

Victorian cancer plan 2024–2028

Consultation paper

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In this document, 'Aboriginal' refers to both Aboriginal and Torres Strait Islander people.

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Key consultation questions

- Many of us have been affected in some way by cancer. What do you think is the most important shift or change that needs to occur in supporting those:
 - at risk of cancer
 - diagnosed with cancer
 - living with cancer
 - recovered from cancer, with long-term effects
 - needing end-of-life care?
- Where could the next Victorian cancer plan make the biggest impact in healthy living and better cancer outcomes in the coming 10 years? For example, what needs to change to make an impact?
- What does success look like in 2028? What steps do we take to get there?
- Knowing that the healthcare system has finite resources, where can we shift investment in cancer control from low-impact to high-impact activities?

Introduction

This consultation paper is to guide discussion and feedback from the cancer control sector, health services, prevention and population health sectors, researchers and consumers¹ to inform how the Victorian Government will improve cancer outcomes for all Victorians in the *Victorian cancer plan 2024–2028*.

This next Victorian cancer plan will be the third legislated plan for the Victorian community. The first plan, launched in 2016, set out the ambition to save 10,000 lives by 2025. Data indicates that Victoria has met this goal.²

The second Victorian cancer plan, launched in 2020, built on the progress of the first plan. It continued the long-term goals to:

1. halve the proportion of Victorians diagnosed with preventable cancers (achievement of this goal is moving in the right direction in some circumstances, but there are several measures where health inequalities between population groups still exist³)
2. achieve equitable outcomes for all Victorians (achievement of this goal is moving in the right direction in some circumstances, but there are several measures where health inequalities still exist⁴)
3. ensure Victorians have the best possible experience of the cancer treatment and care system (achievement of this goal is moving in the right direction⁵)
4. increase one- and five-year survival of Victorians with cancer (achievement of this goal is moving in the right direction, but impacts of the COVID-19 pandemic on one- and five-year survival is uncertain⁶).

Previous cancer plans have established the framework for our future actions in cancer control. Since then, technology, infrastructure, expanded treatment options, models of care and research have changed the experience of cancer for so many people. For example:

- The rollout of the school and community-based HPV vaccination program and the renewal of the cervical screening program have brought us closer to eliminating cervical cancer as a public health problem.
- Tobacco and e-cigarette policies, legislation and reform have limited the risk of exposure to the dangers of second-hand smoke and vapour. However, vaping is emerging as a public health issue of concern.
- Self-determination has enabled planning of cancer care for Aboriginal Victorians⁷ – for example, the Victorian Aboriginal Community Controlled Health Organisation's (VACCHO) *Victorian Aboriginal Cancer Journey Strategy 2023–2028*.

¹ Consumers in this consultation paper refers to people, families, carers and communities who are current or potential users of health and cancer services.

² Victorian cancer plan monitoring and evaluation framework: 2023 progress report (unpublished)

³ Ibid.

⁴ Ibid.

⁵ Ibid.

⁶ Ibid.

⁷ In this consultation paper, the term 'Aboriginal Victorians' includes all Aboriginal and Torres Strait Islander people living in Victoria.

- Genomics and immunotherapy are supporting development of more targeted treatment options for Victorians affected by some cancers and improving their quality of life.
- High-quality treatment and care are being delivered closer to home.
- Many people with limited treatment options have benefited from more clinical trials closer to home, increased awareness of trials and improvements to clinical trial databases.

We know there is more we can do to help Victorians live healthier and achieve better cancer outcomes. Through this consultation we aim to understand:

- what is important to people affected by cancer
- how the system can best plan for and respond to their diverse and changing needs
- how we can continue to reduce access barriers and inequitable outcomes
- what steps we need to take to continue to build a world-class, sustainable cancer system in Victoria.

Cancer in Victoria

Cancer imposes a considerable burden on the Victorian community. In 2021, 34,974 Victorians were diagnosed with cancer, and 11,581 died from the disease.⁸

While significant progress has been made, the number of people being diagnosed continues to increase, with the number of new cancer yearly diagnoses anticipated to top 51,000 in Victoria by 2036.⁹

Up to 37,000 cancers could be prevented in Australia each year if the population avoided exposure to 13 common factors known or strongly suspected to cause cancer. This includes tobacco smoke, solar radiation, inadequate diet and overweight/obesity.

Victoria's cancer survival rates have been described as among the best in the world, and more people than ever are now living with or beyond cancer.¹⁰ Cancer is a chronic disease because it can be a long-lasting condition with persistent effects. These can have physical, social and economic consequences that can impact on peoples' quality of life.

