



Submission to the Draft Australian Cancer Plan Consultation

16 December 2022

Introduction

The Cancer Nurses Society of Australia (CNSA) represents more than 1700 cancer nurses across Australia. As the peak national body for cancer nursing, the Society strives to promote excellence in cancer care through the professional contribution of cancer nurses.

To achieve this mission, CNSA acts as a resource to cancer nurses, and all nurses who provide care to individuals diagnosed with cancer around Australia, regardless of geographical location or area of practice. We are the critical link between cancer nurses in Australia, the consumers of cancer nursing services, and other health services and providers involved in cancer control.

The CNSA strongly supports the development of Australia's first National Cancer Plan and welcomes the opportunity to contribute and share our vision to assist in providing a national approach to cancer control in Australia that is effective now and into the future. We believe the implementation of the Australian Cancer Plan (ACP) will be critical to its success, and welcome the attention to First Nations and addressing racism and systemic equity issues.

We acknowledge and appreciate the work and consultation undertaken by Cancer Australia to create the draft ACP, and reinforce our position that cancer nurses are critical in the governance of any navigation model that is considered. We look forward to being actively involved in the development and design of any models of care that include or impact the role of the nurse.

Our Vision: Best possible outcomes and experiences for all people affected by cancer.

Our Mission: Promoting excellence in cancer care and control through the professional contribution of cancer nurses.

CNSA acknowledges and pays respect to the First Nations people as the traditional owners of the land. We pay our respects to the elders past present and emerging and acknowledge the different nations across Australia on which we all live and work. CNSA will continue to work together with Aboriginal and Torres Strait Island peoples to shape a health system which responds to the needs and aspirations of our community.

This submission was authorised by:

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Workforce / Scope of Practice

We acknowledge the inclusion of *Strategic Objective 5: Workforce to Transform the Delivery of Cancer Care*. We note however, the lack of focus on a national Nursing Workforce strategy.

CNSA advocates that specialist cancer nurses are critical to the delivery and implementation of the Australian Cancer Plan. This factor must be addressed within its own right and echoes CNSA's Professorial Advisory Council's submission that key to achieving the strategic objectives of the ACP is the enablement of nurses to work to their full scope of practice¹.

Strengthening the specialist cancer nursing workforce will successfully and sustainably transform the delivery of cancer care.

We reinforce the following:

- The cancer nursing workforce is facing one of its greatest challenges following more than two years of a global pandemic. Establishing a cancer nursing workforce strategy that is sustainable, flexible, and secure, through targeted collaboration with key nursing professional bodies such as the Office of the Chief Nursing and Midwifery Officer, Australian College of Nursing and the CNSA, is imperative.
- This strategy will:
 - ensure appropriately articulated roles,
 - identify ways to promote cancer nursing to graduate and undergraduate nurses,
 - allow the employment of more cancer Nurse Practitioners as well as
 - enable cancer nurses, to work to full scope of practice with clear career pathways for cancer nursing.
- A vital component of this strategy will be incorporating nursing roles and the sustainability of nursing roles into service planning.
- The ACP can close the gap between medical and nursing contribution through opportunities to be involved in research while holding clinical roles. This is commonplace for medical roles but rare for nurses, and not facilitated through protected, designated time to contribute. It is imperative that nurses are provided with this opportunity and receive the provision of dedicated time to achieve this.
- Specialist cancer nurses provide equitable care to all patients no matter where they access services ie. metropolitan, regional, rural
- Nurses and Nurse Practitioners placed within a regional centre are also able to better understand the unique needs of their population and the specific disadvantages their groups face.

We also echo the key points made by CNSA's Professorial Advisory Council in their submission, namely:

- Investment in community-based cancer nursing capability offers a critical opportunity for early detection, screening, community education and navigation of care for people affected by cancer. This is particularly important in rural and remote areas and for working with cultural groups at a community level.
- Specialist cancer nurses are critical to the delivery of safe and high-quality cancer care across the cancer continuum from prevention and risk reduction to survivorship and palliative care.

