edge clinical trials and best practice cancer treatment, care and support.

✓ What success looks like

For the health system

The people of NSW have access to cancer services underpinned by world-class research that is routinely translated into clinical practice.

For people at risk of or affected by cancer, their families and carers

I know there is investment in research that is improving the cancer system – from prevention, diagnosis and treatment to survivorship and palliative care.

If I am diagnosed with cancer, I can access world-class treatment, including clinical trials if these are appropriate for me. I feel confident to participate in cancer research.

System enablers

Priorities and strategic actions in this *NSW Cancer Plan* will be supported by three groups of system enablers.

System enablers underpin and support the implementation and success of the *NSW Cancer Plan*. Many of these enablers are broader than just the NSW cancer system and require collaboration and partnerships.

Staff are engaged and well supported

- Leadership and culture
- Workforce

Leadership and culture

Strong leadership and supportive workplace cultures provide an environment for delivering safe and high-quality care. There are opportunities to continue to build positive leadership and culture in cancer care delivery which may include:

- championing the importance of person-centred care with a focus on delivering exceptional experience
- building positive workplace cultures with a foundation of collaboration and trust, to enhance patient and staff experience and improve clinical outcomes.

Workforce

A workforce with the right skills, capabilities and experience is essential to deliver of high-quality, safe and person-centred cancer care. This may include:

- ensuring the workforce is representative of the NSW population and has the skills to deliver care that is culturally safe, responsive and appropriate
- ensuring every staff member receives regular, effective training in communication, person-centred care and customer service
- identifying and supporting new roles to enhance the delivery of prevention, care, treatment and support. This could include supporting the workforce to extend their scope of practice for some roles or proactively building the capability of staff to take on new roles
- creating networked models of care to improve access to specialist services, for example through virtual care.

Innovation and digital advances inform service delivery

- Data and information
- Technology and innovation

Data and information

Success of the *NSW Cancer Plan* is built on continuing to improve communication and sharing of information across all care settings (both public and private). This may include:

- focusing on linking data across the health system and the integration and interoperability of clinical information systems so that all clinicians have access to information to support coordinated care delivery
- ensuring that focus population data is available to support research, planning and decision making
- enhancing the availability, quality and use of data and information
- supporting linkages with data sets outside the public health domain, such as Census data
- addressing ongoing challenges around data privacy, security and sovereignty (the right to maintain, control, protect and develop intellectual property) for data related to Aboriginal communities.

Technology and innovation

Enhancements in technology and innovation can lead to better communication, sharing of information, and development of new models of care that meet the needs and preferences of people who have (or are at risk of) cancer. Opportunities may include:

- co-designing new models of prevention, diagnosis, cancer treatment, care, support and follow-up with consumers, clinicians and other key stakeholders
- using new technologies to deliver cancer treatment closer to home for patients who would prefer this, such as through virtual care models
- incorporating technological advances and innovations such as genomics, personalised medicine and artificial intelligence to support better care.

care and support

The system is managed sustainably

- Governance
- Monitoring, evaluation and reporting

Governance

Governance means there are established structures and processes to direct and oversee cancer control initiatives.

Effective governance is vital for safe, high-quality, person-centred care and accountability.

Opportunities to enhance governance may include:

- ensuring that patients, their families and carers are represented on governance committees
- building a voice for focus populations at the system level, such as through executive-level staff positions focused on equity
- strengthening alignment with NSW Health governance structures
- strengthening legal and policy environments, and having strong governance structures for the use of technology.

Monitoring, evaluation and reporting

Systems for monitoring, evaluation and reporting ensure ongoing accountability and continuous quality improvement.

Opportunities for enhancing monitoring, evaluation and reporting may include:

