



**Australian Government**  
**Cancer Australia**

# Australian Comprehensive Cancer Network Framework



# Statement of Acknowledgement

Cancer Australia acknowledges Aboriginal and Torres Strait Islander people as the Traditional Custodians of Country throughout Australia. We pay our respects to Elders, past and present.

We celebrate the ongoing connections of Aboriginal and Torres Strait Islander peoples to Country, culture, community, family and tradition and recognise these as integral to health, healing and wellbeing.

Cancer Australia acknowledges great diversity among Aboriginal and Torres Strait Islander peoples, and the contribution of the many voices, knowledge systems and experiences that guide all efforts to create a culturally safe and responsive cancer system that is equitable to all.

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# 1. The need for an Australian Comprehensive Cancer Network

Australia’s health system is strong and survival rates for most cancers are among the best in the world. Despite this success, cancer outcomes are not equal for all Australians. Significant disparities in cancer outcomes exist between specific population groups within Australia, particularly Aboriginal and Torres Strait Islander people. A person’s risk of cancer, their experiences during diagnosis and treatment, and their survival is influenced by factors including where they live in Australia, their background and personal circumstances, and the type of cancer they have.

Comprehensive cancer care improves patient experience and outcomes through the delivery of coordinated, optimal cancer care across the care continuum. In Australia, there is an opportunity to improve equitable access to comprehensive cancer care by facilitating connectivity and sharing of expertise between cancer control services. This can be achieved through a networked system anchored by Comprehensive Cancer Centres (CCCs), connected with other services across Australia, providing seamless care across the continuum. Continuous improvement and excellence in cancer care can be embedded system wide.

Nationally networked comprehensive cancer care has the potential to deliver world-class cancer outcomes and experiences for all Australians, regardless of who they are or where they live.

The Australian Cancer Plan (the Plan) gives priority to the establishment of an Australian Comprehensive Cancer Network (ACCN). Strategic Objective 3: *‘World class health systems for optimal care’* sets out the relevant goals and actions:

	Goal	Action
<b>2-year</b>	Frameworks for high-quality comprehensive health service systems established to deliver better cancer care and improved outcomes	Develop a national framework for networked, distributed comprehensive cancer care, to facilitate provision of services as close as safely possible to where patients live. This will include the role of Comprehensive Cancer Centres to enhance patient outcomes, strengthen transparency and accountability, and drive continuous improvements for all patients across the network regardless of where the care is provided.
<b>5-year</b>	Networked high-quality comprehensive cancer care systems that deliver optimal cancer care and better outcomes	Establish an Australian Comprehensive Cancer Network (ACCN) to ensure connectivity and sharing of expertise between Comprehensive Cancer Centres, other cancer services, regional hospitals, community and primary care. The establishment of an ACCN will increase equity of access across services for all patients, deliver cancer care close to home, and monitor evidence-based system performance.

## 10-Year Ambition

Integrated, coordinated, data-driven, high-quality health service systems that consistently deliver optimal cancer care and excellence in outcomes.

As the pinnacle of excellence in cancer control, the ACCN will be a vehicle to drive progress on other Plan priorities, including:

- Strategic Objective 2: *Enhanced consumer experience* – personalised models of navigation in cancer care are available to all people affected by cancer across the cancer care continuum, with consumers guided and empowered to access the most appropriate care and support when and where they require, through delivery of culturally safe, equitable and responsive cancer care, and driving reorientation of health service systems including education, training, and distribution of cancer health workforce.
- Strategic Objective 3: *World class health systems for optimal care* – Optimal Care Pathways (OCPs) are integrated as routine cancer care, ensuring cultural safety, accessibility, and seamless integration throughout the cancer journey, improving equity in cancer care and outcomes for all Australians.
- Strategic Objective 4: *Strong and dynamic foundations* – a national cancer data ecosystem that supports evidence based, innovative care delivery, underpinned by world class research and accessible clinical trials for all Australians.
- Strategic Objective 5: *Workforce to transform the delivery of cancer care* - by enabling a culturally safe, responsive and capable multidisciplinary workforce, operating at the top of their scope of practice to deliver highest quality cancer care. Fostered through knowledge sharing, including educating and training and innovation networks and communities of practice.
- Strategic Objective 6: *Achieving equity in cancer outcomes for Aboriginal and Torres Strait Islander people* – accountability for the delivery of culturally safe services for all health professionals to embed culturally safe care for Aboriginal and Torres Strait Islander people.

