

# NSW Cancer Plan Implementation Plan

2024–2025



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We are particularly grateful to the individuals affected by cancer who contributed their own story and experiences, which form the heart of this plan.

The Cancer Institute NSW acknowledges the traditional custodians of the lands on which we work and live, and recognise their continuing connection to land, water and community. We pay our respect to Elders past and present.

*Aboriginal and Torres Straight Islander readers are advised that this resource may contain images and names of deceased persons.*

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# Introduction

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## Purpose and scope of the Implementation Plan

The *NSW Cancer Plan Implementation Plan 2024–25 (Implementation Plan)* has been developed by the Cancer Institute NSW to support the achievement of the goals and priorities in the *NSW Cancer Plan 2022–2027*.

This *Implementation Plan* was developed in consultation with key stakeholders and partners. It details how we will address the priorities and achieve the goals of the *NSW Cancer Plan* in practice, through a range of activities. It is a statewide plan that extends beyond the work of the Cancer Institute NSW and is intended to guide the work of the NSW public health system, non-government agencies, key peak bodies, stakeholders and partners across the NSW cancer control, broader NSW Health, human services and other sectors.

This *Implementation Plan* is part of a suite of documents that outline a statewide approach to delivering better cancer outcomes in NSW. These include the:

- *NSW Cancer Plan*
- *NSW Aboriginal Cancer Strategy* (currently being planned).

This is the second *Implementation Plan* for the *NSW Cancer Plan 2022–2027*, which will run to mid-2025. It builds on the foundational *Implementation Plan*, which detailed activity across 2022–2023. This plan includes:

- **an overview of the *NSW Cancer Plan***, including how the *NSW Cancer Plan* and this *Implementation Plan* support each other
- **the approach to driving equity in cancer outcomes across NSW** through the *Implementation Plan*
- **key activities to be delivered** under each of the priorities and strategic actions, lead and partner organisations and indicative timeframes for delivery
- **measures of success** that will be used to determine progress towards implementation of the *NSW Cancer Plan*
- **an overview of monitoring and evaluation** of the *NSW Cancer Plan*.

All of the actions outlined in the *Implementation Plan* require strong collaboration and partnerships and cannot be delivered by any one organisation.

## How this Implementation Plan was developed

This second *Implementation Plan* draws from:

- targeted consultations with current and new strategic partners
- assessment of the progress of current activities in the foundational *Implementation Plan*
- review and mapping of other activities being delivered by the Cancer Institute NSW and other key stakeholders, where these align with the priorities and strategic actions of the *NSW Cancer Plan*.

Any new activities were prioritised for inclusion by reviewing and assessing each against five inclusion criteria (Figure 1). The shortlist of activities was refined through targeted consultations with key stakeholders and the NSW Cancer Plan Advisory Committee.

There are many additional activities that organisations and stakeholders will deliver that are important for their local communities and contexts. Of particular importance, local health districts (LHDs) and specialty networks (SNs) are critical in the delivery of care and have their own strategic and cancer plans which complement this statewide plan.

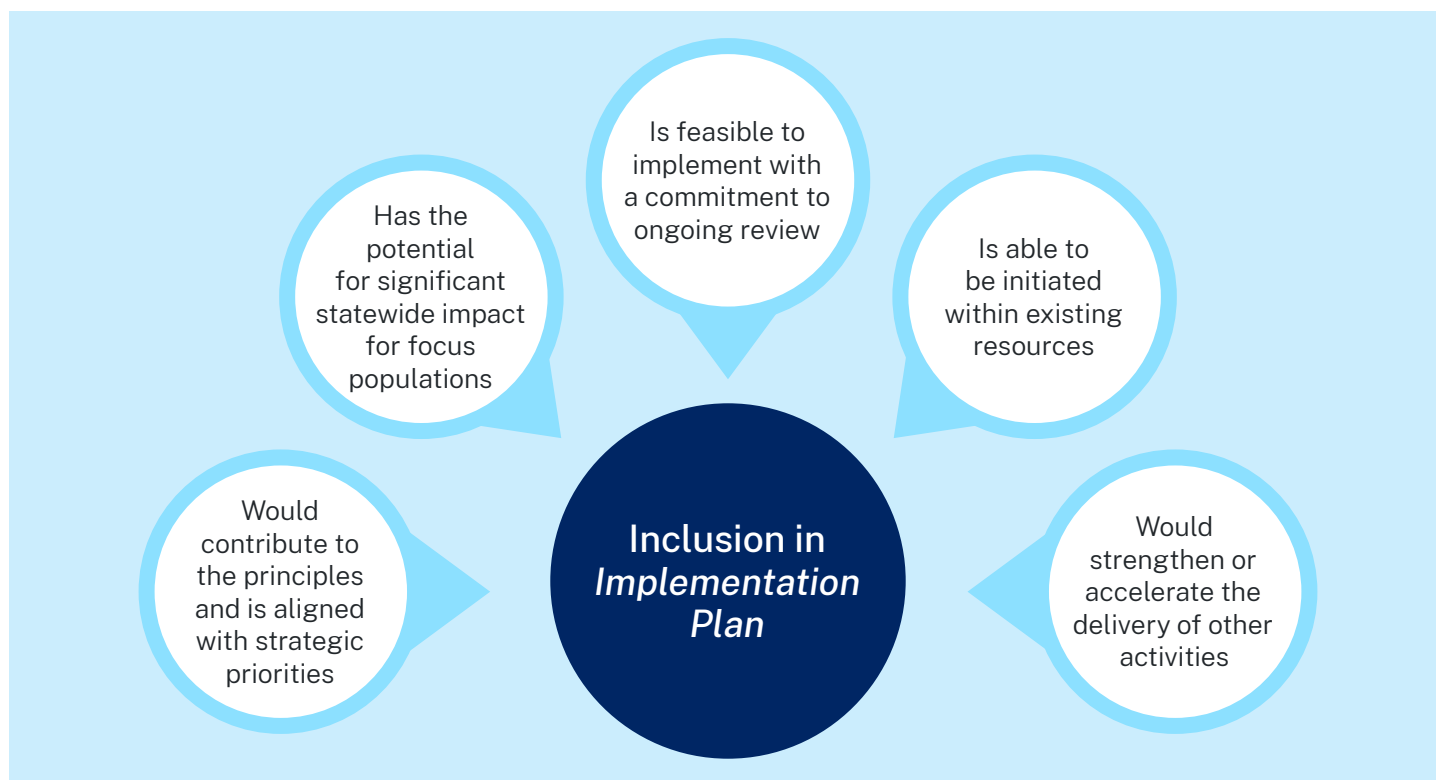


Figure 1: Inclusion criteria for *Implementation Plan* activities.

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## A dynamic approach to implementation planning

The *Implementation Plan* will be reviewed and refined through the life of the *NSW Cancer Plan*, to ensure activities remain relevant, enable innovation and agility, and support continuous engagement with current and new stakeholders and partners (Figure 2). This approach will reaffirm the priorities and direction and identify other emerging trends and opportunities in cancer control to accelerate improvements in cancer outcomes.

