

INQUIRY INTO STATE PLAN REPORTING

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Legislative Assembly
Public Accounts Committee
Parliament of New South Wales
Macquarie Street
Sydney NSW 2000

**Re: Submission to the Legislative Assembly Public Accounts Committee
Inquiry into NSW State Plan Reporting**

Thank you for the opportunity (and extension of one week past the stated closing date) for The Cancer Council NSW to provide a formal submission to this inquiry.

The Cancer Council NSW submission speaks to the adequacy and appropriateness of performance measures for progress in achieving the State Plan objectives. With a primary focus on unfair differentials, comprehensive reporting to improve the linkages and effectively 'join-up' public information, health care and water quality.

We look forward to reviewing the findings of this inquiry.

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The Cancer Council NSW

**Submission to the Legislative Assembly
Public Accounts Committee**

Inquiry into NSW State Plan Reporting

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Introduction

The Cancer Council NSW is the leading cancer charity in New South Wales. Our mission is to defeat cancer. The Cancer Council NSW envisages a future where no life is cut short or its quality diminished by cancer. The Cancer Council NSW welcomes this opportunity to provide comment to the Public Accounts Committee of the Legislative Assembly *Inquiry into State Plan Reporting*.

The NSW Government State Plan, which was released in 2006, sets priorities for Government provision of services, outlining targets for improvement and resource allocation across a broad spectrum of activities, including healthcare. The Cancer Council NSW welcomes the long-term aspect of the State Plan, which covers the next ten years, and also appreciates the commitment to openness and transparency implicit in this process.

The aspects of the State Plan which have most relevance to the community regarding cancer control include the priorities below:

Goals	Priorities	
Delivering Better Services		
Healthy Communities	S1	Improved access to quality healthcare
	S2	Improved survival rates and quality of life for people with potentially fatal or chronic illness through improvements in health care.
	S3	Improved health through reduced obesity, smoking, illicit drug use and risk drinking.
Fairness and Opportunity		
Strengthening Aboriginal Communities	F1	Improved health and education for Aboriginal people.
Early Intervention to Tackle Disadvantage	F4	Embedding the principle of prevention and early intervention into Government service delivery in NSW.
	F5	Reduced avoidable hospital admission
Environment for Living		
A secure and sustainable water supply	E1(d)	Meet reliability performance standards for water continuity and quality

More than 34,000 people will be diagnosed with cancer in NSW this year.¹ Cancer survival in NSW is now amongst the highest in the world. Nearly two thirds of people who are diagnosed with cancer will live for five years or longer.² The NSW Government's track record on cancer spending, including the establishment of the Cancer Institute, has directly contributed to these results.

However, many people with cancer are disadvantaged in their access to medical treatment or preventive care. Cancer patients from non-metropolitan areas are more likely to die from their disease than those in major cities.^{3,4} Access to medical treatment such as radiotherapy has not reached benchmark levels and is more difficult for people in most rural and regional areas. Certain groups such as the homeless, migrant groups, Aboriginal and Torres Strait Islanders and people in low socioeconomic groups are less likely to participate in the National Bowel Cancer

Screening pilot program.⁵ Smoking rates for specific disadvantaged population groups remain more than twice the levels of the general population.⁶

A commitment to fairness and opportunity should underpin all aspects of the State Plan. Reporting measures should highlight the differences faced between those of higher and lower socioeconomic status or other measures of disadvantage. As it stands now, the State Plan highlights the positive health outcomes for the more advantaged sectors of our society.

Response to Terms of Reference

Terms of Reference

1). The adequacy and appropriateness of performance measures for progress in achieving the Plan objectives.

General Comments

By limiting the reporting of the data, collected by the State Plan, to state averages and broad geographies, the assessments provided predominantly overgeneralise the findings and disguise known significant differentials that exist among the NSW population. The social factors affecting cancer and other chronic illness risk, diagnosis, treatment and survival in vulnerable population groups in NSW are not adequately measured by, or reported in, the state plan.

There is inadequate information provided to measure indicators of equity according to geographic location, socioeconomic status, gender, disability or access and utilisation of healthcare and other services. For example, the state plan does not provide community members or public health professionals with information regarding the percentage of those traveling more than one hour to a health facility, which health facilities have the longest wait times for specific services and procedures, the percentage of rural regions offering cancer and other health screening services compared with urban, and variations in diagnostic and treatment practices between urban and rural health facilities.

Relationship between the Cancer Plan and the State Plan

Although cancer is expected to be a major burden of disease in our society, neither the State Plan nor the Health Plan give any real strategic directions for cancer planning. The Cancer Institute NSW has released a Cancer Plan,⁷ however this was not mentioned in the original NSW Government planning documents.