The five-year survival rate for Victorians diagnosed with cancer has increased by 22% over the past two decades.¹¹ However, these outcomes are not the same for all. Poorer outcomes have continued for some cancer types and for people living in some regional areas.¹² Aboriginal Victorians have significantly higher cancer mortality rates than non-Aboriginal Victorians. Reducing the burden of cancer requires a comprehensive approach with a focus on reducing these disparities.

The 2020 COVID-19 pandemic resulted in changes in care delivery including the suspension of some screening services, outpatient clinics and some surveillance tests and procedures.¹³

There were an estimated 3,864 fewer diagnoses than expected in Victoria over 2020 and 2021.¹⁴ The decline in cancer diagnoses is likely due to a number of issues including reductions in general practitioner attendances during the pandemic, impacts on elective surgery (such as colonoscopies) and changes in health-seeking behaviour. The decline in cancer diagnoses has been seen across metropolitan and regional Victoria and across all socioeconomic groups. Cancers found late can lead to more complicated care and/or poorer outcomes, which may lead to health system pressures in the future.

The Department of Health is working with the cancer control sector to monitor and respond to the decrease in cancer diagnoses.

⁸ Victorian Cancer Registry 2022, Cancer in Victoria 2021, Cancer Council Victoria, Melbourne.

⁹ Ibid.

¹⁰ Ibid.

¹¹ Ibid.

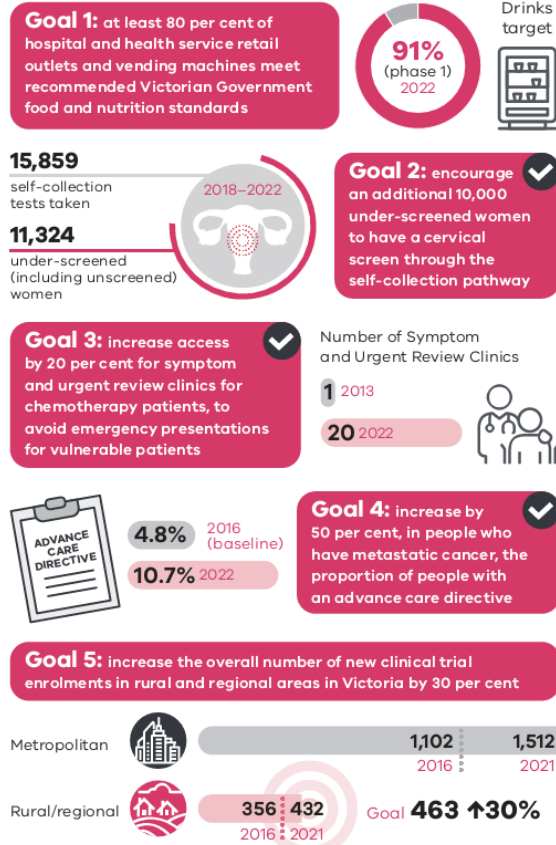
¹² Ibid.

¹³ Marvelde L, Wolfe R, McArthur G, Blake LA, Evans SM. 2021, Decline in cancer pathology notifications during the 2020 COVID-19-related restrictions in Victoria. *Med J Aust.* 214: 281–283.

¹⁴ Victorian Cancer Registry 2022, Cancer in Victoria 2021, Cancer Council Victoria, Melbourne.

Progress against the *Victorian cancer plan 2020–2024*¹⁵

Short term goals → 2024



Medium term goals → 2030



Long term goals → 2040



¹⁵ Victorian cancer plan monitoring and evaluation framework: 2023 progress report (unpublished)

Victoria is moving in the right direction to meet most of the goals set out in previous statewide cancer plans. All five short-term goals from the *Victorian cancer plan 2020–2024* have been met or are making progress towards achievement by 2024.

The medium-term goal of saving 10,000 lives by 2025 has already been achieved.

Feedback for developing the next Victorian cancer plan should consider our progress against the short-, medium- and long-term goals (refer to page 8). In particular:

- How do the priorities and opportunities for the next cancer plan contribute to achieving the plan's longer-term goals?
- Given the progress against many of the existing goals, are they still relevant or do they need to be updated?