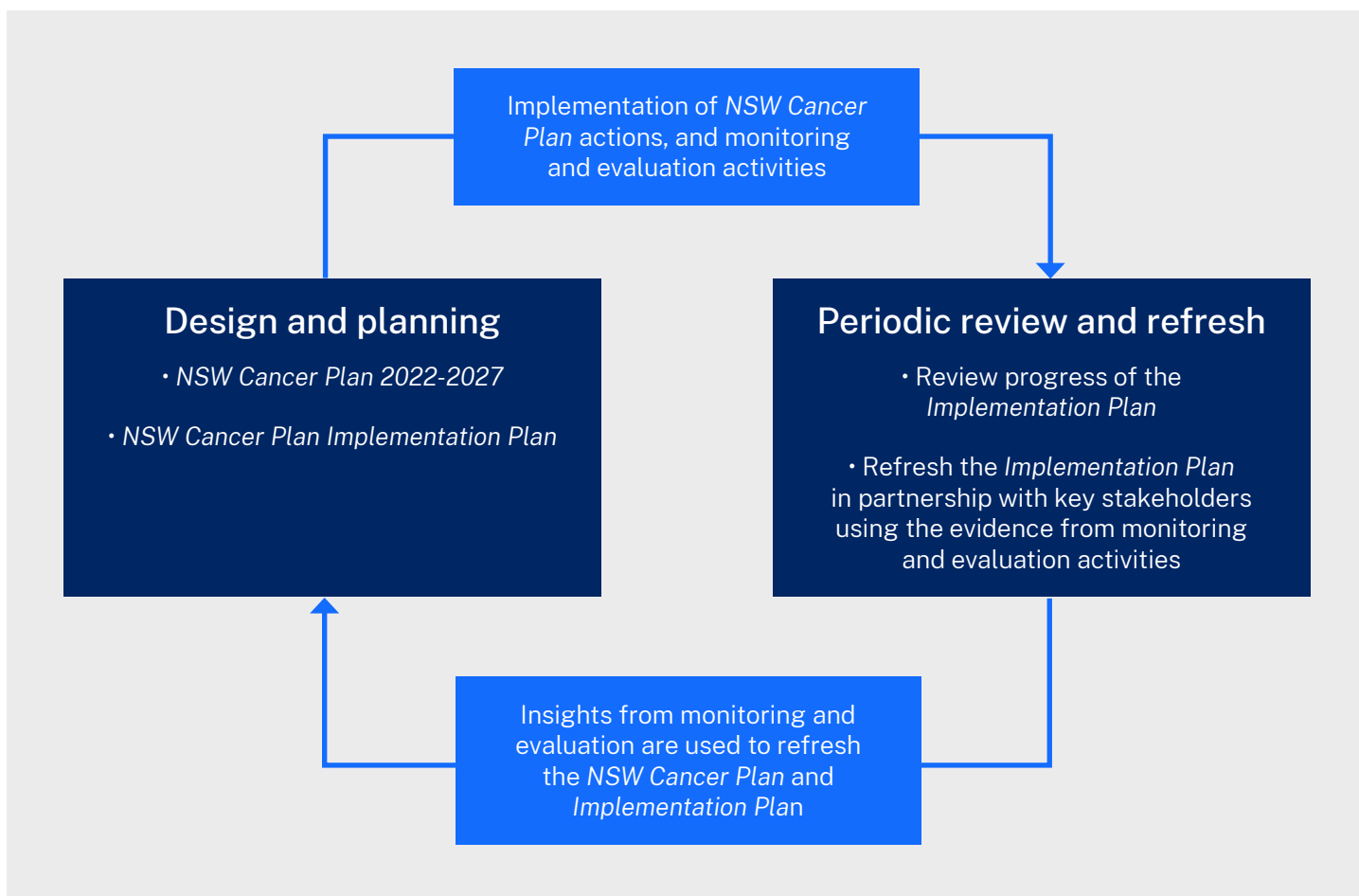


Figure 2: Dynamic planning and learning cycle for the *NSW Cancer Plan 2022-2027*.

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## Strength in partnership

Partnership with a diverse range of stakeholders has been an essential driver of progress under the foundational *Implementation Plan*, ensuring a comprehensive, coordinated and effective approach to cancer prevention, treatment and support services.

Collaboration is an overriding principle of the *NSW Cancer Plan*, recognising the role that ongoing collaboration with service partners and key stakeholders has in delivering better cancer outcomes for communities. This involves sharing knowledge, best practices and innovative solutions, supporting stakeholders to work towards shared objectives, and addressing system-level challenges in cancer control more effectively.

This *Implementation Plan* includes a strengthened approach to partnership and includes more than 80 listed partner organisations. This is in recognition of the critical value partners bring to the delivery of cancer control activities across NSW, including those that support initiatives to deliver more equitable outcomes for focus populations.

LHDs, SNs, primary health networks (PHNs), community groups and non-government organisations (NGOs) all bring unique and complementary knowledge, capabilities and relationships, which span the priorities of this *Implementation Plan*. They play an integral role in engaging focus populations, and tailoring the delivery of cancer prevention, treatment and support services to meet the needs of local communities.

Additionally, partner organisations have a key role in strengthening the alignment of activities to broader NSW health and community settings, and in doing so, deepen the impact of this *Implementation Plan*.

## Monitoring and evaluation of the NSW Cancer Plan

Monitoring and evaluation are vital to assess progress towards meeting the *NSW Cancer Plan* goals and target outcomes and to support continued improvements.

Like most strategies, the *NSW Cancer Plan* comprises many diverse components and programs. Given this breadth, the organisational approach to monitor and evaluate the *NSW Cancer Plan* includes:

- implementation monitoring
- system performance monitoring, and
- evaluation of programs and initiatives.

## Governance of the NSW Cancer Plan and Implementation Plan

Effective governance is the cornerstone for safe, high-quality and person-centred service delivery.

The *NSW Cancer Plan* and *Implementation Plan* are overseen by the NSW Cancer Plan Advisory Committee, a cross-sector group that ensures strong alignment to NSW Health priorities and accountability for actions towards the achievement of the goals of the plan.

The Advisory Committee is responsible for providing strategic direction, advice, promotion and facilitating engagement and communication between partners, stakeholders and agencies involved in implementing the *NSW Cancer Plan*.

Consumers, focus populations, partners and key stakeholders have a voice on the committee to ensure the overriding principles of the plan are embedded into the strategic actions.

# The NSW Cancer Plan and our vision in action

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The fifth *NSW Cancer Plan* builds on and celebrates the successes of previous plans. It provides a whole-of-sector perspective on cancer control and describes how all key stakeholders across the state, including NSW Health, will work together to deliver better outcomes for patients, staff and the NSW community.

The vision of the *NSW Cancer Plan* is to end cancers as we know them and is driven by strategic action in **four priority areas**:

- prevention of cancers
- screening and early detection of cancers
- optimal cancer treatment, care and support
- cancer research.

The actions under these priority areas, outlined in this *Implementation Plan*, are guided by a set of **three overriding principles**: equity of outcomes, person-centredness and collaboration. These principles were also applied to the development of this *Implementation Plan*, to ensure that all actions support progress towards the *NSW Cancer Plan* goals and vision.

This was achieved through:

- consulting with representatives of key focus populations, as identified in the *NSW Cancer Plan*, to ensure that activities included in the *Implementation Plan* improve equity of outcomes
- the application of criteria for inclusion to ensure activities within the *Implementation Plan* contribute to the overriding principles and statewide impact for focus populations
- committing to ongoing review, refinement and development of the *Implementation Plan*, including ongoing monitoring and reporting.

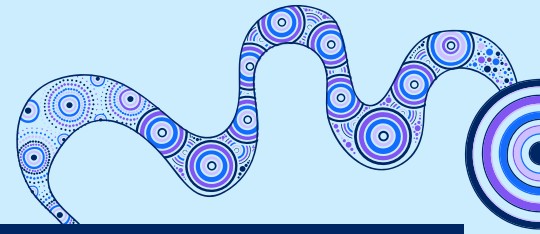
The priorities and strategic actions of the *NSW Cancer Plan* are supported by **six system enablers** which underpin the priorities and actions in the *NSW Cancer Plan*. They are:

- leadership and culture
- workforce
- data and Information
- technology and innovation
- governance and monitoring
- evaluation and reporting.

Several other strategies, plans and initiatives in NSW aim to strengthen these health system enablers, through broad collaboration and partnerships across the NSW Health system. For example, strengthening and supporting the health workforce is a strategic outcome of *Future Health: Guiding the next decade of health care in NSW 2022–2032* and the *NSW Health Workforce Plan 2022–2032*. Both provide a framework to guide implementation of workforce-related strategies across NSW Health. Additionally, the *NSW Regional Health Strategic Plan 2022–2032* includes strategic objectives for the regional health workforce.

Similarly, technology and innovation as an enabler of the *NSW Cancer Plan* is guided by the *eHealth Strategy for NSW Health 2016–2026* and will also be significantly strengthened through the introduction of a single digital patient record (SDPR) across NSW Health.





## Vision: To end cancers as we know them

### Goals

Reduce inequity in cancer outcomes

Reduce the incidence of cancer

Increase cancer survival

Enhance quality of life and experience for people at risk of and affected by cancer

### Overriding principles

#### ✔ Equity of outcomes

Improve cancer outcomes in communities that continue to have poorer outcomes to help everyone achieve their best health.

Focus on achieving equitable cancer outcomes for Aboriginal communities.

#### ✔ Person-centredness

Focus on the experiences of people with cancer and those accessing screening and prevention services, to ensure they achieve outcomes that are meaningful to them.

#### ✔ Collaboration

Work together at the system, service and care team levels with clear roles, accountabilities and governance, to achieve the best cancer outcomes.

### Priorities

#### 1. Prevention of cancers



#### 2. Screening and early detection of cancers



#### 3. Optimal cancer treatment, care and support



#### 4. Cancer research



← Strategic actions →

### System enablers

#### Staff are engaged and well supported

- Leadership and culture
- Workforce



#### Innovation and digital advances inform service delivery

- Data and information
- Technology and innovation



#### The system is managed sustainably

- Governance
- Monitoring, evaluation and reporting



### Target outcomes

Achieve equitable cancer outcomes for all NSW residents.