Although the Cancer Plan describes itself as following the priorities of the State Plan, the reporting measures and timeframes it outlines are not clear. For example, the Cancer Plan outlines the planned location and timeframe of several new radiotherapy units, however, there is no established reporting mechanism or timelines for these projects. The Radiotherapy Plan, which informs the Cancer Plan, is not released publicly, despite requests from The Cancer Council NSW for this information. This goes against the ethos of the State Plan in terms of openness and accountability.

Cancer is not identified as a 'priority' in strategic or operational planning nor specifically targeted for services delivery improvement programs. A review of the linkage between the NSW State Cancer Plan and the NSW Health Plans should be initiated to establish the structural and functional reforms that will defeat cancer via a coordinated whole-of-healthcare enterprise approach (i.e. coordinated with NSW Health and non-government, community partnerships). The Cancer Council NSW also calls for Cancer Plan initiatives to be given publicly-available reporting targets and timelines in a similar manner to that of the NSW State Plan.

Relationship between the Rural Health Plan and the State Plan

The State Plan notes the commitment of government to the NSW Rural Health Plan, which was intended to be implemented between 2002 and 2007. Several initiatives under the Rural Health Plan have begun, such as the release of the Transport for Health policy directive and the establishment of one of the promised radiotherapy facilities. However, there is still uncertainty over several initiatives of the NSW Rural Health Plan, including the promised radiotherapy unit in Orange and establishing Health Transport Units in all major hospitals.

Relationship between NSW Tobacco Action Plan and the State Plan.

The NSW State Plan needs to integrate and support the implementation of the government's own NSW Tobacco Action Plan (2005-2009). This sets out clear priorities in six key focus areas, with activities, timeframes and evaluation processes. Implementation of this plan with the planned evaluation will not only meet Priority S3 of the State Plan - a reduction in smoking prevalence - but with its emphasis on targeting populations with the highest smoking rates will also contribute to other goals such as F1 (improved health and education for Aboriginal people), and F5 (reduced avoidable hospital admission through reductions in bronchitis, asthma, COPD, emphysema etc).

Recommendation 1.

The Cancer Council NSW calls for Cancer Plan, the Rural Health Plan and the Tobacco Action Plan to be clearly linked to the State Plan and given definite reporting targets and timelines.

Priority S1: Improved access to quality healthcare.

Priority S1 of the Cancer Plan, *Improved access to quality healthcare*, mainly focuses on achieving national benchmarks for timely access to emergency departments and surgical treatment. This is reported as the proportion of patients in each triage who are admitted within a recommended timeframe. The Cancer Council NSW recognises that emergency and elective surgery waiting times have improved across NSW over the last 18 months. However, this State Plan reporting measure does not show which hospitals or interventions have waiting times that are above the state average.

For example, under-capacity in colonoscopy services has resulted in waiting lists of up to 12 weeks for urgent colonoscopy in some hospitals.⁸ Cancer patients in some Area Health Service regions have told The Cancer Council NSW that there is a discrepancy between the treatment of public and private patients. As such, colonoscopy waiting times can be up to 18 months for non-urgent public patients, however, private patients are seen promptly in some regions.

Waiting times for radiotherapy treatment are also not publicly reported on the NSW Health *Doctor's Waiting Times Database*, nor under the State Plan. In Port Macquarie and Coffs Harbour, where new radiotherapy units have been established, patients are still being sent to Sydney, as the waiting lists for treatment at the regional facilities are too long.

In addition, cancer patients in Dubbo, must wait over two months from diagnosis until they can have an appointment with a visiting oncologist; these waiting times not monitored or reported. The Cancer Council NSW recommends that waiting times to see a medical specialist are recorded for each Area Health Service. In addition, all waiting times in the State Plan should be reported at Area Health Service level and individual hospital level, rather than state-wide averages which do not represent

which communities are experiencing disadvantage in regards to access to health treatment.

Recommendation 2.

A greater variety of waiting lists should be reported under the State Plan; including time from diagnosis to a medical specialist appointment and waiting times for radiotherapy treatment.

Recommendation 3.

Waiting times should be reported at both the Area Health Service and local hospital level, rather than as a state-wide average.

Under the State Plan Priority S1, NSW Health has announced the development of a “measure of cancellations” of surgery appointments. The Cancer Council NSW welcomes this measure, on the proviso that certain patient-related reasons are included; such as transport and financial difficulties.