## 2. ACCN vision

Australia has a fully integrated and inclusive network of comprehensive cancer care across the nation, in which every patient, wherever they may be, is linked to the best evidencedriven prevention, research, diagnostics, treatment and support for whichever cancer they have as close to home as safely possible so that their cancer is detected early, they receive the best possible cancer treatment, and they feel cared for.

## 3. What is comprehensive cancer care?

Comprehensive cancer care is the delivery of coordinated, optimal cancer care across the cancer care continuum.

Excellence in comprehensive cancer care is underpinned by:

1. World class research and clinical trials
2. Comprehensive data collection, sharing and reporting
3. An engaged, capable and future-focused multidisciplinary cancer workforce that is well-equipped and well-supported to work at the top of their scope of practice.

## 4. Comprehensive Cancer Centres

By demonstrating all the features of comprehensive cancer care (including research, data, workforce), Comprehensive Cancer Centres (CCCs) are at the forefront of driving continuous improvement in Australian cancer control and patient-centred cancer care.

As centres of excellence, the CCCs are the anchor points of the ACCN and will connect to other cancer centres, services and units including within primary and community care services across the country and spanning the cancer care continuum. The key features of a CCC are:

- Promotion and delivery of multidisciplinary comprehensive cancer care across the cancer continuum, including medical oncology, radiation oncology, haematology, surgery, palliative care and supportive care.
- Performance, translation, and integration of basic, clinical and health services research.
- Building the cancer care workforce through recruitment, training, education, and other means so that all practitioners are working at the top of their scope.
- Collection, sharing and use of data to demonstrate success and drive system improvement.
- Facilitating collaborative networks of clinical, research, data and education excellence.

## 5. Principles of networked comprehensive cancer care

The ACCN will:

- i. improve access for all Australians to person-centred, research-driven, comprehensive cancer care, regardless of who they are or where they live
- ii. drive uptake of the OCPs as the standard of care
- iii. champion a national comprehensive data ecosystem across the cancer continuum, to promote nationally consistent data collection and reporting, drive optimal care and support better patient outcomes.
- iv. enable the monitoring and reporting of system-based performance for the purpose of self-evaluation to identify and support improvements in cancer control
- v. promote a culture of collaboration, engagement, and knowledge sharing across the cancer control sector
- vi. provide strategic leadership to the sector by continuously building system capacity and capability.

The ACCN will operate as a virtual network that extends across jurisdictional boundaries and enables cancer care in accordance with the standards of excellence for comprehensive cancer care in Australia.

- The ACCN will foster a community of practice for strategically managing equitable access to cancer care, including access to novel and highly specialised treatments. CCCs and other networked centres of excellence will facilitate equitable and routine access to all types of research-driven care, including:
  - clinical trials and innovative technologies
  - virtual care, such as clinical tele-trials, by virtually connecting patients to the services conducting these trials
  - novel models of care.
- CCCs and other networked centres of excellence will provide significant specialist capacity and infrastructure to all patients to meet their care needs, including those living in rural and remote Australia.
- CCCs will play a key role in driving the impact and outreach of the ACCN, ensuring that rural and regional services – including primary care and other services within and across jurisdictional borders – and their patients, are connected to the network. CCCs will communicate with these groups about the purpose and functions of the ACCN.
- Other services and multidisciplinary health professionals across the public and private health systems will

be virtually connected to a CCC through the network. These include:

- Cancer care centres and units, including those in regional and rural locations
- Centres of excellence and clinical networks that provide specialist services not widely available (e.g., CAR T cell therapy, proton beam therapy)
- Primary Health Networks
- Aboriginal Community Controlled Health Services
- Regional hospitals
- Primary, community and allied health services
- Academic and research institutions
- Data collecting and reporting entities (such as cancer registries).

## 6. Standards of excellence for networked comprehensive cancer care

ACCN members commit to the standards of excellence for networked comprehensive cancer care applicable to the service type, including:

### 1. Deliver comprehensive cancer care

- a. Deliver or facilitate the delivery of comprehensive cancer care by connecting patients to other services in the network to meet their care needs along the cancer continuum, from prevention through to survivorship and end of life care, including supportive care.
- b. Deliver care in accordance with the Optimal Care Pathways (OCPs) and other agreed standards of care and service delivery.
- c. Ensure seamless patient navigation across the care continuum to guide and empower consumers to access the most appropriate care and support when and where they require, through the delivery of integrated multi-channel, multi-disciplined navigation models.
- d. Deliver models of care that embed the consumer voice and the lived experience of people affected by cancer.

