Table Discussions with Members and Stakeholders

Cancer Care – What are we doing now?

Prevention

- Identifying risk factors and capturing family history at first contact
- Promoting healthy lifestyles — health promotion programs
- Providing Peer to peer support for staff and raising awareness
- Using 715 Health Checks for cancer screening
- Care Plans — (General Practice Management PIP)
- Raising awareness of education around risks
  - Smoking cessation — Tackling
  - Indigenous smoking (TIS)
  - Alcohol and other drugs awareness
- Health Promotion re Cervical cancer and the HPV Gardisil Vaccine
- Healthy for life - exercise and deadly eating
- Hosting Breast Screen Australia
- Other Health Promotion events

Diagnosis

- Diagnosis includes:
  - Health promotion activities
  - Screening
  - Immunisation
  - Bowel cancer screening
- 715 Health Checks:
  - Full serology
  - BBV/STI
  - Full examination
  - Breast Screen Queensland visits bi-annually — referral to mainstream/HHS as indicated

Screening and immunisation

- Holistic and opportunistic screening for risk factors
- 715 health checks for screening and referrals
  - Bowel Cancer
  - Breast screening
  - BBV (Blood Borne virus)
- Sexual Health Screening and immunisation
  - HPV (Human papilloma virus)
- Women's health screening
  - cervical screening
    - in clinic
    - self-collection
- Men's health screening
  - Prostate symptoms
- Opportunistic immunisation
- Scheduled immunisations
- Requesting pathology tests
- Deadly Choices to promote health checks
- Asking about risk factors for patient health
- Providing extra services for patients
- Providing co-ordinated care

Treatment and Support

- Building health literacy through improved relationships
- Timely review and recalls
- Help making appointments

Palliative and Bereavement care

- Funding existing to establish Palliative end of life and voluntary assisted dying
- Liasing between patients, ACCHOs, HHS and mainstream services
- Workforce training and educating other staff
- Training on patient care between HHS and ACCHOs

How can we focus on cancer care in the next 6-12 months?

Prevention

- Get staff on board — focus on cancer
  - capturing family history at first contact and flagging risk factors
- Providing peer-to-peer support for staff and raising awareness
- Radio, social media awareness
- Wider Community engagement through outreach
- More information on why we screen and the importance of screening for community

Screening

- Keep up the prevention programs
- Opportunistically screen for risk factors
  - family history
  - smoking/alcohol and other drug use
- Look for lung cancer risk factors and refer to beat national lung screening launch
- Include health history in referrals
- Order tests/make referrals every time
- Recalls — focus on follow ups
- Develop trigger questions to use during 715 Health Checks
- Strengthen partnerships internally and externally
- Build resources regarding Point of Care testing
- Build standardised screening tool within PCCM/heath check/chronic disease guidelines

Diagnosis

- Encourage men to learn more about prostate cancer signs and symptoms
- Participate in lung cancer screening trial
- Build awareness and enable Nurse Navigator
- Action the Aboriginal and Torres Strait Islander Queensland Cancer Strategy — localised actions
- Establish cancer risk profiles — congenital (hereditary) (DNA — Genomics)
- Focus on women's wellbeing, gatherings and cervical screening parties

Treatment and Support

- Promote and use "Our Mob and Cancer" Website to ACCHOs and HHS — one central place of truth
- Explore opportunities to develop templates for basic resources and build-in customisation for each service
- Look at booklet and video — 17 resources handed to Cancer Australia
- Build two-way communication skills between patient/staff/HHS
- Use plain language and explain health terminology

Palliative and Bereavement care

- Hopefully get continued funding for palliative, End of Life and Voluntary Assisted Dying
- Change the name of palliative care (Passing on Country?)
- Ther needs to be a role in Sector ie Cancer Care co-ordinator role.
- Offer a choice where to receive care.
  - Improving health literacy through building relationships with patients.
- Having the hard conversations about "getting your house in order" — not a conversation people always want to have.
  - Knowing when these discussions are needed.

How can we strengthen cancer care in the next 1-2 years?

Prevention

- Maintain and build on health promotion activities
- Recruitment and retention of suitably qualified staff

Diagnosis

- Develop a local cancer prevention plan
  - Integrated within community
  - Includes AMS, QLD Health, QAIHC and other key stakeholders

Screening

- Continue building education and awareness.
- Enable a dedicated Cancer Care coordination team within services
- Maintain prevention programs and screening.
- Increase Cancer Care workforce.
- Build confidence for staff to talk to Manager/CEO about patient needs

Treatment and Support

- Explore gap in survivorship between Indigenous and non-Indigenous — why is the gap so big?
- For cancer Survivors — what next?
  - Build pathways for co-ordinated care for people from rural and remote areas.
  - Post treatment: support local activities with scalability.
  - Improve levels of co-ordination, make this core across the journey.
  - Assist with co-ordinating medication and transport.
  - Schedule and book appointments for follow-ups.
  - Provide patient instructions for next steps and rehab.
  - Enable increased support for out of pocket costs.
  - Enable increased support for ACCHOs to claim claimable services.

Palliative and Bereavement care

- Continue collaboration with ACCHOs and Specialised palliative care services.
- Suggest referring to ‘Passing on Country’ to the like of ‘Birthing on Country’.
- Improve:
  - Community based partnerships
  - Build better partnerships between Queensland Health and Sector
  - Innovative models of care, working together
  - Integrated model of care

What are our 3 year goals for cancer care?

Prevention

- Reduced number of cancer patients by reducing risk behaviours/ risk factors
- Improvements in healthy eating
- Qualified staff on board and retained
- Established and clearer pathways
- Increased funding to support recruitment (increased and sustainable long term employment)
- Increased community empowerment of managing chronic disease

Diagnosis

- Embedded a better understanding and acceptance of traditional medicines (eg Gumbi Gumbi)
- Established widespread Point of Care testing (POC)
- Increaded testing
- Identified biomarkers that enable early detection

Screening

- Increased screening rates
- At least 90% of active patients to have 715 health checks
- Improved rates of early detection of cancer
- Increased workforce around Cancer Care
- Developed clear pathways and have a cancer strategy
- Exploring traditional medicines and alternative medicines

Palliative and Bereavement care

- Better understanding and acceptance across services about Palliative care
- More timely access to palliative care and end of life services based on patients' needs

Treatment and Support

- Have established workable Treatment Pathways
- Enabled supported and co-ordinated patient Journey
- Increased survival numbers

QAIHC
Queensland Aboriginal and Islander Health Council