Reduce the risk of preventable cancers for people in NSW.

Increase one- and five-year survival of NSW residents with cancer.

Increase the collection and use of people's reported experience and outcomes to improve care and services.

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## Alignment to NSW Health's vision

The *NSW Cancer Plan* works in conjunction with other statewide health plans to improve health outcomes for the people of NSW and ensure equitable access to quality cancer prevention and screening, treatment, care and support (Figure 3), primarily:

- *Future Health: Guiding the next decade of health care in NSW 2022–2032*
- *NSW Regional Health Strategic Plan 2022–2032*.

The *NSW Cancer Plan* aligns with *Future Health*, which provides the strategic framework and priorities for the whole health system over the next decade. *Future Health* outlines six strategic outcomes to achieve NSW Health's vision of a sustainable health system that delivers outcomes that matter most to patients and the community, is personalised, invests in wellness and is digitally enabled. The *NSW Cancer Plan* includes four priorities that align to these strategic outcomes in the context of cancer control.

The *NSW Cancer Plan* also aligns with the *NSW Regional Health Strategic Plan*, which outlines NSW Health's priorities for an equitable and integrated health system delivering outcomes that matter most to patients and the community in regional, rural and remote NSW.

Activities that are aligned to the *NSW Regional Health Strategic Plan 2022–2032 Delivery Roadmap 1–3 Years* are identified with the symbol .

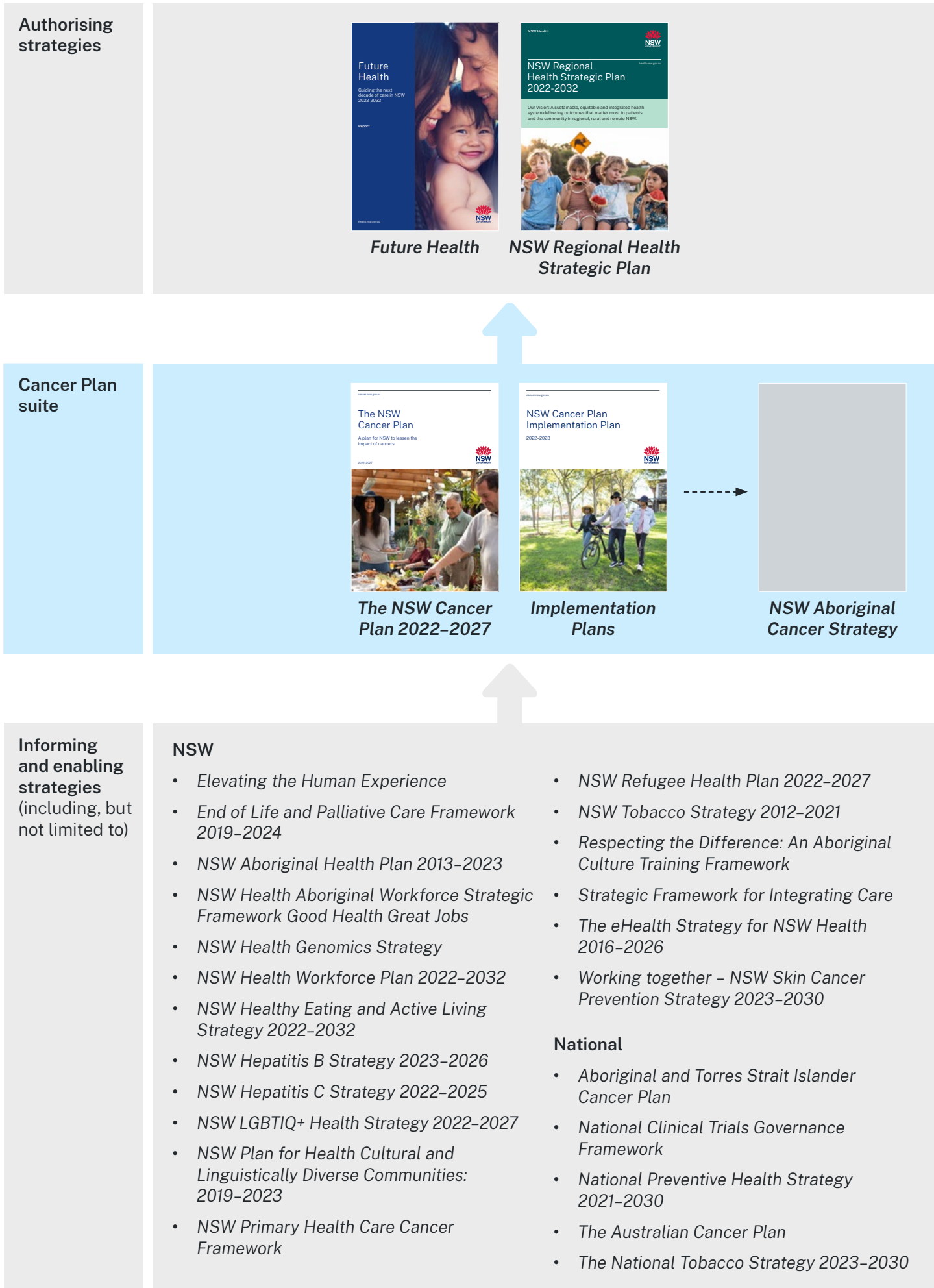


Figure 3: Alignment between the NSW Cancer Plan and NSW Health policies.

## The changing cancer policy context

In addition to the statewide guidance outlined in *Future Health* and the *NSW Regional Health Strategic Plan*, the *NSW Cancer Plan* is enabled and informed by a broader cancer policy context at both the state and federal levels.

Since the publication of the foundational *Implementation Plan*, there have been several developments in the health and cancer policy landscape that have influenced activity under the four priority areas.

### Transitioning to the NSW Aboriginal Cancer Strategy

Equity and improving cancer outcomes for Aboriginal people are at the heart of the *NSW Cancer Plan*.

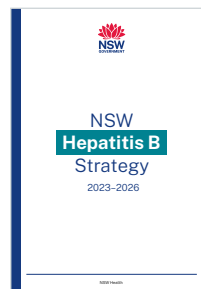
To reinforce the commitment to improving cancer outcomes for Aboriginal people in NSW, a *NSW Aboriginal Cancer Strategy* is being developed to capture activity that drives progress for Aboriginal communities. The Cancer Institute NSW is working in partnership with the Aboriginal Health & Medical Research Council (AH&MRC) of NSW, the expert body providing community-led information about Aboriginal health policy, programs and needs, and in partnership with Aboriginal Community Controlled Health Services, Aboriginal Health Workers, Aboriginal Community Controlled Organisations and Aboriginal community members.

Activities from the foundational *Implementation Plan* that focus on Aboriginal communities continue to be embedded in this *Implementation Plan*. These activities will be transitioned into the *NSW Aboriginal Cancer Strategy*, alongside new activities established in the development of the strategy.

The *NSW Cancer Plan* is also informed and enabled by statewide strategies that outline priorities and actions across the broader health system.

Several key strategies have been developed since the publication of the foundational *Implementation Plan*.

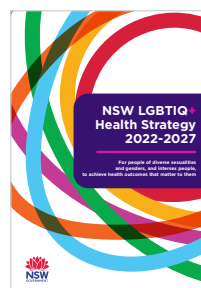
### NSW strategies



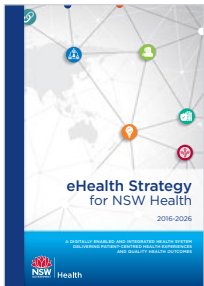
The *NSW Hepatitis B Strategy 2023–26*, a system-wide enabling framework for NSW Health and partners to respond to hepatitis B. It addresses the significant association between chronic hepatitis B infection and liver cancer, aligning efforts to reduce the burden of liver cancer and improve outcomes for individuals affected by hepatitis B.



The *NSW Refugee Health Plan 2022–2027* takes a culturally responsive, trauma-informed, and strengths-based approach to support people from refugee backgrounds to be healthy, thriving members of NSW. It incorporates cancer prevention, early detection, and access to cancer care into its comprehensive healthcare approach for refugees, driving equitable cancer outcomes for migrant communities.



The *NSW LGBTIQ+ Health Strategy 2022–2027* provides direction to all NSW Health organisations and staff on the delivery of high quality, safe, inclusive and responsive care to LGBTIQ+ people. This includes the health, wellbeing and safety of our health staff who are LGBTIQ+. The strategy includes actions to address the elevated risk of cancer and poorer cancer-related outcomes for people of diverse sexualities and genders, and intersex people.