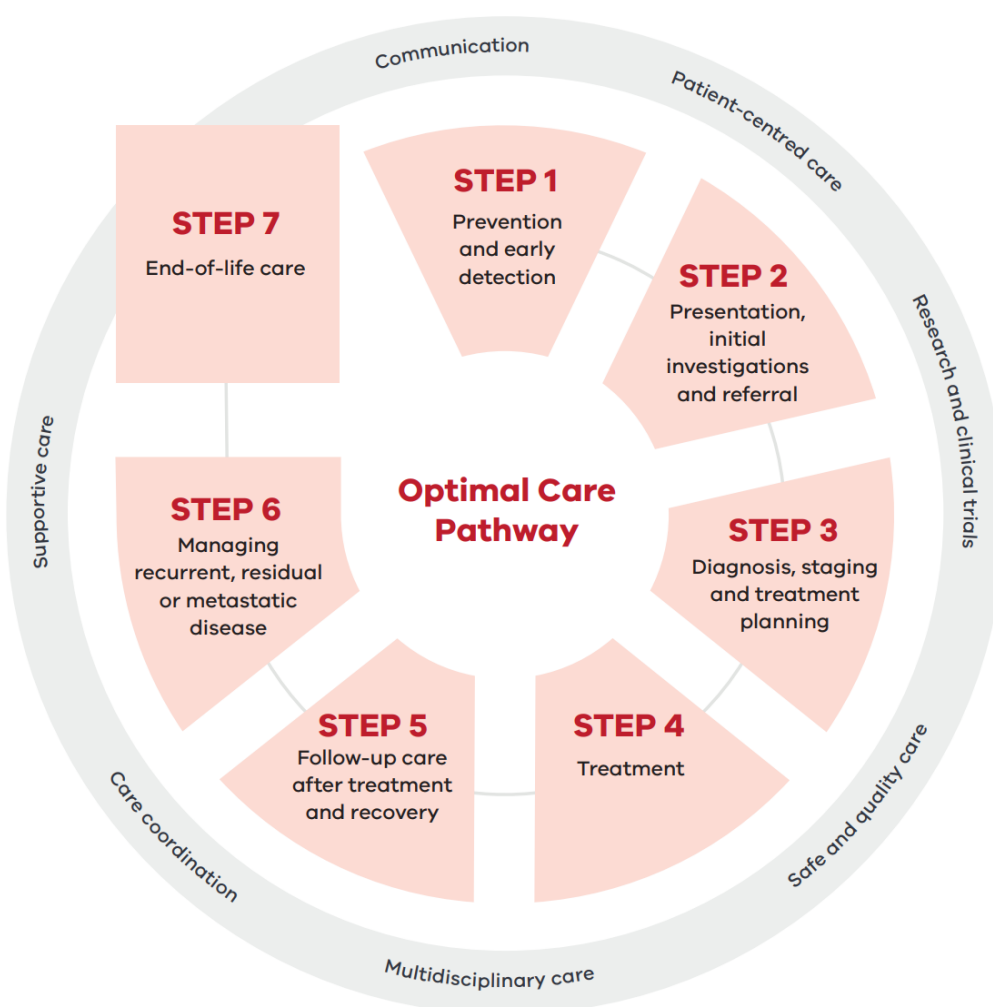
Optimal care pathways

Optimal care pathways define the key steps in the journey of a person affected by cancer. They promote quality cancer care at each step, from prevention and early detection through to end-of-life care (Figure 1).

There is an optimal care pathway for more than 25 tumour types. They are frameworks for delivering consistent, safe, high-quality and evidence-based care for people affected by cancer and are integral to the Victorian cancer plans.

The optimal care pathways are underpinned by a focus on the person affected by cancer. The pathways have been endorsed for implementation by Australian health ministers.

Figure 1: Optimal care pathway



Priority populations

The *Victorian cancer plan 2024–2028* will continue to work towards health equity across the cancer pathway for Victorian health system users.

The cancer system needs to consider and respond to the diverse and intersecting identities, needs and experiences of all priority populations in Victoria. This includes:

- Aboriginal Victorians
- people from culturally and linguistically diverse backgrounds, including refugees and people seeking asylum
- lesbian, gay, bisexual, transgender, intersex and queer (LGBTIQ+) people
- people experiencing socioeconomic disadvantage
- people with disability
- people from regional and rural communities.

Also, some population groups have a higher risk of certain cancers. Some population groups experience low-survival, rare or less common cancers. A gender and life course lens (paediatric, adolescent and young adult, and older people with cancer) also needs to be applied across the pathway. It is important to recognise that many people in these priority populations experience multiple overlapping forms of discrimination and marginalisation, and associated levels of risk, known as intersectionality.¹⁶

¹⁶ Refer to the [Victorian Government website](https://www.vic.gov.au/understanding-intersectionality) <<https://www.vic.gov.au/understanding-intersectionality>>.

Developing the next Victorian cancer plan

The *Victorian cancer plan 2024–2028* will build on the momentum generated from the previous Victorian cancer plans, which took a quality improvement and research approach to delivering a responsive cancer service system.

It is proposed that the next cancer plan will identify system challenges and priorities that must be addressed to achieve improvements in cancer outcomes and care. This approach will see investment prioritised to higher impact activities that can generate change in the long term. It will continue to be driven by the principles of responding to the needs of those affected and achieving equitable population-level cancer outcomes for all Victorians.

