

Cancer services preamble

CSCF v3.2

Preamble

Please note: This preamble must be read in conjunction with the *Fundamentals of the Framework* (including glossary and acronym list).

Cancer services are a specialised area of medicine involved in diagnosis, management and treatment of patients with cancer. Oncology is the area of clinical practice dealing with cancer. The cancer services falling within the scope of the CSCF, and their location within the CSCF, are outlined in Table 1.

Table 1: Cancer services and their location within the CSCF

Cancer service	CSCF module
Haematological Malignancy Services—adults	Haematological Malignancy Services module
Haematological Malignancy Services—children	Cancer Services - Children's module
Medical Oncology Services—adults	Medical Oncology Services module
Medical Oncology Services—children	Cancer Services - Children's module
Palliative Care Services	Palliative Care Services module
Prevention Services	Out of scope
Radiation Oncology Services—adults	Radiation Oncology Services module
Radiation Oncology Services—children	Radiation Oncology Services - Children's module
Rehabilitation Services	Rehabilitation Services module
Screening and Early Detection Services	Out of scope

Cancer service	CSCF module
Surgical Oncology Services—adults	Surgical Services module
Surgical Oncology Services—children	Cancer Services - Children's module

As illustrated in Table 1, the CSCF does not encompass the entire cancer control continuum, but focuses on capability requirements for cancer diagnosis, treatment and management services provided by public and private health facilities. Prevention, screening and early detection services are currently not in scope, and capability requirements for palliative care and rehabilitation services are described in separate modules. Children have specific needs in health services and should be referred to age-appropriate services—please consult the relevant children's services modules.

The care offered by oncology services should conform as far as possible to clinical protocols or guidelines established locally or by authoritative, external, professional organisations. In Australia, National Health and Medical Research Council-endorsed clinical practice guidelines are available for a range of cancers and psychosocial care of people with cancer. Minimising treatment variation reduces the risk of error whilst facilitating maintenance of high standards through auditing.¹

The integration and coordination of care across the components of care, service settings and geographical localities, in addition to effective communication, are critical to cancer management. These are particularly essential when the provision of continuity of care involves a number of specialist healthcare providers from separately administered healthcare agencies in the public and private sectors, as well as community agencies.

Optimal care can be promoted through service delivery partnerships, multidisciplinary teams, emphasis on psychosocial care, and seamless, coordinated care across all components and levels of care.^{2,3,4} Ideally, people with cancer will experience the cancer care journey as seamless and continuous, as though provided by one service. This will require close liaison and integration between the different components of the screening, diagnostic and treatment services (surgery, medical oncology, clinical haematology, radiation oncology and palliative care), as well as across levels of service within individual components.⁵ Where these relationships are networked, participating services should have documented processes regarding links.

The achievement of this integration may be supported by nomination of a care coordinator for each person with cancer. A care coordinator can help people with cancer move between treatment components, ensure they have access to helpful information, support the care team and ensure the team is aware of a person's preferences and situation.⁵ Where cancer services are provided by both public and private healthcare facilities, care is shared according to the needs of the patient. There must be documented processes between the facilities.

The complex service needs of a person with cancer reflect the characteristics of the individual, type of cancer, likely care pathways and course of the disease. There is a need for

strategic planning regarding the range of, and interrelationships between, cancer services across settings and geographical localities in order to facilitate coordinated and integrated service delivery. While some cancer services will be provided widely, some will be concentrated to facilitate development of expertise in dealing with cases of rare cancers or patients who require specialised intervention. For specialised cancer services, a broader population base will be needed. Particular attention needs to be given to teams providing specialised services to ensure the volume of activity is appropriate, the relevant mix of cancer services is available and suitably supported, and standards for the service are adequate.

Across this spectrum of specialisation, cancer services can be categorised as a *cancer service*, *cancer unit* or *cancer centre*. There will be documented processes across cancer service levels to ensure active support for cancer services and units, and liaison with, or referral of patients to, higher services (including rapid referral for emergency cases). These documented processes facilitate both a multidisciplinary care approach and access to consultative services delivered by a cancer centre for cancer services and units.

A *cancer service* may consist of a single oncology service (such as surgical oncology, medical oncology, haematological malignancy, radiation oncology or palliative care) and is delivered at a Level 3 or higher service. These types of services have links to other services and may have a combination of lower level services or services provided on an outreach / consultative basis.