Priority S2: Improve survival rates and quality of life for people with potentially fatal or chronic illness through improvements in health care

The NSW Government is also considering transport initiatives regarding rural communities, under *Priority S2: Improve survival rates and quality of life for people with potentially fatal or chronic illness through improvements in health care*. A recent inquiry into community transport commissioned by The Cancer Council NSW, the Council of Social Service NSW and the Community Transport Organisation estimated that approximately 90,000 people are refused community transport for health-related trips each year in NSW.⁹ The report included several recommendations, including improving funding to the community transport program and that NSW Health should routinely collect data on health related trips in order to more effectively track and manage demand. This would also include collecting data on people who were not able to access services.

Recommendation 4.

The Cancer Council NSW endorses a ‘measure of cancellations’ that includes patient-related reasons such as transport and financial difficulties.

Recommendation 5.

The NSW Government improves access to community transport and monitors and reports waiting lists or refusals for a wider range of services, including government-funded community transport services.

Integration of Fairness and Opportunity performance measures into other goals

State Plan Priority S3, *Improved Health Through Reduced Obesity, Smoking And Illicit Drug Use*, could be significantly improved by embedding fairness and equity measures within the targets. For example, the target for tobacco to reduce smoking rates by 1% each year allows statistical averaging to hide evidence of a real regression in smoking rates amongst the most disadvantaged. The 2006 figures show that while there was a reduction in smoking rates across the population from

20.1% in 2005 to 17.75 in 2006, this disguised a real increase in some populations. While women in the most advantaged quintile decreased their smoking rates from 13.6% to 10.2%, women in the most disadvantaged quintile increased their smoking rates from 22.9% to 26.0%.

Fairness and equity measures should be incorporated at all areas of the State Plan especially for delivering Better Services Goals – eg, access to quality health care, survival rates, more students completing year 12, safer roads - to ensure that programs are not merely directed to the easiest to reach (and usually most advantaged) populations. Failure to set performance measures which address equity issues will result in a widening of the gap between the most and the least disadvantaged populations in NSW.

E1(d): Meet reliability performance standards for water continuity and quality

Organic contaminants in drinking water supplies have been shown to react with chemical disinfectants to form a wide range of disinfection byproducts (DBPs). The results of research to date indicate a probable link between exposure to (chlorinated) disinfection byproducts and bladder cancer. The US Environmental Protection Agency has concluded that an assumption of a potential causal relationship is supported by the weight of evidence from toxicology and epidemiology.¹⁰

NSW water quality checks are highly focused on microbiological safety. DBPs have been found to exceed recommended levels in NSW¹¹ yet there is very little information available on the ongoing nature, distribution and typical concentrations of DBPs in NSW drinking water. Test results for NSW drinking water quality monitoring samples are stored in the NSW Drinking Water Database. The database can be accessed via the Internet but is password protected and not available to the public or non-water utility professionals. DBP levels in NSW drinking water are also not provided by the public report of the NSW Chief Health Officer, which gives results on the levels of a range of other chemicals in drinking water in the Sydney, Hunter and regional water supplies. Public concern about preventable chemicals in drinking water has increased over the past decade.

There is currently an incomplete understanding of DBP occurrence and formation in NSW water supplies. Inconsistency in drinking water appraisal and treatment does not lead to equal health protection.

Recommendation 6.

The Cancer Council NSW calls for the wider reporting of NSW drinking water quality to include concentrations of disinfection by-products (DBPs), including the requirements of drinking water agencies to promptly report total organic carbon and DBP levels above set limit values with the public given accurate, specific and timely information on irregular events.

Conclusion

NSW is a world leader in terms of cancer survival, however many people with cancer are disadvantaged in their access to medical care. This submission identifies opportunities for action by the State Government to further reduce the incidence and impact of cancer for all people in NSW by setting clear targets and goals related to cancer care. These issues were identified by people affected by cancer as the highest priority to them. The State Plan is a welcome opportunity for the government to demonstrate greater transparency and accountability in its health programs.

The State Plan is apparently linked to several previously released plans such as the Health Plan and the Rural Health Plan, although how this occurs is not always clear. In addition, previously released plans such as the NSW Cancer Plan, the Radiotherapy Plan and the Tobacco Action Plan were not mentioned in the original context of the State Plan. The Cancer Council NSW would like to see a greater emphasis on cancer strategic planning in the context of the State Plan to ensure that we remain world leaders in terms of cancer care and prevention, and to make greater inroads in addressing cancer control in disadvantaged groups. To ensure equity for all residents of NSW, fairness and opportunity should form that basis of all priorities of the State Plan. To help attain and monitor greater equity in government health services, The Cancer Council NSW recommends public reporting of waiting times for radiotherapy, government-funded non-emergency health related transport and times from diagnosis until a specialist appointment.

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