The *eHealth Strategy for NSW Health 2016–2026* supports the *NSW Cancer Plan* by leveraging digital health technologies and implementing electronic systems, enabling seamless exchange of information and enhancing coordination of cancer care, ultimately improving patient outcomes and enhancing the effectiveness of cancer prevention and treatment initiatives.

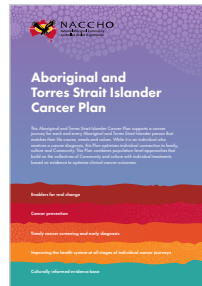
Additionally, the upcoming introduction of a SDPR across NSW Health will enable a secure, holistic and integrated view of the care a patient receives across the NSW Health system. Clinicians will be able to access a patient’s medical information in real-time from a single source. The SDPR represents a significant opportunity to support smoking cessation interventions, e-referrals to quit services, opportunistic cancer screening (including lung cancer screening in the future) and support a more holistic view of a patient’s cancer journey.

## National strategies

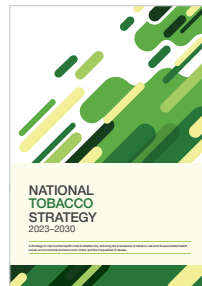
Several national cancer and health strategies have also recently been released to support a nationally coordinated and comprehensive approach to cancer control. These include:



The *Australian Cancer Plan* (released in November 2023) outlines a national plan to identify and address critical issues in cancer control that need collaborative, coordinated and national action. It’s designed to improve cancer outcomes for all Australians, and particularly for those groups whose health outcomes are poorest.



The *Aboriginal and Torres Strait Islander Cancer Plan* (released in October 2023) emphasises Aboriginal and Torres Strait Islander leadership, evidence-based models of care, cultural safety, and data sovereignty in cancer control activity. It was developed by the National Aboriginal Community Controlled Health Organisation and aims to foster genuine partnership and engagement with Aboriginal and Torres Strait Islander people and communities throughout implementation.



The *National Tobacco Strategy 2023–2030* aligns with and complements the objectives of the *NSW Cancer Plan* through the prioritisation of tobacco control measures and initiatives to reduce smoking rates and associated cancer incidence.

This *Implementation Plan* is influenced by and operates alongside these strategies as part of a whole of system approach to reducing the impact of cancer.

# Progress under the foundational Implementation Plan

The foundational *Implementation Plan* has guided progress and achievement against the *NSW Cancer Plan*, underpinned by the overriding principles – equity of outcomes, person-centredness and collaboration. This progress has been delivered in the context of an evolving policy landscape and influenced by emerging priorities and opportunities at the health system level.

This *Implementation Plan* carries through much of the activity that was outlined in the foundational *Implementation Plan*, recognising that activities are at early stages of implementation and reflecting their ongoing maturity in this plan.

A sample of key achievements commenced under the foundational *Implementation Plan* are highlighted over the following pages.

## Driving equity in cancer outcomes

The *NSW Cancer Plan* takes an equity first approach, recognising that improving cancer outcomes in communities that continue to have poorer outcomes will help everyone achieve their best health.

The plan has a particular focus on achieving equitable outcomes for Aboriginal communities, recognising them as the first peoples of Australia and the significant burden of cancer and poorer outcomes faced by these communities.

Other focus populations of the plan, who are disproportionately impacted by cancer, include multicultural communities, people from lower socioeconomic backgrounds, regional, rural and remote communities, older people, sexuality and gender diverse people, intersex people, people with a mental health condition and people engaged with the justice system.

In partnership with clinicians, we are committed to using available health system data, knowledge and expertise to understand the demographics, social and economic factors that impact outcomes and use this information to inform and support local and statewide programs.

The foundational *Implementation Plan* brought together key partners from across health, government, and community to develop culturally safe and responsive strategies to improve outcomes for focus communities.

## The PUTUWA project

Aboriginal women are diagnosed at an earlier age and with more advanced breast cancers. BreastScreen NSW worked with Aboriginal Health Workers and Aboriginal community members to design the PUTUWA project to engage Aboriginal women from 40–49 years in breast screening and increase participation in breast screening among Aboriginal women aged 50–74. The program also includes initiatives to improve the cultural safety of care delivered by BreastScreen NSW.

To encourage more Aboriginal women to feel welcome at screening and assessment services, BreastScreen NSW engaged an Aboriginal artist who created artwork used for modesty shawls and promotional material, including a mobile screening van on the NSW North Coast. The program is currently being piloted and will be evaluated by an Aboriginal research agency, including focus groups of Aboriginal women.

## Coordination of Care for Aboriginal People in Cancer Services program

The Cancer Institute NSW supported the delivery of personalised, culturally safe care for Aboriginal people with cancer through a project to appoint Aboriginal Care Coordinators in cancer services in four LHDs. These staff members will play an important ongoing role in ensuring Aboriginal people affected by cancer are supported and receive culturally appropriate and safe care.

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## Multicultural screening grants

Community grants supported 2,500 community members from 29 different language/cultural groups to receive education about cervical, breast and bowel cancer screening and healthy modifiable behaviours to prevent cancers. There were 125 community education sessions delivered in the 2022–2023 financial year.

## Community education

The Cancer Institute NSW provided training to 37 bilingual community educators and cultural support workers to deliver ongoing training sessions, with an aim to increase multicultural communities' awareness and uptake of the three national screening programs and healthy lifestyle habits to help prevent cancer.

## The Refugee Cancer Screening Project

This project was delivered to improve cancer screening awareness in refugee communities from the Middle East and Sub-Saharan Africa through capacity-building, research and community engagement. This year, 17 community consultations were held involving over 160 people who provided feedback on barriers – including systemic and cultural issues – impacting communities' participation in cancer screening.

## Multicultural in-language resources on clinical trials

A clinical trial can offer hope when other treatment options have been exhausted. There are a number of barriers preventing uptake in clinical trials for people from culturally and linguistically diverse (CALD) backgrounds, including language and health literacy barriers. In partnership with clinicians and CALD community leaders, the Cancer Institute NSW co-designed in-language resources for CALD people with cancer to support increasing knowledge and awareness about clinical trials. The resources aim to improve access to clinical trials as a cancer treatment option for these communities.

## Living with Cancer Program

CanRevive in conjunction with LHDs runs the Living with Cancer program for newly diagnosed Chinese-speaking patients and their carers. As part of the program, doctors, nurses, dietitians, psychologists and social workers deliver talks covering topics such as understanding cancer, radiotherapy and chemotherapy, side effects and aftercare, looking after patient's nutrition and diet and appropriate use of Chinese medicine in cancer treatment. Following each meeting in the program, patients and carers attend separate support groups.

*“CanRevive is a community organisation dedicated to supporting people impacted by cancer from NSW's Chinese-speaking community. Our efforts have been strategically aligned to the priorities of the NSW Cancer Plan, as we believe equity of outcomes, person-centredness and collaboration are key to supporting our community.”*

*The Living with Cancer program has been a resounding success, with cancer patients, families and community members greatly benefitting from culturally tailored cancer support.*

*The program shows us just how important it is for government and community to collaborate and partner. It's crucial to enhancing the quality of life and experience for people affected by cancer.”*

**Eric Yeung, CanRevive**

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## Putting people at the centre

A person-centred approach to care treats each person respectfully as an individual and not just as a condition to be treated. It involves seeking out and understanding what is important to the patient, their families and carers and support people, fostering trust and establishing mutual respect.

The *NSW Cancer Plan* commits to focusing on the experiences of people with cancer and those accessing screening and prevention services, to ensure they achieve outcomes that are meaningful to them.

This includes ensuring prevention, screening, treatment, care and support services are informed by people's experiences, and are responsive to their needs and preferences. This empowers people at risk of or affected by cancer, their families and carers to make informed decisions and be full partners in their care, ensuring that the system and communications are culturally safe and responsive and easier for people in the community to understand and navigate.

## Patient-reported measures

The Cancer Institute NSW partnered with multiple cancer services across 10 local health districts in NSW to deliver the patient-reported measures program (PRMs) aiming to make improvements in patient-centred care. The program collects feedback about patients' experiences and outcomes.

In the 2022–2023 financial year, the program reached 14,500 electronic patient information surveys. Results were available to clinicians in real time, supporting discussions with patients and provision of tailored information and support.