A *cancer unit* can provide a multidisciplinary service to manage most common cancers where the individual services (medical oncology, haematological malignancy, radiation oncology and, where relevant, surgical oncology) are either Level 4 or 5. Radiation oncology may be provided on-site, or accessed locally or via a clearly defined referral pathway to a Level 5 or 6 service (if not local).

A *cancer centre* provides a more specialised, multidisciplinary service to manage common cancers, as well as rare cancers and specialised interventions. Surgical oncology, medical oncology and haematological malignancy services at a cancer centre will be Level 5 for most common cancers and Level 6 for low-incidence and highly specialised cancers. A cancer centre will have on-site, or access to, Level 6 radiation oncology. A cancer centre may provide outreach / consultative services, as well as other support, to cancer services and cancer units along networked lines.

Oncology consultative services are provided on an outpatient / outreach basis. These clinics support a multidisciplinary care approach and allow improved access to oncology services, particularly for rural patients.⁶ Clinics are conducted by a registered medical specialist with credentials in radiation oncology, clinical haematology or palliative medicine from a higher level service (visiting or telehealth), who provides initial assessment and long-term follow-up to patients.

All oncology services should have access to information and treatment-management systems, information technology services and clinical information systems. Table 2 outlines the minimum clinical service level capability required for cancer services, cancer units and cancer centres.

Table 2: Minimum clinical service level capability by type of cancer service

Service	Cancer service	Caner unit	CSCF centre
Cancer service	Level 3	Level 4 or 5	Level 5 or 6
Haematological Malignancy	Level 3	Level 4	Level 5 or 6
Radiation Oncology	Level 5	Level 5	Level 6
Surgical Oncology	Level 4	Level 4 or 5	Level 5 or 6

Table note: Temporary, needs-based Level 3 cancer services may be established, particularly in rural and remote areas, where outreach services and/or telehealth are instigated and delivered according to agreed protocols (such as Queensland Remote Chemotherapy Supervision (QReCS) Guidelines).

The delivery of cancer care services requires staff with competency-based skill levels and defined roles in order to deliver safe and effective care. Specialist and non-specialist cancer clinician staffing levels, and support and supervision structures, have the potential to have an impact on client outcomes.

When providing an oncology consultative service, key factors to be considered by the receiving health service include the:

- volume of patients, types of tumours and associated treatment protocols used to manage those tumours
- different amounts of time required for patients, which may vary depending on whether they are new or routine, review or treatment, curative or palliative, adjuvant or neoadjuvant, and on different types of cancers
- availability of a local registered medical practitioner to undertake a local lead clinician role, as the level of availability of local medical practitioner support can have an impact on the number of people who can be seen by the visiting specialist, frequency of ambulatory services and level of follow-up support available when the visiting specialist is not in town
- availability of qualified and experienced registered nursing staff with evidence of ongoing competency to provide local support in the administration of systemic therapy and care of patients in accordance with current best practice
- level and availability of clinical support services, including laboratory services (refer to *Pathology Services* module)
- availability of the appropriate level of medication services required to support delivery of any therapy at the outreach service (refer to *Medication Services* module)
- service's capacity to maintain and assess the knowledge and skills of staff delivering systemic therapy
- workforce availability in the local area because, where services are dependent upon a small number of staff, staff absence could result in cessation of the service.

These considerations should be evaluated, and the safe level of service provision negotiated and understood between the receiving health service and visiting registered medical specialist. Outcomes of this process would include documented processes between facilities, and administrative and clinical practice guidelines developed in collaboration with the visiting registered medical specialist and local medical, nursing, allied health and support staff.

Legislation, regulations and legislative standards

Refer to the *Fundamentals of the Framework* for details.