¹ Response to Australia Cancer Plan prepared by leading cancer nursing academics.

Enabling nurse led care

We acknowledge the inclusion of *Action 3.1.3 Pilot innovative, evidence-based models of care for people living with and beyond cancer* however believe that the models of care **must include** nurse-led models.

We reinforce the following:

- The ACP must recognise the expertise cancer nurses have in supporting patients across the trajectory of diagnosis and treatment, and into survivorship and end-of-life care. Nurses are ideally placed to ensure medical treatment and supportive care is evidence based and person-centred. This includes the provision of physical and psychological symptom assessment and management, and referral to allied health support as required.
- There are many barriers to nurse-led clinics and care models, despite evidence demonstrating these models are a valuable and cost-effective way to close gaps in care. Nurse led clinics, survivorship clinics, symptom management clinics and an increase in Nurse Practitioner roles offer sustainable outcomes and can address issues of equity in regional and rural settings. Current funding of nurse-led clinics and care models comes from Tier 2 funding for non-admitted care that is allocated in bulk to the hospital for the hospital to distribute at executive management discretion. This hides that value of nurse-led clinics
- The ACP should ensure direct funding of nurse-led clinics and support nurse-led care models in outpatient settings. These clinics need to generate their own MBS funding to be sustainable, without the need to rely on MBS funding from medical providers. Reliance on MBS funding from medical providers for nurse-led clinics ultimately add to the costs of the clinic yet does not add to the efficacy or safety of care. These care models should be driven by nurses within the interdisciplinary team.
- To enable nurse-led care, all Cancer Nurse Practitioners, regardless of employment status or practice setting, should be eligible to access an MBS provider number, its privileges, and responsibilities; and the scope and breadth of items eligible for reimbursement for Nurse Practitioner services including MBS consultation items, radiological investigations, and medicines for which their prescription can attract PBS subsidies must be reviewed.

We also echo the key message made by CNSA's Professorial Advisory Council in their submission, namely:

- Specialist cancer nurses are critical to the delivery of safe and high-quality cancer care across the cancer continuum from prevention and risk reduction to survivorship and palliative care.

Addressing Gaps in Health Services and Care

We acknowledge and support the need for equity in cancer outcomes and experience is at the centre of the ACP and agree if the ACP does not 'shift the dial' for people whose outcomes are poorest, it will not be successful.

We reinforce the following:

- The CNSA strongly supports approaches that sustainably address current gaps in services, and the development of new evidence-based approaches to meet the needs of individuals and their families. We welcome the opportunity to bring our significant expertise and experiences to the development of these and argue the need to move away from the acute hospital centred approach.
- The need to address equity of access to services needs to be a priority in developing and evaluating additional / different approaches to care. Critical to the success of new services is consultation with

all members of the health team, clarity of roles and expectations, and that the model/role/position has ongoing funding. It is pivotal that the CNSA and other nursing bodies are active participants in the development and design of such a model whereby it does not replace nursing roles, rather increases their capacity to provide expert/optimal nursing care. This is the same principal whereby nursing and allied health roles do not replace medical roles, but add value, efficiency and equity of access to care.

We also echo the key points made by CNSA's Professorial Advisory Council in their submission, namely:

- Nursing within the health system is funded by bed-days yet the greater proportion of cancer patients are treated in ambulatory settings as out-patients. This model of funding curtails nurses' capacity to make a fundamental and critical contribution to addressing inequity of health outcomes and supportive care. Innovative funding models are required to recognise the critical role of specialist cancer nurses in ambulatory and primary care settings.
- Increasingly, patients with cancer receive their care and treatment as outpatients. Investing in coherent pathways of care between acute cancer services, primary care and across disciplines is essential to effective navigation and excellent consumer experience of care across the entire cancer care continuum.
- The ACP provides an opportunity in its implementation to recommend funding for health system navigation – with focus on addressing system/service level barriers to enable consumers to navigate their cancer experience with ease. Roles critical to a navigated pathway of care should be appointed within health services and not set up outside of the system.