The [Victorian Aboriginal Cancer Journey Strategy](http://www.vaccho.org.au/2023/05/26/vaccho-unveils-the-victorian-aboriginal-cancer-journey-strategy) <www.vaccho.org.au/2023/05/26/vaccho-unveils-the-victorian-aboriginal-cancer-journey-strategy>, launched in May 2023, embeds strengths-based and culturally safe approaches to improve cancer outcomes for Aboriginal and Torres Strait Islander people. Funding has been committed to VACCHO to implement the strategy over the next five years. It is proposed that the *Victorian cancer plan 2024–2028* will adopt the self-determined priority actions in the VACCHO strategy.

The *Victorian cancer plan 2024–2028* will also be aligned with other key strategies including the *Australian Cancer Plan* (pending), *AYA Vision 2033*,¹⁷ *Victorian public health and wellbeing plan (2023–27)*, *Victorian carer strategy 2018–22* (extended to 2023), *Health and medical research strategy 2022–2032* (Victoria) and the *Victorian Aboriginal Health, Medical and Wellbeing Research Accord* (due to be released in 2023).

Through this next cancer plan, it is our ambition that:

- Victorians have access to a health system that delivers high-quality, person-centred and world-leading prevention, early detection and cancer treatment and care services across the state.
- Victorians know their risk of cancer and are supported to reduce the risks.
- Victorians have equitable opportunities to have cancers detected early.
- Victorians with cancer have equitable and timely access to optimal treatment and shared decision making in their care.
- Victorians with cancer live well and have access to quality supportive care.
- Victoria has a strong and integrated research system.

¹⁷ AYA stands for 'adolescent and young adult'.

Priorities

The suggested priorities for the *Victorian cancer plan 2024–2028* are informed by progress against the *Victorian cancer plan monitoring and evaluation framework*, Victorian Cancer Patient Experience Survey results and a review of the literature. Feedback from stakeholders will further shape the priorities for the *Victorian cancer plan 2024–2028* to make the biggest impact for all Victorians.

The Department of Health has identified four system priorities:

1. **Consumers engaged as partners:** Victoria's cancer pathway is designed to meet the diverse and intersecting needs of people affected by cancer, families, carers and communities.
2. **Access across the pathway (for integrated care):** Victorians have timely access to high-quality and high-impact prevention, early detection, treatment, clinical trials and support services.
3. **Workforce:** Victoria's health workforce is supported to deliver world-leading cancer control, services and care.
4. **Intelligence:** Improve data and intelligence capabilities, and leverage existing assets, technology and research to strengthen the cancer pathway.

These priorities reflect the shared system-level challenges that may be experienced across the areas of prevention, screening and early detection, treatment, wellbeing, support and research.

This paper suggests high-level opportunities and proposed actions for each priority. Importance is given to continuing the momentum of existing activities, with some new actions suggested to enable Victoria to deliver on its mission to improve cancer outcomes for all Victorians.

With a considered equity and systems integration lens, the Department of Health welcomes feedback from stakeholders on:

- the priorities suggested for the next Victorian cancer plan
- where the next cancer plan can make the most impact to achieve each of the priorities
- what activities, systems and structures should be given precedence to achieve each of the priorities.

Priority 1 – Consumers engaged as partners: Victoria’s cancer pathway is designed to meet the diverse and intersecting needs of people affected by cancer, families, carers and communities

Consumer voices and choices are central to their own care.¹⁸ The cancer optimal care pathways are underpinned by a focus on the consumer, so their care responds to their preferences, needs and values.

The consumer voice informs many aspects of the cancer pathway. Activities include the implementation of the Victorian Cancer Patient Experience Survey, the Victorian Cancer Agency Statement on Consumer Engagement in Cancer Research, the BreastScreen Victoria Client Feedback Survey and participation of consumers in projects and programs such as the Optimal Care Summits. These have contributed to consumer-led service system design.

The consumer’s voice is important to inform care, service delivery and system design. There are five domains where work can improve consumer experience and outcomes:¹⁹

- personalised and holistic: ‘I am respected and receive personalised care that treats and supports me as a whole person’
- working together: ‘I am included as a respected partner in learning about and improving health care’
- shared decision making: ‘I am empowered with making informed decisions about my health care’
- equity and inclusion: ‘I receive care of equal quality that is safe, effective and responsive to my needs’
- effective communication: ‘I receive high-quality information that I can readily understand and act on’.

Consumers need to navigate a complex cancer service system. All consumers will therefore need support during their experience, and this is provided by various care providers including peers, carers, family and community. Some consumers may have preferences to self-manage, while others need more health provider support more frequently.

Our aim is to create a system that identifies who needs that support, how and when so their access to care and better outcomes are equitable regardless of their cancer type, who they are, where they live and what resources they may have access to.

¹⁸ Horvat L 2019, Partnering in health care for better care and outcomes, Safer Care Victoria, State Government of Victoria, Melbourne.

¹⁹ Ibid.