Non-mandatory standards, guidelines, benchmarks, policies and frameworks

(not exhaustive & hyperlinks current at date of release of CSCF v3.2)

In addition to what is outlined in the *Fundamentals of the Framework*, the following are relevant to cancer services:

- American Society of Clinical Oncology. Criteria for facilities and personnel for the administration of parenteral systemic antineoplastic therapy. ASCO; 2004.
www.jco.ascopubs.org/cgi/reprint/22/22/4613
- Australian Day Surgery Nurses Association. Best practice guidelines for ambulatory surgery and procedures. Perth: Cambridge Publishing; 2009.
- Cancer Nurses Society of Australia (CNSA): *Position statement on the minimum safety requirements for nurses involved in the administration of anti-cancer drugs within the oncology and non-oncology setting*. 2010. <http://www.cnsa.org.au>
- Clinical Oncological Society of Australia. Guidelines for the safe prescribing, dispensing and administration of cancer chemotherapy. COSA; 2008.
www.cosa.org.au/media/1093/cosa_guidelines_safeprescribingchemo2008.pdf
- Queensland Government. Queensland Workplace Health and Safety Strategy: Guide for Handling Cytotoxic Drugs and Related Waste. Department of Industrial Relations; 2005.
www.deir.qld.gov.au/workplace/publications/guides/cytotoxic/index.htm
- Queensland remote chemotherapy supervision guide. State of Queensland (Queensland Health), July 2014.
- The Society of Hospital Pharmacists of Australia. Standards of practice for the provision of clinical oncology pharmacy services. *J Pharm Pract Res* 2002; 32(2):115–118.
http://www.shpa.org.au/lib/pdf/practice_standards/clinical_oncology_ro.pdf
- The Society of Hospital Pharmacists of Australia. Standards of practice for the provision of oral chemotherapy for the treatment of cancer. *J Pharm Pract Res* 2007; 37(2):149–52.
http://www.shpa.org.au/lib/pdf/practice_standards/oral_chemotherapy_ro.pdf

- The Society of Hospital Pharmacists of Australia. Standards of practice for the provision of palliative care pharmacy services. *J Pharm Pract Res* 2006; 36(4):306–8. http://www.shpa.org.au/lib/pdf/practice_standards/palliative_care_ro.pdf
- The Society of Hospital Pharmacists of Australia. Standards of practice for the safe handling of cytotoxic drugs in pharmacy departments. *J Pharm Pract Res* 2005; 35(1):44–52. http://www.shpa.org.au/lib/pdf/practice_standards/cyto_drugs_ro.pdf
- The Society of Hospital Pharmacists of Australia. Standards of practice for the transportation of cytotoxic drugs from pharmacy departments. *J Pharm Pract Res* 2000; 30(3):116–17. http://www.shpa.org.au/lib/pdf/practice_standards/cyto_transport_ro.pdf
- Cancer care statewide health service strategy <http://www.health.qld.gov.au/carunetworks/docs/cancer-care-strategy.pdf>
- Clinical Cancer Care Framework <http://www.health.qld.gov.au/carunetworks/docs/cancer-care-strategy-summary.pdf>

Reference list

1. Australian Government. Clinical Practice Guidelines. National Health and Medical Research Council; 2010. www.nhmrc.gov.au/publications/subjects/clinical.htm
2. Zorbas H, Barraclough B, Rainbird K, Luxford K, Redman S. Multidisciplinary care for women with early breast cancer in the Australian context: what does it mean? *Med J Aust* 2003; 179(10):528–31. <https://www.mja.com.au/journal/2003/179/10/multidisciplinary-care-women-early-breast-cancer-australian-context-what-does-it>
3. Cancer Institute NSW. Multidisciplinary teams. Cancer Institute NSW; nd. www.cancerinstitute.org.au/cancer_inst/profes/mdt.html
4. NSW Department of Health. Organised Multidisciplinary Team Care. NSW Health; nd. www.health.nsw.gov.au/Initiatives/HealthOneNSW/framework/modelofcare/multidisciplinary_care.asp
5. National Health Priority Action Council (NHPAC) (2006), *National Service Improvement Framework for Cancer*, Australian Government Department of Health and Ageing, Canberra. [http://www.health.gov.au/internet/main/publishing.nsf/Content/223307DA4F101673CA257BF000209B54/\\$File/cancall.pdf](http://www.health.gov.au/internet/main/publishing.nsf/Content/223307DA4F101673CA257BF000209B54/$File/cancall.pdf)
6. Royal Australasian College of Surgeons. Position Statement: Outreach Surgery in Regional, Rural and remote Areas of Australia and New Zealand. June 2011. http://www.surgeons.org/media/304505/pos_2011-06-23_outreach_surgery_position_paper_v2.pdf