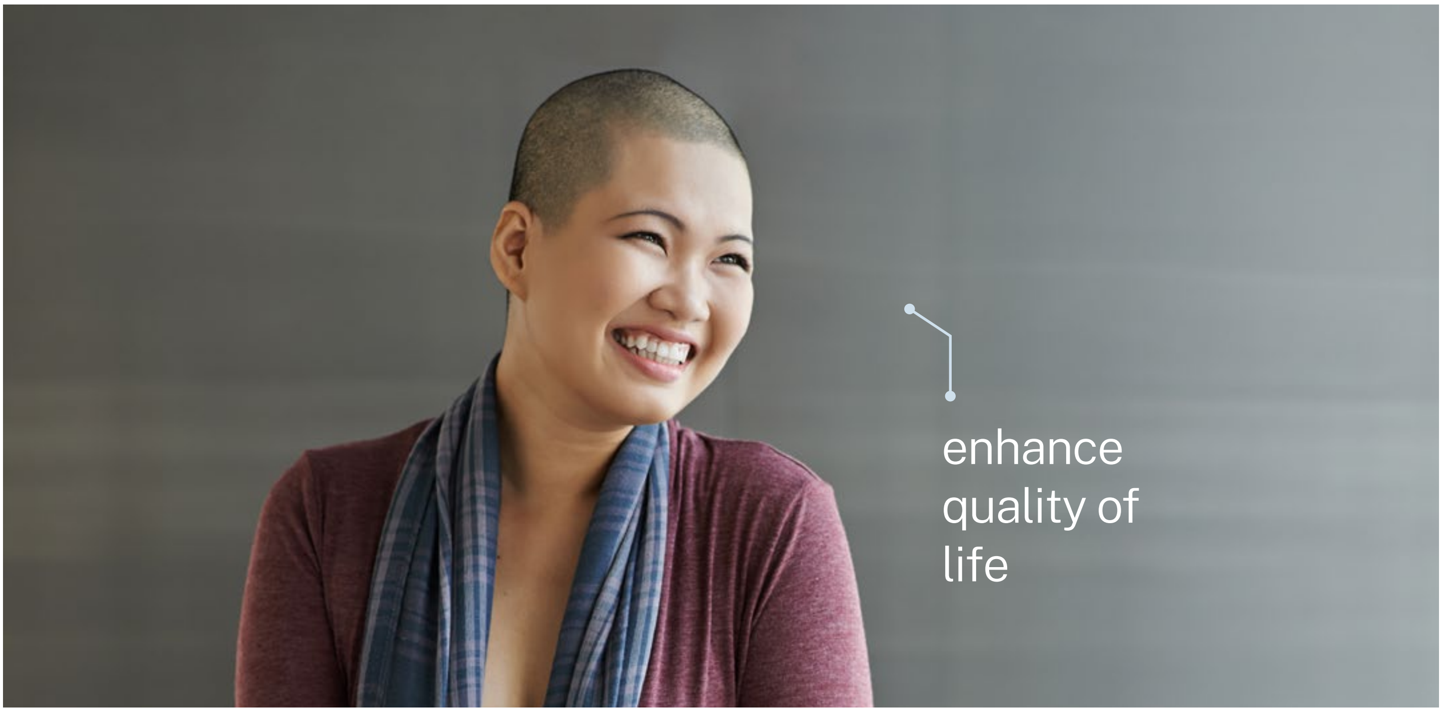
- continuing to build partnerships and engage with cancer care providers, including supporting them with access to clinical and outcomes data and information
- identifying competent and trustworthy professionals who are able to champion best practice and influence and lead others
- improving the type, collection and real-time use of patient-reported measures, so feedback on people's experiences and outcomes can be used to improve service delivery
- providing greater transparency around data to identify and understand any variation in cancer treatment and outcomes
- ensuring there are clear systems for evaluating the *NSW Cancer Plan*, including process and outcome evaluations of related activities and initiatives.

Working together

Success requires many people and organisations in NSW working together.

The following organisations, agencies and services each have a role to play in contributing to the success of this *NSW Cancer Plan*, through undertaking activities in line with some or all of the agreed priorities and actions:

- The **NSW Ministry of Health** provides overall direction, management and oversight of NSW Health.
- The **Cancer Institute NSW**, a pillar organisation of NSW Health, sets the direction for cancer control across the state in collaboration with other stakeholders, leads efforts on cancer care in NSW, and measures and reports progress.
- Other **pillar organisations of NSW Health** provide specialised support to the health system (i.e. the Agency for Clinical Innovation (ACI), Bureau of Health Information (BHI), Clinical Excellence Commission (CEC) and the Health Education and Training Institute (HETI)).
- The **broader NSW and Australian governments** provide the enabling environment for prevention, cancer screening, care, treatment and support.
- **Cancer-specific publicly-funded health services**, which are provided by specialist cancer services in local health districts (LHDs) and specialty networks (SNs).
- The **wider public health system**, including emergency and acute care services, preventive health, allied health, psychosocial and palliative care, and the Multicultural Health Communications Service (MHCS).
- **Primary care** is provided by Primary Health Networks (PHNs), general practitioners (GPs) and Aboriginal Community Controlled Health Organisations (ACCHOs).
- The **private sector**, which, along with the public health system, provides diagnostics, cancer-specific care and treatment services, and manufactures pharmaceuticals.
- **Not-for-profit organisations** deliver a range of health promotion activities, patient information, care and support, including patient advocacy (e.g. the Aboriginal Health and Medical Research Council (AH&MRC) of NSW, Cancer Council NSW and Cancer Voices NSW).
- **The research community, professional bodies and academia** drive advances in prevention, screening, treatment, follow-up, survivorship and palliative care.



