

MODELS OF CANCER CARE AND SUPPORT IN NSW

GUEST EDITORIAL

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There is growing evidence that those affected by cancer carry a psychosocial as well as a physical burden. This issue of the *NSW Public Health Bulletin* highlights the importance of the different models of supportive care offered to people affected by cancer.

Cancer care in NSW is provided through a model of delivery described in the report *Optimising Cancer Management—A Cancer Care Model for NSW*. This model was developed by the Cancer Care Model Working Party, which consisted of representatives from clinical specialty groups, consumers, The Cancer Council NSW, rural area health services, and the NSW Department of Health. The model is an organisational framework to meet the common needs of all patients with cancer and their families—carers across NSW. It supports the application of best practice from a clinical management perspective as well as providing supportive care services for patients throughout the continuum of their experience of cancer. The model represents a reorientation of the existing organisational arrangements for cancer, and it is anticipated that this reorientation will facilitate the development of strategies for the implementation of the model at the area health service level.

However, it remains a challenge to identify ways in which individual area health services can effectively implement the recommendations of the model. Tynan et al. briefly describe two initiatives underway in the South Western Sydney Area Health Service.

The importance of an evidence base to support the recommendations of the model cannot be overemphasised. This includes evidence of:

- a substantial burden of illness of cancer;
- efficient strategies for identifying those who are most in need of assistance from the health care system;
- the implementation of effective interventions.

The article by Girgis et al. describes how an initiative of The Cancer Council NSW allows for the routine assessment of the levels of psychosocial and physical effects of cancer experienced by individual patients, and provides efficient feedback of this information to their treatment team. This facilitates assistance in

continued on page 266

CONTENTS

- 265 **Guest editorial: Models of cancer care and support in NSW**
- 266 **Area Cancer Control Network: From cottage industry to strategic care**
- 269 **Cancer patients' supportive care needs: Strategies for assessment and intervention**
- 272 **The importance of communication skills to effective cancer care and support**
- 274 **Psychosocial guidelines in cancer care and support**
- 277 **Multidisciplinary care for women with breast cancer: A national demonstration program**
- 280 **A successful volunteer program showcased during the International Year of Volunteering: The Cancer Council NSW's Breast Cancer Support Service**
-
- 282 **EpiReview: Legionnaires' disease, NSW, 1991–2000**
-
- 285 **Communicable Diseases: October 2001**
-

response to areas of identified need. Importantly, proposed interventions are tailored to the capacities of the individual treatment centres. This increases the likelihood of the adoption of the overall strategy for care without requiring substantial additional resources.

The articles by Butow and Turner describe the evidence base for interventions to improve the psychosocial outcomes for patients, including an emphasis on the importance of effective communication and on the provision of support as outlined in the National Health and Medical Research Council's recently released *Psychosocial Clinical Practice Guidelines*.

Finally, two specific models of cancer care are described in the articles by Luxford et al. and Burton et al. The first is a demonstration project of the effect, cost, and acceptability of multidisciplinary cancer care in Australia. In this, the Year of the Volunteer, the following paper by Burton et al. emphasises the

important and growing role of volunteers in providing a support service for women with breast cancer in NSW, as part of The Cancer Council NSW's Breast Cancer Support Service.

While there is now a growing acceptance that supportive care is as important as clinical treatment in the overall management of cancer, the challenge will be to ensure that the provision of evidence based supportive care remains on the agenda of both health professionals and decision makers. ■■

A copy of *Optimising Cancer Management—A Cancer Care Model for NSW*, and other reports in this cancer care series, can be downloaded from the NSW Department of Health's Web site at www.health.nsw.gov.au.

AREA CANCER CONTROL NETWORK: FROM COTTAGE INDUSTRY TO STRATEGIC CARE

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The South Western Sydney Area Health Service (SWSAHS) serves a population of three quarters of a million people. This population experiences comparatively high levels of social disadvantage, is drawn from a diverse multicultural background, and is geographically dispersed through urban, semi-rural, and rural localities. The SWSAHS is committed to cancer prevention and to improving treatment outcomes and service satisfaction for patients with cancer. This article describes two of the many initiatives underway for the local implementation of the Area Cancer Control Network, an approach to cancer services based on the recommendations from the *Optimising Cancer Management Initiative—Final Report to the Expert Advisory Group*.¹

OVERVIEW

There is a considered view, and some evidence, that improving the delivery of cancer services will subsequently improve both the clinical outcomes for patients and organisational efficiency.^{2,3,4} The perception that health services are complex systems arises in part from the difficulty in obtaining a basic prerequisite for good management: namely, good information. Nowhere is this more obvious than in the current

management of cancer services. The challenge to implementing *Optimising Cancer Management—A Cancer Care Model for NSW*,⁵ or the Area Cancer Control Network as it is locally known, is the paucity of robust organisational and clinical information to support planning and management within the SWSAHS, or to enable outcomes and efficiencies between area health services to be compared.^{6,7}

The priority of the Area Cancer Control Network strategy has been to develop two implementation frameworks. The first is for an Area Clinical Cancer Information System (ACCIS) to capture both clinical and organisational data (Figure 1). The second is a comprehensive planning framework to guide the required structural and management changes. Cancer services will be organised around the nine common cancer tumour sites—such as breast, colo-rectal, and lung—using the planning framework.

INFORMATION SYSTEM FRAMEWORK

The first step in developing the ACCIS is to establish an area clinical cancer registry. Cancer services are poorly informed of outcomes linked to particular types of treatment, such as treatment-specific survival rates and the long-term effect of treatments that for many survivors of cancer may include serious physical and psychosocial morbidity.^{8,9} The benefits of area-based clinical cancer registries are evident in the work of the Ontario and British