



CCNSW submission to Clinical Excellence Commission consultation

May 2018 (Online submission)

Background: NSW Government's Clinical Excellence Commission (CEC) is consulting with stakeholders in preparation for their next strategic plan. The Commission promotes and supports improved clinical care, safety and quality across the NSW public health system. It addresses clinical incident review, deteriorating patients, end of life care, falls prevention, human factors, infection control, leadership, medication safety, mortality review, open disclosure, paediatric quality and safety, partnering with patients, pressure injury prevention, safety and quality education, sepsis, teamwork, transfusion medicine and venous thromboembolism prevention. The CEC has also had a central role in monitoring processes and performance, to provide assurance of clinical quality and safety improvement at a system-wide level. Cancer Council NSW submitted the following response to relevant questions.

Q: What should be the big priorities to improve experience for patients and families over the next three years?

A:

a) Timely and equitable access to evidence-based lymphoedema care, regardless of where people live.

Lymphoedema affects approximately 22,000 people in NSW and if left untreated, the swelling is likely to worsen. The risk of cellulitis severe enough to need a hospital admission is twice as likely in people with lymphoedema as those without, costing the health system approximately \$6,000 per stay. There are insufficient lymphoedema services within the public health system, and where they exist, there is often long waiting lists. Models of care that provides evidence-based services within appropriate timelines are needed in each LHD. This will ensure that someone at risk of, or who has lymphoedema, can get assessed by an appropriately trained therapist within evidence-based timeframes.

b) More Aboriginal workers in cancer services.

Aboriginal people who go to a cancer service need access to Aboriginal staff to receive culturally appropriate clinical care and support. Research shows that Aboriginal people may be reluctant to access a cancer service, and complete their treatment, because of a lack of cultural safety, inadequate support and an unwelcoming environment. Culturally safe cancer services and a culturally competent workforce are core requirements for improving cancer outcomes, so strengthening the Aboriginal health workforce across all levels is critical to improving services. Partnering with Aboriginal patients and community leaders is vital to this process.

c) Culturally-appropriate specialist palliative and end of life care for Aboriginal people.

Care to people approaching and reaching the end of life is often fragmented and under-utilised by Aboriginal people. In general, people living in rural and remote communities experience gaps in access to specialist palliative care. Aboriginal people living in these areas, however,



are further disadvantaged by a lack of available specialist palliative care services that fit with their community values, beliefs, cultural/spiritual rituals, heritage and place. Partnerships with Aboriginal Community Controlled Health Services and Aboriginal Health Workers should be considered to develop a model of culturally-appropriate specialist palliative care for Aboriginal people in NSW – in both urban and regional areas.

d) Smoking cessation

Implementation of the Smoking Cessation Framework for NSW Health Services should be a priority and relevant local health district targets are needed to ensure implementation is progressed and regularly reported upon. There are many adverse health outcomes for cancer patients and survivors who smoke/d, including increased mortality. If cancer patients are supported to quit smoking during the cancer diagnosis or treatment, they are likely have a safer, healthier and more positive experience. A hospital stay or interaction with a health service is a prime opportunity to help someone quit smoking. In addition to improving their health overall, it will aid recovery and reduce complications and readmissions.

e) Improved quality of information to patients and families/carers

To improve the hospital or health care experience, patients and families/carers should be given support to understand the financial cost of treatment before it is provided. Information, appropriate to the language and/or cancer literacy levels of the patient and family/carer, should include: the costs of treatment in its entirety, including potential out of pocket costs; and what is on offer in both the public and private health care systems. Informed consent should be obtained about the costs before treatment is provided. The system for providing quality information needs to include educating health professionals to know what resources, services and programs are available (including emotional support). Even if staff don't have a detailed understanding of what is available, they need to be aware of referral options.

Q: What would be your top three improvements to make the experience for patients and families even better for safe and high quality care?

A:

- a) Improve the provision of cancer care across prevention, screening, early diagnosis and intervention, tertiary care and palliative and end-of-life care for Aboriginal patients and families/carers; and patients from other culturally diversity communities. This includes employing culturally appropriate health care workers in all aspects of cancer services and improving coordination of oncology services so they are working more closely, rather than in silos.
- b) Improve access to lymphoedema services in metropolitan and rural/regional NSW, to ensure that someone at risk of, or who has, lymphoedema can get assessed by an appropriately trained therapist within evidence-based timeframes, close to where they live.
- c) Support smokers to quit smoking by implementing the Smoking Cessation Framework for NSW Health Services, and develop local health district targets to ensure implementation is progressed and reported regularly upon.