The system incorporates surveys in eight community languages (Arabic, Vietnamese, Chinese simplified, Chinese traditional, Korean, Greek, Spanish and Italian). There is also a tailored, evidence-based supportive care needs assessment tool for Aboriginal people, which accommodates the language, customs and culture-specific needs of Aboriginal people with cancer.

### Impact of PRMs

PRMs has the ability to improve patient experience and wellbeing, clinical decision making, and communication between patients and health professionals.

Through patient feedback, PRMs has helped identify urgent clinical and supportive care needs and drive immediate and long-term local and system improvements.

**Example:** A patient went to the Emergency Department (ED) after noticing a higher level of fatigue compared with the previous PRMs assessment. Staff reported this action likely saved the patient's life.

*"He knew he wasn't good but when he saw the scores and remembered that he didn't feel this bad for the last scores, he went to ED and basically saved himself."*



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## The 13 11 20 support line

Cancer Council NSW continued to provide evidence-based information, practical and emotional support services to people affected by cancer through its 13 11 20 service.

Cancer Council continued to see an increase in support requested by people affected by cancer in the community, with 30–40% more services delivered than in 2021–2022. Since 2022, the Cancer Council 13 11 20 Information and Support Line and Cancer Council Liaisons have:

- provided 5,027 occasions of service to over 3,300 unique clients
- attracted 4,234 new users of the Cancer Council NSW Online Community
- made 4,645 referrals to support services (for over 3,900 unique clients)
- delivered 8,550 services, supporting 4,936 unique clients through a suite of Cancer Council NSW supportive care programs.

Over the past five years, over 40,000 people received emotional support, information and service navigation through talking to a 13 11 20 consultant, a Cancer Council Liaison, a peer support volunteer or a counsellor. 550,000 people received similar support via the Cancer Council Online Community.



## Understanding and tackling stigma

The Cancer Institute NSW is delivering a project to understand the cancer-related stigmas experienced by multicultural communities. The project identifies communities where these stigmas have the greatest impact so strategies can be implemented to improve access to cancer prevention, screening and care services.

## Liver cancer screening and follow-up

NSW Health launched the *NSW Hepatitis C Strategy in 2022* which focuses on improving access to care and ensuring people are monitored for liver cancer post-cure. The *NSW Hepatitis B Strategy* was launched in 2023 and has a focus on ensuring people with chronic hepatitis B receive ongoing monitoring. Education sessions are provided to GPs through the Royal Australasian College of General Practitioners (RACGP) with a focus on liver health and ongoing monitoring.

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## Collaborating through effective partnerships

The goals of the *NSW Cancer Plan* align with the shared goals of everyone working on the issue of cancer and the hopes of those across our community.

The plan aims to reduce inequity in cancer outcomes, reduce cancer incidence, increase cancer survival and enhance quality of life and experience for people at risk of and affected by cancer.

The *NSW Cancer Plan*, from its first iteration to the current, was developed on the understanding to achieve real progress against our shared goals. We needed a shared roadmap where all those working on the issue of cancer in NSW worked collaboratively and cohesively.

The *NSW Cancer Plan* calls out collaboration as an overriding principle committing to working together at the system, service and care team levels with clear roles, accountabilities, and governance to achieve the best cancer outcomes. The plan highlights the need to develop and strengthen partnerships across health, government, and community.

## Translational Cancer Research Capacity Building Grant Scheme

The Translational Cancer Research Capacity Building Grants, held by the three NSW Translation Centres – Maridulu Budyari Gumal, Sydney Health Partners and NSW Regional Health Partners – are increasing cancer research capacity and encouraging statewide collaboration through joint cancer education initiatives such as the Statewide Seminar Series, the Cancer Research Education (CREd) Portal, and the NSW Cancer Research Conference.

## Reporting for Better Cancer Outcomes (RBCO)

Through the statewide embedded quality improvement RBCO program, the Cancer Institute NSW worked in partnership with LHDs, cancer services and PHNs to understand variation in clinical care, improve patient experience, respond to emerging issues, and reduce inequities in access and outcomes for priority populations.

In the 2022–2023 financial year, 86 reports were delivered, including the inaugural patient-reported measures for people affected by cancer and lung optimal care pathway reports. The Cancer Institute NSW also partnered with the Aboriginal Health & Medical Research Council to produce the second *RBCO for Aboriginal people* report.

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## Partnering to improve shade

Quality, well-designed shade can reduce exposure to harmful UV radiation from the sun by up to 75%. Landscape architects and other built environment professionals have an opportunity to design and deliver shade solutions that can provide protection from UV radiation and help prevent skin cancer.

The ShadeSmart program was created through a collaboration between Cancer Council NSW, the Cancer Institute NSW and the Australian Institute of Landscape Architecture (AILA). The program supports landscape architects and other built environment professionals to improve their awareness and understanding of quality shade for UV and heat protection, focusing on four key areas:

- continuing Professional Development (CPD) through AILA
- influencing relevant planning and design policy and standards
- promoting best-practice shade through AILA awards
- conducting research into shade design and technology.





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## Partnership to support sexuality and gender diverse communities at risk of and affected by cancer

The Cancer Institute NSW and ACON established a multi-year partnership to improve cancer screening participation and reduce cancer risk for sexuality and gender diverse (LGBTQ+) people in NSW through community engagement, targeted health promotion, and inclusive practice training for the cancer sector.

In the 2022–2023 financial year, this collaboration delivered targeted cervical screening and smoking cessation campaigns and tailored eLearning on inclusive practice for BreastScreen NSW, Quitline, Cancer Institute NSW staff, and cancer service workers.

“ *It is a testament to the Cancer Institute NSW that they are ‘walking the walk’ when it comes to the equity focus in the NSW Cancer Plan.*

*The NSW Cancer Plan provides an ambitious framework – and the way that the Institute executes, especially in the way it enters into genuine partnership with community – is to be commended. This genuine expression of partnership is making a difference for NSW in cancer, but it is delivering against NSW Government strategic priorities in LGBTQ+ health, regional health and others. ACON regularly receives powerful feedback from community expressing how seeing themselves and messages that are obviously for them in cancer health promotion work resonates strongly, inspiring them to take action.*

*Cancer impacts – directly or indirectly – all of us at some stage in our lives. The focus, expertise and cross sectoral engagement the Cancer Institute brings to its work is influencing outcomes. Outcomes that are amplified manyfold by their willingness to directly engage with communities. They are one of very few agencies that work across such a wide spectrum of influence – and it is their direct engagement with communities on the basis of equity that is incredibly impressive.”*


# Implementation Plan activities

This section provides a detailed list of activities that form the core of this *Implementation Plan*. It is structured by the four priorities and associated strategic actions as detailed in the *NSW Cancer Plan*:

- 1 Prevention of cancers
- 2 Screening and early detection of cancers
- 3 Optimal cancer treatment, care and support
- 4 Cancer research.

Each section includes:

- An overview of the priority and associated strategic actions, as detailed in the *NSW Cancer Plan*.
- A table detailing the agreed activities under each strategic action, lead and partner organisations, timeframe for implementation, and measures of success.

Activities that are aligned to the *NSW Regional Health Strategic Plan 2022–2032 Delivery Roadmap* are identified with the symbol .

Each activity includes a lead and partners:

- A lead is an organisation that has overall responsibility and accountability for the delivery of the activity, in line with the *Implementation Plan*. The lead will coordinate the input of other partners and is responsible for monitoring and reporting on implementation progress against agreed measures of success.
- Partners may have a role in the delivery of services and/or contribute to the planning for and implementation of the activity. This may include collaboration with other partners, contributing through their own aligned activities, engaging their stakeholder networks and championing the success of the activity.

Each activity also includes indicative timeframes for when it will be delivered. Some activities may continue beyond the indicated timeframes.

- Medium term: delivered by mid-2025 (within the scope of the second *Implementation Plan*)
- Long term: delivered or ongoing over the life of the *NSW Cancer Plan* (to 2027)

The activities included in this *Implementation Plan* will be reviewed, further refined and developed with current and new strategic partners as part of an ongoing review process.

**Karen Price, ACON**



## Priority 1

# Prevention of cancers

Preventing cancers is one of the most effective ways to achieve our vision of ending cancers as we know them and to address inequities. At least one in three cases of cancer can be prevented. In NSW about 16,000 cases of cancer and 5,000 cancer deaths each year are preventable.\*#

Prevention also includes secondary prevention of cancers. This involves detecting and treating cancers as soon as possible to halt or slow progress and encouraging personal strategies to reduce the impact of these cancers and prevent recurrence.