Related strategies

The *NSW Cancer Plan* is influenced by, and operates alongside, a number of statewide strategies.

It is guided by the Premier's Priorities and aligns to *Future Health: Guiding the next decade of care in NSW 2022–2032*, which provides the strategic framework and priorities for the whole health system over the next decade.

Other key strategies

Other key strategies that have informed or enabled the development of the *NSW Cancer Plan* include:

Informing

- *Elevating the Human Experience*
- *National Preventive Health Strategy 2021–2030*
- *NSW Aboriginal Health Plan 2013–23*
- *NSW Plan for Healthy Culturally and Linguistically Diverse Communities: 2019–2023*
- *NSW Refugee Health Plan*
- *NSW LGBTQI+ Health Strategy*
- *Rural Health Plan*

Enabling

- *Health Professionals Workforce Plan 2012–22*
- *NSW Health Aboriginal Workforce Strategic Framework Good Health Great Jobs*
- *NSW Health Strategic Framework for Integrated Care*
- *NSW Primary Health Care Cancer Framework*
- *End of life and Palliative Care Framework 2019–24*
- *NSW Health Genomics Strategy*
- *NSW Tobacco Strategy 2012–21*
- *NSW Skin Cancer Prevention Strategy*
- *NSW Healthy Eating and Active Living Strategy 2013–18*
- *NSW Hepatitis B and C Strategies 2014–20.*

Implementation and measuring progress

Governance of the NSW Cancer Plan

Clear governance structures will support effective, coordinated and collaborative implementation of the *NSW Cancer Plan*.

While the Cancer Institute NSW is the custodian of the *NSW Cancer Plan*, overall governance of the plan is provided by the multi-stakeholder *NSW Cancer Plan* Governance Committee. The Governance Committee:

- provides oversight and advice on implementation, monitoring and reporting for the *NSW Cancer Plan* to ensure goals are achieved
- promotes and facilitates engagement and communication between all stakeholders involved in implementing the *NSW Cancer Plan*
- provides oversight and advice for evaluations of the *NSW Cancer Plan*
- provides oversight and advice through the development and implementation of subsequent cancer plans for NSW.

Implementation of the NSW Cancer Plan

The purpose of the *NSW Cancer Plan* is to provide the overarching direction for cancer control in NSW. How we will address the strategic priorities and achieve the goals will be determined in a supporting implementation plan, which will be developed with collaborators and stakeholders.

The implementation plan will detail the activities and initiatives, the responsible collaborators and stakeholders, and the timeframes for delivering these within the life of this *NSW Cancer Plan*.

Monitoring, evaluation and reporting on progress

Monitoring, evaluation and reporting on success is vital to understand if we have achieved the goals of the plan and to inform changes over the life of the *NSW Cancer Plan*. The implementation plan will also be a key part of how we will measure and track progress against the *NSW Cancer Plan*.

We will continue to measure and track our progress against the goals of the *NSW Cancer Plan* through the *NSW Cancer Plan* Performance Index, which includes a selection of high-level system indicators.

Glossary

Term	Definition
Allied health	A diverse group of individual professions, in most instances university qualified professionals, who work in a healthcare team to support a person's medical care. In NSW Health, more than 20 professions fall within the scope of allied health. Further information can be found on the NSW Health website.
Cancer care pathway	The stages of a person's cancer and interactions with the cancer system, from prevention to screening, detection, treatment, follow up, survivorship and palliative care.
Cancer control	A whole-of-population approach that aims to reduce cancer incidence, morbidity and mortality of cancer. This involves evidence-based interventions and services from prevention, to screening, detection, treatment and survivorship and/or palliative care.
Cancer system	All services and organisations that contribute to cancer control in NSW, along the continuum from prevention to survivorship and/or palliative care. The cancer system includes government, non-governmental organisations and private providers.
Co-design	A way of bringing people at risk of or who have experienced cancer, their families and carers, health workers, and other key stakeholders together to improve services. Co-design creates an equal and reciprocal relationship between those involved in development, enabling them to design and deliver services in partnership with each other. Further information on co-design can be found in the ACI Guide to Build Co-design Capability.
Culturally safe, responsive and appropriate care	Care that is delivered in a way that respects and responds to the diverse needs of people from different cultural and language backgrounds, including personal traditions, history, values and family systems. Culturally safe, responsive and appropriate care takes into account factors such as language spoken at home, treatment preferences, and preferences for who provides care and in what location.
Data sovereignty	In this context, "the right [for Aboriginal communities] to maintain, control, protect and develop the cultural heritage, traditional knowledge and traditional cultural expressions, as well as their right to maintain, control, protect and develop the intellectual property over these."[10]
Equity/equitable	Health equity is defined as differences in health that are avoidable and also considered unfair or unjust. Issues of equity can impact on health in a number of ways, including socially or economically disadvantaged groups who experience different prevalence of disease or poorer health outcomes; groups who have different levels of access to health interventions due to geography, economic barriers or discrimination; and groups who may respond differently to interventions such as children. Equity in the context of this *NSW Cancer Plan* means that all groups of people in NSW, regardless of factors such as where they were born or live, their cultural background, their gender or sexual identify, should have the same opportunity to access cancer services and the same outcomes. Equity is different to equality. Equality would be giving all groups the exact same resources and support; equity would be distributing resources and support based on the needs of specific groups. This *NSW Cancer Plan* acknowledges that to achieve equity, some groups within NSW need additional and targeted focus and support. Further information on equity can be found on the National Health and Medical Research Council website.

