

## **Inquiry into health outcomes and access in rural, regional and remote New South Wales public hearing – 5 October 2021**

### **Opening Statement**

First, I acknowledge the Traditional Custodians of the land on which we live and work. Today we are gathering on the land of the Gadigal people of the Eora Nation. We pay respect to the Elders past, present and emerging, and extend that respect to all other Aboriginal and Torres Strait Islander people.

I would like to thank the Committee for the opportunity to give evidence at this inquiry hearing.

Cancer contributes the largest burden of disease in Australia. In NSW, over 51,000 people are expected to be diagnosed with cancer and over 16,000 people will die in 2022 – more than stroke and heart disease combined.

Cancer outcomes in NSW are among the best in the world, yet for people living in rural and remote NSW outcomes remain poor compared to people living in metropolitan areas. There has been little progress in narrowing this gap in the past 20 years.

Everyone with cancer deserves the best chance of living well, and yet evidence clearly demonstrates that the chance of being diagnosed with cancer and dying from cancer increases with distance from major centres. Unfortunately, the reality is a person's experience of cancer is a postcode lottery.

For people with cancer in regional NSW, a host of issues affect whether they can access the best possible cancer treatment and care when they need it.

One of the clearest things we hear from the people we assist is that they did not expect a cancer diagnosis to be so expensive. The out-of-pocket costs faced by people with cancer are higher for people outside of metropolitan areas. So much so, that 1 in 5 people with cancer in regional NSW report that they skip health appointments because of cost.

People in regional NSW are less likely to have access to a nearby public hospital. And for those that cannot be treated locally, travelling to and from treatment and staying away from home comes with an enormous physical, emotional and financial toll.

Access to supportive care services can be limited in regional NSW and people with cancer can struggle to navigate the system which is fragmented across different providers and locations.



Cancer Council NSW works closely with people affected by cancer in regional NSW, providing essential services such as transport, emergency financial support, accommodation, information, and supportive care. Our recommendations are based on evidence and from what we hear day-in-day-out from people affected by cancer.

For this inquiry we also heard from more than 300 people who responded to our cancer in the regions survey.

Cancer Council NSW believes there are things that can be done by the NSW Government relatively quickly that will significantly improve the quality of life for people with cancer.

People should not be forced to choose between getting cancer care or paying bills. Lifting reimbursement rates for the Isolated Patient Travel Accommodation Assistance Scheme and broadening its eligibility will go a long way to relieving this financial and emotional toll.

Investing in care coordination will help prevent people from getting lost in the system - by linking them to the treatment options and the services that are available to support them.

And we believe addressing out-of-pocket costs for cancer treatment will reduce inequality because your postcode should not determine whether you can afford treatment or not. These inequalities don't just exist across the country and city divide – out-of-pocket cost inequalities also exist between different regional communities.

Finally, I think it's important to sound the warning about what lies ahead as we recover from what has been one of the greatest public health challenges in a century. COVID-19 has stopped many things, but it didn't stop cancer.

The delays in diagnosis and interruptions to cancer care will see cases rise in the near future and the nature of the cancers diagnosed are likely to be more advanced.

The other lesson from COVID-19 is that we need to urgently address inequalities in our health system – inequalities that existed before the pandemic. If we don't have a plan to address the ongoing impacts on access to cancer care and services COVID-19 will only amplify those inequalities.

Jeff Mitchell  
Chief Executive Officer