### Emerging trends and opportunities

An increased focus on vaping prevention and cessation has arisen amid concerns of increasing vaping rates, particularly among young people and multicultural communities. Incoming federal legislation and regulation will support state action on vaping prevention, and activity within this *Implementation Plan* reflects the need for a coordinated approach with key partners to ensure targeted impact.

Activity in Priority 1 is also informed by statewide strategies that aim to reduce the incidence of cancer in NSW (such as the *NSW Hepatitis C Strategy 2022–2025* and the *NSW Skin Cancer Prevention Strategy 2023–2030*).

There are four actions within this priority:

#	Action
1.1	Improve people’s ability to understand and engage with prevention, screening and cancer care services and information, and reduce cancer-related fear, stigma and shame among Aboriginal and multicultural communities.
1.2	Prioritise evidence-based prevention efforts in areas with the greatest need and demonstrated impact, including helping people to not take up smoking or vaping, quit smoking and vaping, protect their skin from ultraviolet radiation and reduce alcohol consumption.
1.3	Use new technologies and innovations, such as digital services, to support people to adopt healthy lifestyle behaviours and reduce their risk of cancer.
1.4	Strengthen broad public health prevention collaborations and partnerships at all levels across public, private and non-government sectors.

\* Wilson et al. (2018). How many cancer cases and deaths are potentially preventable? Estimates for Australia in 2013. *International Journal of Cancer*. 142(4):691-701

# Whiteman et al (2015). Cancers in Australia in 2010 attributable to modifiable factors: summary and conclusions. *Aust N Z J Public Health*. 39(5): 477–84.

## Activities for Priority 1 – Prevention of cancers

### Action 1.1 – Improve people’s ability to understand and engage with prevention, screening and cancer care services and information, and reduce cancer-related fear, stigma and shame among Aboriginal and multicultural communities.

#	Activity	Lead and partners	Timeframe	Measures of success
1.1a	Deliver cancer education communications programs to increase cancer health literacy and address cultural stigma barriers, enabling people with cancer to play a more active part in their care as well as addressing issues impacting cancer early detection.	<p>Cancer Institute NSW</p> <p>Key partners:</p> <ul style="list-style-type: none"> <li>• LHDs/SNs (Aboriginal Health Units; Cancer Services; Multicultural Health Services/Units)</li> <li>• Aboriginal Community Controlled Health Organisations</li> <li>• Aboriginal Health &amp; Medical Research Council of NSW</li> <li>• ACON</li> <li>• Cancer Council NSW</li> </ul>	<ul style="list-style-type: none"> <li>• Health Education and Training Institute</li> <li>• GPs/primary care providers</li> <li>• Justice Health</li> <li>• Multicultural non-government organisations (NGOs)</li> <li>• NSW Ministry of Health (Centre for Aboriginal Health; Mental Health)</li> <li>• NSW Multicultural Health Communication Service</li> </ul>	<p>Long term</p> <ul style="list-style-type: none"> <li>• Cancer literacy and stigma communication and education programs developed and implemented, including for Aboriginal and multicultural communities.</li> <li>• Multicultural program grants delivered in partnership with community.</li> </ul>

### Action 1.2 – Prioritise evidence-based prevention efforts in areas with the greatest need and demonstrated impact, including helping people to not take up smoking or vaping, quit smoking and vaping, protect their skin from ultraviolet radiation and reduce alcohol consumption.

#	Activity	Lead and partners	Timeframe	Measures of success
1.2a	<p>Deliver priorities in smoking cessation, and tobacco and nicotine-related activities including vaping and shisha:</p> <ul style="list-style-type: none"> <li>• delivering integrated messaging on mixed-use of tobacco and nicotine related activities including the use of shisha.</li> <li>• embedding and monitoring evidence-based interventions in community settings and in clinical care</li> <li>• co-designing and implementing an Aboriginal Tobacco and Vaping Program</li> <li>• developing, implementing and evaluating evidence-based social marketing and campaigns</li> <li>• delivering evidence-based, effective and efficient vaping and smoking cessation support services</li> <li>• delivering vaping prevention targeting young people, education settings and culturally responsive resources to support conversations within families.</li> </ul>	<p>Cancer Institute NSW</p> <p>Key partners:</p> <ul style="list-style-type: none"> <li>• LHDs/SNs</li> <li>• Primary Health Networks</li> <li>• Aboriginal Community Controlled Health Organisations</li> <li>• Aboriginal Health &amp; Medical Research Council of NSW</li> <li>• Academic partners</li> <li>• ACON</li> <li>• Cancer Council NSW</li> <li>• eHealth NSW</li> <li>• GPs</li> <li>• Justice Health</li> </ul>	<ul style="list-style-type: none"> <li>• National Aboriginal Community Controlled Health Organisation</li> <li>• NSW Department of Customer Service</li> <li>• NSW Department of Education</li> <li>• NSW Health Pillars</li> <li>• NSW Ministry of Health (Centre for Aboriginal Health; Centre for Population Health; Strategic Comms)</li> <li>• NSW Multicultural Health Communication Service</li> <li>• Women’s Health NSW</li> </ul>	<p>Long term</p> <ul style="list-style-type: none"> <li>• Contribute to decreased rates of smoking and vaping in NSW.</li> <li>• Increased intentions and attempts to quit smoking.</li> <li>• Influence behaviour to not take up vaping and/or to give it up.</li> </ul>



**Action 1.2 – Prioritise evidence-based prevention efforts in areas with the greatest need and demonstrated impact, including helping people to not take up smoking or vaping, quit smoking and vaping, protect their skin from ultraviolet radiation and reduce alcohol consumption.**

#	Activity	Lead and partners	Timeframe	Measures of success
1.2b	<p>Deliver Ministry of Health-led tobacco control activities, including:</p> <ul style="list-style-type: none"> <li>• embedding cessation support for women who smoke during pregnancy early in their routine maternity care</li> <li>• ensuring the policy and regulatory settings for tobacco and smoke-free environments are appropriate and there is strong compliance with smoke-free and tobacco laws</li> <li>• undertaking a comprehensive program of work focused on the rising use of e-cigarettes by young people</li> <li>• engaging with the Australian Government and other jurisdictions regarding national policy and regulatory settings.</li> </ul> <p></p>	<p>NSW Ministry of Health (Centre for Population Health)</p> <p>Key partners:</p> <ul style="list-style-type: none"> <li>• LHDs/SNs</li> <li>• Aboriginal Community Controlled Health Organisations</li> <li>• Aboriginal Health &amp; Medical Research Council of NSW</li> <li>• Academic partners</li> <li>• Australian Border Force</li> <li>• Cancer Council NSW</li> <li>• Cancer Institute NSW</li> <li>• Commonwealth Health Department</li> </ul>	<ul style="list-style-type: none"> <li>• GPs/primary care providers</li> <li>• NSW Department of Customer Service</li> <li>• NSW Department of Education</li> <li>• NSW Health Pillars</li> <li>• NSW Multicultural Health Communication Service</li> <li>• NSW Police</li> <li>• Revenue NSW</li> <li>• State &amp; territory health agencies</li> <li>• Therapeutic Goods Administration (TGA)</li> </ul>	<p>Long term</p> <ul style="list-style-type: none"> <li>• Contribute to decreased rates of smoking and vaping in NSW.</li> <li>• Smoking cessation services, resources, campaigns and support is prioritised for women who are pregnant, with a focus on Aboriginal women.</li> <li>• Smoking cessation training for staff working with pregnant women is available and delivered.</li> </ul>
1.2c	<p>Deliver priorities of the <i>NSW Skin Cancer Prevention Strategy</i> to reduce over-exposure to ultraviolet radiation and increase the adoption of sun protection behaviours, including:</p> <ul style="list-style-type: none"> <li>• building capacity and leadership in public sector, private sector and community partners to implement skin cancer prevention activities in their settings</li> </ul>	<p>Cancer Institute NSW</p> <p>Key partners:</p> <ul style="list-style-type: none"> <li>• Primary Health Networks</li> <li>• Australian Independent Schools NSW</li> <li>• Cancer Council NSW</li> <li>• Catholic Schools NSW</li> <li>• GPs/primary care providers</li> <li>• Local government</li> <li>• Melanoma Institute Australia</li> <li>• Multicultural organisations</li> </ul>	<ul style="list-style-type: none"> <li>• NSW Department of Customer Service</li> <li>• NSW Department of Environment and Planning</li> <li>• NSW Department of Education</li> <li>• NSW Ministry of Health (Centre for Population Health)</li> <li>• NSW Office of Sport</li> <li>• SafeWork NSW</li> <li>• Sports Medicine Australia</li> </ul>	<p>Long term</p> <ul style="list-style-type: none"> <li>• Partnerships with relevant agencies and peak bodies to influence quality of shade in the built and natural environment where people live, work and play.</li> <li>• <i>Skin Cancer Prevention Strategy and Implementation Plan</i> developed with stakeholders.</li> <li>• Sun protection initiatives and campaigns developed and delivered.</li> <li>• Adoption of sun protection behaviours.</li> </ul>