### 2. Deliver equitable access to culturally safe cancer care across the cancer continuum

- a. Improve equitable access to evidence-based, innovative models of integrated multidisciplinary care, including novel and highly specialised treatments.
- b. Ensure patients receive timely access to cancer treatment irrespective of where they live.
- c. Embed culturally safe cancer care for all cancer patients, their carers and families, and particularly for priority population groups.
- d. Embed culturally safe care within cancer-related services for Aboriginal and Torres Strait Islander people.

### 3. Deliver research excellence

- a. Demonstrate a comprehensive and networked research program that covers the full spectrum of cancer control.
- b. Integrate clinical trials as routine cancer care.
- c. Demonstrate an ability to fast track research findings into clinical practice.

#### **4. Collect, share and report comprehensive cancer data to drive service improvements and better cancer outcomes**

- a. Champion the National Cancer Data Framework and contribute to the collection, sharing and reporting of agreed minimum datasets.
- b. Use quality indicators, including Patient Reported Experience Measures (PREMs) and Patient Reported Outcome Measures (PROMs), to drive optimal and equitable care.

#### **5. Foster an engaged, capable, and future focused cancer workforce**

- a. Support a workforce that is culturally safe and responsive, well equipped, and driven by collaboration, continuous improvement, and diversity to enable best care for all Australians.
- b. Support the workforce to deliver clear person-centred communication and information that accommodates the cultural, linguistic and other socioeconomic circumstances of individuals, carers, and their families.
- c. Ensure research and education programs are driven by a supported workforce enabled to close the research/practice gap from 'bench to bedside'.
- d. Assist the sector to support all cancer care practitioners to work at the top of their scope of practice.

#### **6. Deliver connectivity and sharing of expertise across the network**

- a. Establish virtual centres of clinical excellence and develop and embed strategic approaches to equitable access to novel and highly specialised treatments.
- b. Engage with other services in the ACCN and establish new, or strengthen existing, links with the broader healthcare system, including primary health networks, other primary, community and supportive care services.
- c. Expand research and clinical trial networks to increase access and research translation, including the uptake of tele-trial models.
- d. Ensure knowledge sharing through the network, particularly from CCCs and other centres of excellence to continuously improve cancer care across the network, and to support cancer care providers in regional, rural, and remote locations. This includes:
  - i. accelerating the translation of outcomes from research and clinical trials into best practice cancer care.
  - ii. educating and training health professionals through dissemination of resources and learning opportunities.

#### **7. Self-evaluate performance and adherence with the standards of excellence**

Self-evaluation against standards 1-6 above will:

- a. Enable services to demonstrate they are delivering and/or facilitating the delivery of comprehensive cancer care
- b. Foster continuous improvement in performance and networking
- c. Enhance transparency and accountability for the delivery of comprehensive cancer care.

A process to identify and determine additional standards over time will be established by the ACCN Committee, based on emerging need.



## 7. Evaluating the impact of the ACCN

The impact of the ACCN in improving cancer outcomes and experience will be evaluated in the context of the broader evaluation of the Australian Cancer Plan after 2, 5 and 10 years.

## 8. ACCN governance arrangements

The ACCN Committee will be responsible for governing the ACCN, including its development, expansion, and self-assessment. Functions of the ACCN Committee will include:

- championing the ACCN as an Australia-wide network committed to driving the delivery of comprehensive cancer care to all Australians
- monitoring the ACCN standards of excellence, including:
  - effectiveness of the standards in driving networked comprehensive cancer care
  - the continuing relevance of the standards, including establishing a process for the addition, deletion or amendment of standards of excellence based on best practice and emerging need
  - participant service adherence and performance against the standards using self-evaluation models
- facilitating communication, collaboration, engagement, and knowledge sharing throughout the network, as well as with the international cancer community
- guiding priority-driven research priorities, including establishing methods to facilitate research collaboration in the network
- identifying, promulgating and potentially overseeing the implementation of quality improvement opportunities
- leading the network in building system capacity and capability
- ensuring the network is responsive to emerging areas of clinical need
- Providing advice to federal, state and territory government health authorities on network development, effectiveness, and potential areas of focus for future investment.

The ACCN Committee will initially be facilitated by Cancer Australia. Founding members will include clinical leads from existing and emerging CCCs. The Committee will determine its terms of reference and ongoing membership.