Term	**Definition**
Health services	All services within NSW that provide health care, treatment and support. This includes public, private and non-government services. In this *NSW Cancer Plan*, this term is a broader term than 'cancer services'.
Health system	The organisation of people, institutions and resources that deliver health services to meet the health needs of the people of NSW. In this *NSW Cancer Plan*, the health system refers to all groups including the NSW Ministry of Health, local health districts (LHDs)/specialty networks (SNs), the primary health care system, private and non-government providers, and prevention services.
LGBTQ+	An umbrella term that embraces sexuality and gender diverse identities including lesbian, gay, bisexual, transgender, intersex and queer people.
Multidisciplinary team/care	A team involving a range of health professionals from different disciplines, from one or more organisations, working together to deliver comprehensive patient care that addresses as many of the patient's needs as possible.
National screening programs	The three population-based cancer screening programs in Australia: BreastScreen Australia, the National Bowel Cancer Screening Program and the National Cervical Screening Program.
Palliative care	Aims to improve quality of life for people nearing end of life, their families and carers. It can include the prevention and relief from pain and other distressing symptoms through early identification, assessment and treatment. Palliative care addresses needs that may be physical, psychosocial or spiritual.
Person-centred	Person-centred care is widely recognised as a foundation to safe, high-quality health care. It is respectful of, and responsive to, the preferences, needs and values of the individual centredness and the community as a whole. It is about a focus on the patient. This involves seeking out and understanding what is important to the patient, their family and carers, what is important to the community as a whole, fostering trust, establishing mutual respect and working together to share decisions and plan care.
Primary health care/primary health care providers	Generally, the first contact a person has with the health care system. Primary care relates to the treatment of patients who are not admitted to hospital. While general practitioners (GPs) are the basis for primary care in Australia, primary care can also be provided through nurses (such as general practice nurses, community nurses and nurse practitioners), allied health professionals, midwives, pharmacists, dentists, and Aboriginal Health Workers. Further information on primary care can be found on the Australian Government Department of Health website.
Primary health networks	Primary health networks (PHNs) have been established with the key objectives of increasing the efficiency and effectiveness of medical services for patients, particularly those at risk of poor health outcomes, and improving coordination of care to ensure patients receive the right care in the right place at the right time. Further information on PHNs can be found on the Australian Government Department of Health website.
Psychosocial support	Care including mental health counselling, education, spiritual support, group support and other services. Services are usually provided by mental health professionals such as psychologists, social workers, counsellors and specialised nurses.

Term	Definition
Secondary services	Services or facilities that provide specialist care, following referral from primary care.
Social determinants of health	The non-medical factors that influence health outcomes. These include factors such as socioeconomic status, employment, educational attainment and cultural background.
Survivor/ survivorship	Refers to the process of living with, through and beyond cancer. By this definition, cancer survivorship begins at diagnosis. It includes people who continue to have treatment to either reduce risk of recurrence or to manage chronic disease and includes the longer-term impacts of cancer treatment on people affected by cancer.
System enablers	Those factors that underpin and support the implementation and success of the *NSW Cancer Plan*. Many of these enablers are broader than just the NSW cancer system and require collaboration and partnership.
Tertiary services	Services that provide a higher level of specialised health care, usually in hospital and on referral from a primary or secondary health professional, that has staff and facilities for advanced medical investigation and treatment.
Value-based care	Continually striving to deliver care that improves: • health outcomes that matter to patients • experiences of receiving care • experiences of providing care • effectiveness and efficiency of care. Further information on value-based care can be found on the NSW Health website.

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