**Action 1.2 – Prioritise evidence-based prevention efforts in areas with the greatest need and demonstrated impact, including helping people to not take up smoking or vaping, quit smoking and vaping, protect their skin from ultraviolet radiation and reduce alcohol consumption.**

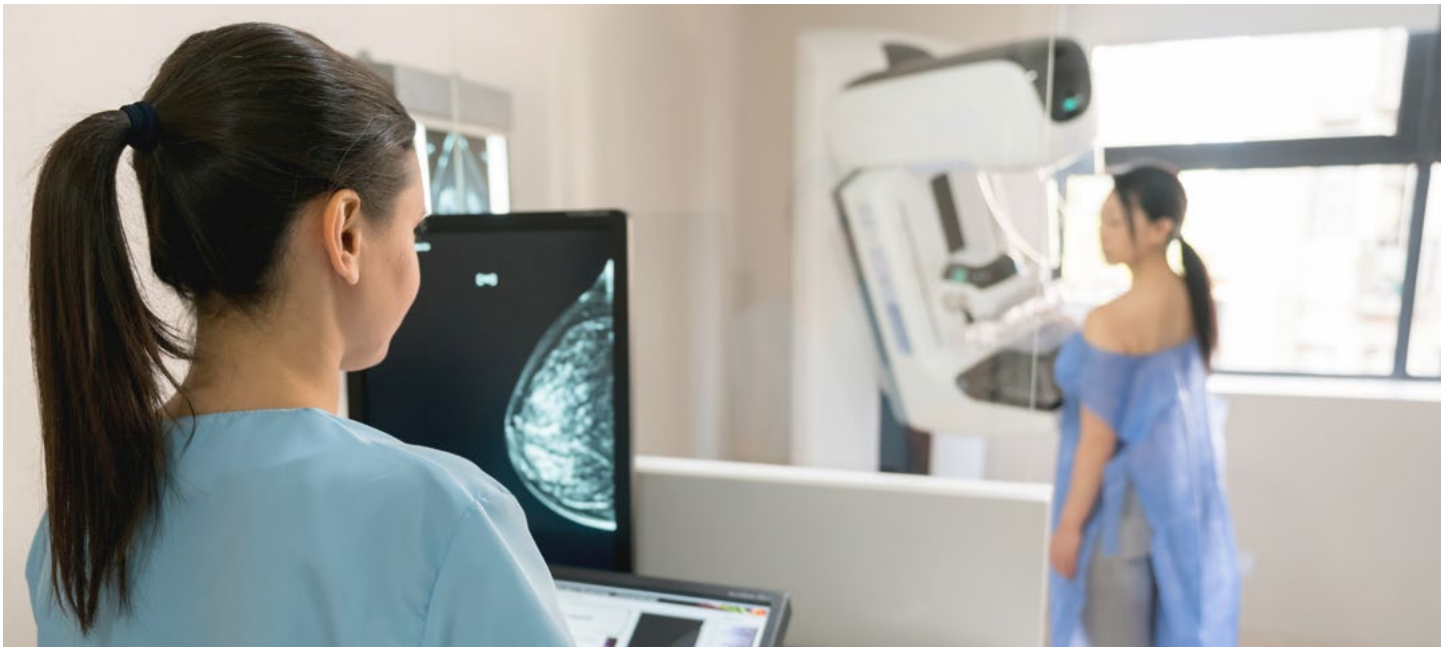
#	Activity	Lead and partners	Timeframe	Measures of success
1.2d	Improve awareness and knowledge of viral, viral-associated and metabolic associated fatty liver disease (MFLD) related to liver cancer. Delivery of related GP education, prevention and care programs.	NSW Ministry of Health Key partners: • LHDs • Hepatitis NSW • Liver Foundation • Multicultural HIV and Hepatitis Service (MHAHS) • NSW Users and AIDS Association	Medium term	<ul style="list-style-type: none"> <li>• Maintain 20% or decrease reported receptive syringe sharing among NSW Needle Syringe Program users.</li> <li>• Success of viral hepatitis health promotion and media campaigns.</li> <li>• Report hepatitis B vaccinations and volume of MFLD to LHDs and PHNs via RBCO.</li> <li>• Report GP attendance at education sessions.</li> </ul>
1.2e	Deliver programs and services to improve awareness and address the links between alcohol consumption and cancer risk.	Cancer Institute NSW Key partners: • Primary Health Networks • ACON • Cancer Council NSW	Medium term	<ul style="list-style-type: none"> <li>• Programs established to raise awareness of and address the links between alcohol consumption and cancer risk.</li> <li>• Alcohol module included in the Primary Care QI Toolkit and rolled out.</li> </ul>

**Action 1.3 – Use new technologies and innovations, such as digital services, to support people to adopt healthy lifestyle behaviours and reduce their risk of cancer.**

#	Activity	Lead and partners	Timeframe	Measures of success
1.3a	Deliver an improved person-centred omnichannel iCanQuit digital ecosystem, integrated with NSW Quitline.	Cancer Institute NSW	Medium term	<ul style="list-style-type: none"> <li>• iCanQuit digital ecosystem is delivered.</li> <li>• e-referrals to Quitline are scoped as part of the Single Patient Digital Record.</li> </ul>

**Action 1.4 – Strengthen broad public health prevention collaborations and partnerships at all levels across public, private and non-government sectors.**

#	Activity	Lead and partners	Timeframe	Measures of success	
1.4a	Identify new partnership opportunities with public, private and non-government organisations to achieve cancer prevention priorities for focus populations.	Cancer Institute NSW Key partners: • LHDs/SNs • Primary Health Networks • Aboriginal Community Controlled Health Organisations • Aboriginal Health & Medical Research Council of NSW • ACON	• Cancer Council NSW • Local government • NSW Department of Industry/ NSW Department of Environment and Planning • NSW Ministry of Health (Justice Health; Regional Health division; Mental Health) • Multicultural NGOs	Medium term	• Establish new partnership opportunities to achieve cancer prevention priorities for focus populations.
1.4b	Support prioritisation of liver health and cancer prevention in key settings by: • increasing access to sterile injecting equipment through the NSW Needle and Syringe Program • embedding viral hepatitis testing, treatment and care into key settings including multicultural communities • maintaining hepatitis B vaccination for neonates and other focus populations.	NSW Ministry of Health Key partners: • LHDs/SNs • Local government • Multicultural HIV and Hepatitis Service (MHAHS) • NSW Users and AIDS Association/Hepatitis NSW • Pharmacies • The Royal Australian College of General Practitioners		Medium term	• Increase distribution of sterile injecting equipment through the NSW Needle and Syringe Program. • 95% or higher hepatitis B childhood vaccination coverage, including birth dose. • Increase testing and ongoing monitoring for viral hepatitis. • Increase cumulative proportion of people living with hepatitis C virus that have initiated treatment.
1.4c	Undertake cross-government action to support healthy eating and active living to prevent overweight and obesity in NSW (NSW Healthy Eating and Active Living Strategy).	NSW Ministry of Health (Centre for Population Health) Key partners: • LHDs/SNs • Agency for Clinical Innovation (ACI) • Clinical Excellence Commission (CEC)	• Liver Foundation • Local government • NSW Ministry of Health (Centre for Aboriginal Health; Health & Social Policy Branch) • Other NSW Government agencies • Primary care providers	Long term	• Implementation and progress towards meeting the Strategy's objectives and targets



## Priority 2

# Screening and early detection of cancers

Early detection of cancer is enabled through initiatives such as national cancer screening programs (for breast, bowel and cervical cancers), opportunistic testing, risk recognition and symptom recognition. Early detection of cancer can significantly improve outcomes for patients.

### Emerging trends and opportunities

A National Lung Cancer Screening Program was announced and will commence by July 2025, which will target high-risk individuals to detect lung cancer in its early stages to increase the likelihood of successful treatment and improve lung cancer outcomes. Central to the successful implementation of this program will be supporting primary care to embed lung cancer screening into their practice and provide clear links to local cancer services. Activity in this *Implementation Plan* focuses on state preparedness for the program, including strengthened relationships with key partners to ensure that the program reaches the intended populations to maximise early detection of lung cancer and achieve equity in cancer outcomes for vulnerable groups.