Table 1: Priority 1 – Consumers engaged as partners: Victoria’s cancer pathway is designed to meet the diverse and intersecting needs of people affected by cancer, families, carers and communities

Strategic opportunity	Example actions to progress the opportunity
<p>Improve how consumers understand and reduce their risk of cancer and navigate the cancer pathway to access equitable care and have their unique needs met</p>	<p>Activities to continue to build momentum:</p> <ul style="list-style-type: none"> • Monitor and assess consumers’ experiences of care in a culturally safe way and embed findings into care to improve service delivery and system design. This includes capturing patient-reported experiences and outcomes in real time so the information is available during their care journey to inform care received. • Improve and promote the delivery of health information to people affected by cancer, their families and their carers so they can access, understand and act on it when they are ready. This includes providing language services such as interpreting and translations and community education. • Improve understanding of the importance of supportive care across a consumer’s journey, including building on early work (e.g. social return on investment) of the value of supportive care across a patient’s journey.
<p>Improve access to cancer services and care for priority population groups by taking an intersectionality approach</p>	<p>Activities to continue to build momentum:</p> <ul style="list-style-type: none"> • Identify and act on specific priorities for age-related populations – paediatric, adolescent and young adult, and older people. <p>New activities:</p> <ul style="list-style-type: none"> • Support implementation of the <i>Victorian Aboriginal Cancer Journey Strategy</i>. • Identify and act on specific priority population groups (refer to priority populations on page 11). For example: <ul style="list-style-type: none"> – age-related populations (paediatric, adolescent and young adult, and older people) – LGBTIQ+ people – people with disability.
<p>Improve the ability of the cancer system to hear consumer voices to inform their own care, and act on service delivery and system design</p>	<p>Activities to continue to build momentum:</p> <ul style="list-style-type: none"> • To deliver integrated care, consumers continue to inform the design (health service operations, quality improvement and research) across the cancer pathway, including for all priority populations identified. • Embed and spread lessons about effective communication skills for all health providers delivering cancer care to ensure they are effectively listening and responding to the needs of consumers and partner with consumers. This includes inclusive language practices and effective strategies for providing language services. • Consumers have options in how they access cancer services, whether it’s in person or through telehealth.

Strategic opportunity	Example actions to progress the opportunity
	<p>New activities:</p> <ul style="list-style-type: none"> • Implement the <i>Partnering in healthcare framework</i> to improve partnering with consumers to achieve better outcomes.

Questions for consultation

- Do you agree with **consumers engaged as partners** as a key priority for the next Victorian cancer plan?
- Where can the Victorian cancer plan make the most impact on improving consumer-centred care within the cancer pathway? How do we get there?
- What activities, systems and structures should be prioritised to improve consumer engagement? These may or may not be described above.

Priority 2 – Access across the cancer pathway (for integrated care): Victorians have timely access to high-quality and high-impact prevention, early detection, treatment, clinical trials and support services

Coordinated care across the optimal care pathways and between service providers, including established referral patterns, can ensure better access to care. An integrated cancer pathway is one that ensures Victorians can access care regardless of who they are and where they live.

There have been significant challenges to the health and wellbeing of the Victorian community since the release of the last cancer plan in 2020. These include the COVID-19 pandemic, natural disasters and rising cost-of-living pressures.

When cancer prevention and early detection are coupled, people have the best chance of positive health and wellbeing outcomes. Prioritising these areas at both the individual and population levels provides an opportunity to deliver the outcomes that matter most to people while reducing costs to both the health system and individuals.

There are currently variations in access along the care pathway from prevention through to end-of-life care across the system. For example, data suggests many Victorians living in rural or regional areas experience longer times from diagnosis to the start of treatment compared with Victorians in metropolitan areas. Research also shows that priority population groups such as Aboriginal Victorians, people living in rural and regional Victoria and people living in low socioeconomic circumstances experience higher rates of preventable cancers compared with the general population.

Accessible and culturally responsive consumer information and providing high-quality prevention, early detection, treatment and support services are essential to ensuring the best outcomes for individuals and the system. This creates an environment where consumers are empowered to make informed decisions throughout their life and are enabled to receive and adapt to care options throughout their care journey. Only 69.8% of people affected by cancer reported they were definitely involved as much as they wanted to be in decisions about their care and treatment in 2022, down from 77.4% in 2019.²⁰

The focus on the importance of primary care services to meet patient needs has strengthened as a result of the pandemic. There is a renewed focus on reform directions to address pressures across the system such as the reduction in bulk-billing GP services and the distribution of the GP workforce that has the potential to impact cancer screening, diagnosis, treatment and care.

Table 2: Priority 2 – Access across the cancer pathway (for integrated care): Victorians have timely access to high-quality and high-impact prevention, early detection, treatment, clinical trials and support services

Strategic opportunity	Example actions to progress the opportunity
Reduce unwanted variation in care and outcomes across the cancer care pathway	<p>Activities to continue to build momentum:</p> <ul style="list-style-type: none"> • Increase efforts to reduce the proportion of Victorians diagnosed with potentially preventable cancers. For example:

²⁰ Victorian cancer plan monitoring and evaluation framework: 2023 progress report (unpublished)

Strategic opportunity	Example actions to progress the opportunity
	<ul style="list-style-type: none"> – Support greater uptake of HPV vaccination in priority populations and support the equitable uptake of cervical screening. – Strengthen the preventive health focus (including healthy eating, active living, tobacco control and alcohol consumption) in community settings, primary care and cancer screening programs, as well as part of wellbeing support for people after a cancer diagnosis. – Prevent and minimise the adverse effects of UV through skin cancer prevention and early detection initiatives. • Ensure equitable access to screening and diagnostic services for priority populations. • Increased use of risk stratification for timely access to screening services for people with a higher risk of cancer. • Improve planning and access to supportive care, palliative care and end-of-life care to best deliver on person-centred care, taking into account the role of carers and families, cultural, life-course and other population criteria. • Provide services and models of care that are person-centred (including culturally safe and competent) to respond to diverse needs. For example: <ul style="list-style-type: none"> – Continue to improve access to cancer care for people from culturally and linguistically diverse backgrounds including refugee and asylum-seeker communities. – Encourage shared, effective communication between consumers and providers across the care pathway including enabling people to manage some aspects of their own care. – Apply tailored use of technologies – for example, for precision oncology that supports individualised cancer treatment. – Make more information available to the patient and their clinician wherever it is generated, such as via the My Health Record (with consent). • Facilitate equitable access to clinical trials to address disparities across priority groups. For example: <ul style="list-style-type: none"> – Partner with community organisations to increase participation in clinical trials or support development of targeted interventions that are culturally safe, responsive and linguistically appropriate to improve cancer outcomes in priority groups. • Support use of the <i>Capability framework for Victorian cancer services</i> to ensure safety and quality in cancer service delivery. <p>New activities:</p> <ul style="list-style-type: none"> • Support development and implementation of the National Lung Cancer Screening Program. • Support implementation of the <i>Victorian Aboriginal Cancer Journey Strategy</i>.

Strategic opportunity	Example actions to progress the opportunity
	<ul style="list-style-type: none"> Support implementation of the <i>Victorian Aboriginal Health, Medical and Wellbeing Research Accord</i>.
<p>Provide care closer to home across the cancer pathway where safe to do so, enabled by clear referral pathways between providers</p>	<p>Activities to continue to build momentum:</p> <ul style="list-style-type: none"> Improve communication about and awareness of financial implications of care across the cancer pathway, including accommodation and travel costs. Upskill health professionals in rural and regional areas to ensure a skilled workforce where they are needed most. Support Victoria’s regional cancer centres to deliver quality and accessible care closer to home.
<p>Contribute to system design for wellbeing, and health system reform directions, to ensure optimal health and wellbeing outcomes</p>	<p>Activities to continue to build momentum:</p> <ul style="list-style-type: none"> Create environments that enable people to eat well and be active across the lifespan, in places where people learn, live, work and play. Continue to focus on survivorship care including shared care models with primary health and other models of care that improve access to survivorship care.

Questions for consultation

- Do you agree that **access across the cancer pathway** should be a key priority for the next cancer plan?
- Where can the next cancer plan make the most impact on achieving access across the pathway (the optimal care pathway is described on page 10)? How do we get there?
- What activities, systems and structures should be prioritised to achieve access across the pathway? These may or may not be described above.

Priority 3 – Workforce: Victoria’s health workforce is supported to deliver world-leading cancer control, services and care

The health workforce delivers health care to people affected by cancer. The COVID-19 pandemic exacerbated existing pressures on the health workforce, with the impacts continuing post-pandemic. The Victorian cancer workforces’ expertise is underpinned by taking part in research activities that then inform the quality of health care and support.

There are variations in workforce resourcing across the state, in particular between regional and metropolitan health services. Across all geography, there are increasing challenges in recruiting and retaining a workforce that has the breadth and depth of knowledge and skills to deliver safe, quality care.

The Department of Health is developing a 10-year Victorian health workforce strategy, which will provide strategic direction and a framework for workforce development and reform. It is due for finalisation in 2023 and will inform health services providing cancer care.

The cancer control workforce is facing significant current and future challenges including:

- **Rising incidence and complexity:** The incidence of cancer continues to rise, placing an increasing demand on the cancer workforce. Furthermore, the complexity of cancer cases, often involving comorbidities and advanced disease stages, presents a unique set of challenges in diagnosis, treatment planning and management.
- **Technological advancements:** While technological advancements offer immense promise in cancer prevention, diagnosis and treatment, they also pose challenges in terms of workforce training and keeping up with rapidly evolving techniques and equipment – for example, the bioinformatics workforce to support the use of genomics in cancer.
- **Interdisciplinary collaboration:** Cancer care is inherently multidisciplinary,²¹ requiring close collaboration among various specialists. Achieving seamless interdisciplinary teamwork can be challenging due to differences in training, communication barriers and varying treatment approaches.

The cancer research workforce is also central to developing new treatments and are key contributors to improving the clinical practice and care of consumers. The challenges posed by the COVID-19 pandemic have had an impact on research output and clinical trials in the cancer research sector.²² Prioritisation of the cancer research workforce is essential to provide the necessary support for both current and future clinical trials in order to deliver new therapies to improve cancer outcomes.

The *Victorian cancer plan 2024–2028* is an opportunity to identify cancer-specific knowledge, skills and experience that is required for effective shared and multidisciplinary care across the care pathway. Cancer is many different diseases that require a longer term focus to address and support improved prevention, early detection, treatment, survivorship and other supportive care. To be able to address this complexity requires an expert, agile and research-informed workforce.

²¹ Multidisciplinary care describes a collaborative approach to cancer treatment planning and ongoing care. It aims to ensure that members of the cancer treatment and care team can discuss all relevant aspects of a cancer patient’s physical and supporting care needs.

²² Cancer Council Victoria 2020, Impact of COVID-19 on cancer clinical trials in Victoria, CCV, Melbourne.

Table 3: Priority 3 – Workforce: Victoria’s health workforce is supported to deliver world-leading cancer control, services and care

Strategic opportunity	Example actions to progress the opportunity
<p>Contribute to the workforce elements of train, recruit and retain to ensure safe, quality care in a person-centred health system</p>	<p>Activities to continue to build momentum:</p> <ul style="list-style-type: none"> • Strengthen the knowledge and competence of the primary and community care workforce, including allied health professionals, around cancer prevention, early detection and care. • Support health professionals to systematically screen people and improve early diagnosis of cancers. • Create a learning environment for health professionals to analyse and discuss evidence to improve and standardise care. For example, deliver Optimal Care Summits for priority tumour types or priority populations, and build capacity for health professionals working with priority populations. • Strengthen referral pathways to specialist care, including familial cancer centres for inheritable cancers. • Improve workforce knowledge, skills and involvement in providing routine survivorship care across cancer care systems, including enabling consumers to engage in their care as a partner. • Expand end-of-life care and palliative care skills and advance care planning education across the cancer workforce. • Support the cancer research and clinical trial workforces to leverage Commonwealth and industry funding, including increasing the number of PhD-trained clinician researchers across the cancer pathway.
<p>Leverage new service models to better use skills and experience to enable care</p>	<p>Activities to continue to build momentum:</p> <ul style="list-style-type: none"> • Pilot models of care that deliver effective multidisciplinary care – for example, through refined use of telehealth, and nurse or allied health-led models of care across the care pathway including pre- and post-treatment phases. <p>New activities:</p> <ul style="list-style-type: none"> • Explore opportunities for expanded scope of practice in primary care to support prevention and early detection efforts (e.g. the role of nurses). • Assess and support the workforce and system requirements to deliver lung cancer screening across the cancer pathway. • Explore opportunities to leverage the prevention and population health workforce in local public health units. • Explore training and upskilling of bilingual health professionals and other caregivers to support multicultural communities.

Questions for consultation

- Do you agree with **supporting the multidisciplinary cancer workforce** as a key priority for the next cancer plan?
- Where can the next cancer plan make the most impact on improving/supporting the cancer workforce? How do we get there?
- What activities, systems and structures should be prioritised to improve/support the cancer workforce over the next four years? These may or may not be described above.

Priority 4 – Intelligence: Improve data and intelligence capabilities, and leverage existing assets, technology and research to strengthen the cancer pathway

Technology is the application of knowledge via scientific process, invention or method – for example, new drugs and equipment. Data that is qualitative and/or quantitative and accessible informs best use of technology.

Timely access to the best available data is essential to the design and management of the Victorian cancer pathway; it justifies why and how we invest and monitor public funds for best public benefit. It allows us to have a health system that is self-learning for continuous improvement and ensures care is oriented to be equitable for consumers. Data fragmentation and data gaps across the system hampers timely access to necessary intelligence.

Health system operations, quality improvement and research are a continuum of processes to deliver health care. These three functions use data to inform system and service models. For example, the Social Return on Investment project for supportive care before, during and after treatment in hospitals supported the system focus on supportive care models across the optimal care pathway for lung cancer. The *Victorian quality cancer survivorship care framework and policy template*²³ delivers a summarised version of the national and international survivorship evidence so service providers have access to that intelligence. The *Victorian Cancer Screening Framework* data and reporting solution supports cancer screening partners to monitor activity, participation and follow-up across the screening pathway to inform initiatives to improve participation, access and performance.

Research and clinical trials are essential for cancer care, and improved outcomes and are embedded as a principle in the optimal care pathways.

Victoria will continue to respectfully use data and research to intelligently design, manage and deliver high-quality health services.

Table 4: Priority 4 – Intelligence: Improve data and intelligence capabilities, and leverage existing assets, technology and research to strengthen the cancer pathway

Strategic opportunity	Example actions to progress the opportunity
Ensure better (relevant and timely) access to data	<p>Activities to continue to build momentum:</p> <ul style="list-style-type: none"> • Improve access and use of primary healthcare data to strengthen, for example, planning and evaluation of early detection and cancer supportive care. • Promote the use of dashboards to ensure easier access to timely and validated data such as the Statewide Cancer Indicator Platform (hosted by the Department of Health). <p>New activities:</p> <ul style="list-style-type: none"> • Improve access to datasets that align with strategic priorities, such as the Elective Surgery Information System (ESIS) for early detection of cancers and the statewide cancer clinical trials centralised dataset. Generate new

²³ Refer to the Peter MacCallum Cancer Centre's 2021 [Victorian quality cancer survivorship care framework and policy template](https://www.petermac.org/component/edocman/pm0061-acsc-quality-cancer-survivorship-care-framework-v9-web/viewdocument/552?Itemid=0) <https://www.petermac.org/component/edocman/pm0061-acsc-quality-cancer-survivorship-care-framework-v9-web/viewdocument/552?Itemid=0>.

Strategic opportunity	Example actions to progress the opportunity
	datasets to address gaps in important clinical activity (e.g. data on systemic anticancer therapies).
Improve linked datasets and the sector's capability to respectfully and safely handle data to meet current and future needs	<p>Activities to continue to build momentum:</p> <ul style="list-style-type: none"> • Further evolve monitoring and evaluation frameworks and tools to ensure active monitoring of cancer screening and control efforts. For example: <ul style="list-style-type: none"> – the <i>Victorian cancer plan monitoring and evaluation framework</i> – the <i>Victorian cancer screening framework</i> – the Victorian Cancer Patient Experience Survey. <p>New activities:</p> <ul style="list-style-type: none"> • Advocate for better quality and consistency of patient experience and demographic data to be collected and used to support research, planning, service delivery and decision making, such as data on sex and gender, Aboriginal status, disability status and cultural and linguistic diversity. • Ensure all relevant data collections are linked and available for analysis (e.g. incorporating a systemic anti-cancer therapy [SACT] minimum dataset, Pharmaceutical Benefits Scheme and other primary care data).
Support translational research and/or quality improvement initiatives that enable equitable and timely access to novel therapies and technologies	<p>Activities to continue to build momentum:</p> <ul style="list-style-type: none"> • Address barriers to equitable access of novel therapies. • Facilitate statewide cancer research collaboration through shared resources, platforms and research infrastructure, data facilitation and partnerships. <p>New activities:</p> <ul style="list-style-type: none"> • Support implementation of gender equity policies in cancer research. • Support the priority actions in the <i>Victorian Aboriginal Cancer Journey Strategy</i> that focus on achieving equitable access to treatment, therapies and clinical trials. • Support implementation of the <i>Victorian Aboriginal Health, Medical and Wellbeing Research Accord</i> to facilitate culturally safe and ethical Aboriginal research.

Questions for consultation

- Do you agree with **Intelligence: improve data and intelligence capabilities, and leverage technology and research to strengthen the cancer pathway** as a key priority for the next Victorian cancer plan?
- Where can the next cancer plan make the most impact on creating and improving the quality and use of intelligence? How do we get there?
- What activities, systems and structures should be prioritised to enhance the effective use of data and analysis, system and service models, and technology and research? These may or may not be described above.

Next steps

Developing the *Victorian cancer plan 2024–2028* involves statewide consultations with a range of stakeholders to inform the plan to improve cancer outcomes for all Victorians. This includes metropolitan, regional and virtual workshops and a survey hosted on the [Engage Victoria website](https://engage.vic.gov.au) <<https://engage.vic.gov.au>>.

Following the consultation process, key topics and themes will be considered in drafting the four-year plan.

The *Victorian cancer plan 2024–2028* is expected to be published by 1 October 2024. For more information, visit '[Cancer care](https://www.health.vic.gov.au/health-strategies/victorian-cancer-plan)' on the [Department of Health website](https://www.health.vic.gov.au/health-strategies/victorian-cancer-plan) <<https://www.health.vic.gov.au/health-strategies/victorian-cancer-plan>>.