Activity in Priority 2 is also informed by statewide strategies that outline screening and early detection action to reduce the incidence of cancer. This includes the *NSW Skin Cancer Prevention Strategy 2023–2030*, which aims to reduce the incidence of skin cancer in NSW via promotion of early detection, and the *NSW Regional Health Strategic Plan 2022–2032*, which targets increased access to cancer screening in regional NSW.

There are six actions within this priority:

#	Action
2.1	Engage primary care providers and Aboriginal Community Controlled Health Services, including GPs, practice nurses and Aboriginal Health Workers/Practitioners, to increase participation in the national cancer screening programs.
2.2	<b>Maximise participation in screening and early detection programs, particularly for people at higher risk, and make NSW a national leader in early detection of cancers.</b>
2.3	Promote opportunities for people who are already engaged with the health system to participate in cancer screening and enable key community organisations to support cancer screening, particularly for Aboriginal communities and other focus populations.
2.4	Prioritise early detection efforts in communities with the greatest need and the highest potential for improved outcomes, by delivering culturally safe and responsive services for Aboriginal communities and other focus populations.
2.5	Continue to support primary care providers to proactively identify and effectively care for people who have, or may have, cancer.
2.6	Create and deliver consistent, coordinated and timely pathways to ensure people with cancer are referred appropriately from primary care to treatment and care.

## Activities for Priority 2 – Screening and early detection of cancers

### Action 2.1 – Engage primary care providers and Aboriginal Community Controlled Health Services, including GPs, practice nurses and Aboriginal Health Workers/Practitioners, to increase participation in the national cancer screening programs.

#	Activity	Lead and partners	Timeframe	Measures of success	
2.1a	Implement a Primary Care Communication and Engagement Strategy to drive engagement with the primary care sector and build their knowledge and capability to improve cancer control and outcomes.	Cancer Institute NSW Key partners: <ul style="list-style-type: none"> <li>• Primary Health Networks</li> <li>• Aboriginal Community Controlled Health Organisations</li> <li>• Aboriginal Health &amp; Medical Research Council of NSW</li> <li>• ACON</li> </ul>	<ul style="list-style-type: none"> <li>• Australian Primary Health Care Nurses Association</li> <li>• The Royal Australian College of General Practitioners</li> <li>• Women’s Health NSW</li> </ul>	Medium term	<ul style="list-style-type: none"> <li>• Increased engagement of the primary care sector in cancer control activities.</li> </ul>
2.1b	Promote the use of the 715 health checks* with primary care providers to educate and enhance participation in cancer prevention and screening programs. 	Cancer Institute NSW Key partners: <ul style="list-style-type: none"> <li>• Primary Health Networks</li> <li>• Aboriginal Community Controlled Health Organisations</li> <li>• Aboriginal Health &amp; Medical Research Council of NSW</li> </ul>	<ul style="list-style-type: none"> <li>• GPs/primary care providers</li> <li>• NSW Ministry of Health (Centre for Aboriginal Health; Regional Health)</li> </ul>	Long term	<ul style="list-style-type: none"> <li>• Increased use of 715 health checks.</li> </ul>
	<i>*The 715 health check is a specific health check available for Aboriginal and Torres Strait Islander people. It helps to identify risk factors for chronic disease.</i>				
2.1c	Use data on Aboriginality from across the three national cancer screening programs to improve the quality of monitoring and reporting on Aboriginal participation in screening and to inform strategies for increasing Aboriginal participation including personal invitations and appropriate referrals.	Cancer Institute NSW Key partners: <ul style="list-style-type: none"> <li>• LHDs/SNs (Breast Screening &amp; Assessment Services (BreastScreen))</li> <li>• Primary Health Networks</li> <li>• Aboriginal Community Controlled Health Organisations</li> </ul>	<ul style="list-style-type: none"> <li>• Aboriginal Health &amp; Medical Research Council of NSW</li> <li>• Australian Department of Health and Ageing</li> <li>• Cancer Council NSW</li> </ul>	Long term	<ul style="list-style-type: none"> <li>• Increased access to and use of national cancer screening program data.</li> </ul>

**Action 2.2 – Maximise participation in screening and early detection programs, particularly for people at higher risk, and make NSW a national leader in early detection of cancers.**

#	Activity	Lead and partners	Timeframe	Measures of success
2.2a	<p>Increase participation in national breast cancer screening program by:</p> <ul style="list-style-type: none"> <li>• utilising knowledge of the participant experience to improve support, follow-up and to minimise barriers</li> <li>• developing and implementing initiatives to drive engagement with under-screened communities and increase their knowledge of cancer screening</li> <li>• collaborating with the Commonwealth on new cancer screening methods, e.g. risk-based screening and use of decisions tools and genomic profiling. <span style="color: orange;">RH</span></li> </ul>	<p>Cancer Institute NSW</p> <p>Key partners:</p> <ul style="list-style-type: none"> <li>• LHDs/SNs (Breast Screening &amp; Assessment Services (BreastScreen))</li> <li>• Primary Health Networks</li> <li>• Aboriginal Community Controlled Health Organisations</li> <li>• Aboriginal Health &amp; Medical Research Council of NSW</li> <li>• ACON</li> </ul>	<ul style="list-style-type: none"> <li>• Cancer Council NSW</li> <li>• Justice Health</li> <li>• GPs/primary care providers</li> <li>• Local government</li> <li>• NGOs</li> <li>• NSW Ministry of Health (Centre for Aboriginal Health; Office of CHO; Strategic Comms)</li> <li>• NSW Multicultural Health Communication Service</li> <li>• Women’s Health NSW</li> </ul>	<p>Long term</p> <ul style="list-style-type: none"> <li>• Increased participation in national breast cancer screening.</li> </ul>
2.2b	<p>Increase participation in the national cervical screening program by educating the health workforce about self-collection, especially for those who are under – or never – screened. <span style="color: orange;">RH</span></p>	<p>Cancer Institute NSW</p> <p>Key partners:</p> <ul style="list-style-type: none"> <li>• LHDs/SNs</li> <li>• Aboriginal Cervical Screening Network</li> <li>• Aboriginal Health Workers</li> <li>• Bilingual Community Educators</li> </ul>	<ul style="list-style-type: none"> <li>• GPs</li> <li>• Maternity Services</li> <li>• Non-Medical Providers (Women’s Health Nurses; Justice Health; Practice Nurses; Midwives)</li> </ul>	<p>Long term</p> <ul style="list-style-type: none"> <li>• Increased participation in national cervical cancer screening.</li> <li>• Increased uptake in self-collection.</li> </ul>

**Action 2.2 – Maximise participation in screening and early detection programs, particularly for people at higher risk, and make NSW a national leader in early detection of cancers.**


#	Activity	Lead and partners	Timeframe	Measures of success
2.2c	Increase participation in national bowel cancer screening program by: <ul style="list-style-type: none"> <li>• utilising knowledge of the participant experience across the screening pathway to improve support, follow-up and to minimise barriers</li> <li>• developing and implementing initiatives to drive engagement with under-screened communities and increase their knowledge of cancer screening. </li> </ul>	Cancer Institute NSW Key partners: <ul style="list-style-type: none"> <li>• LHDs/SNs</li> <li>• Primary Health Networks</li> <li>• Aboriginal Community Controlled Health Organisations</li> <li>• Aboriginal Health &amp; Medical Research Council of NSW</li> </ul>	<ul style="list-style-type: none"> <li>• ACON</li> <li>• Cancer Council NSW</li> <li>• Justice Health</li> <li>• GPs/primary care providers</li> <li>• Local government</li> <li>• NSW Multicultural Health Communication Service</li> </ul>	Long term <ul style="list-style-type: none"> <li>• Increased participation in national bowel cancer screening.</li> <li>• Increased numbers of direct kit provision.</li> </ul>
2.2d	Develop, implement and evaluate evidence-based social marketing and campaigns, including for focus populations, to increase participation in cancer screening programs.	Cancer Institute NSW Key partners: <ul style="list-style-type: none"> <li>• LHDs/SNs</li> <li>• Primary Health Networks</li> <li>• Aboriginal Cancer Advisory Group</li> <li>• ACON</li> <li>• Cancer Council NSW</li> </ul>	<ul style="list-style-type: none"> <li>• Department of Customer Service</li> <li>• NSW Ministry of Health</li> <li>• Multicultural health organisations</li> <li>• NSW Multicultural Health Communication Service</li> <li>• Women’s Health NSW</li> </ul>	Long term <ul style="list-style-type: none"> <li>• Increased awareness of cancer screening programs.</li> <li>• Increased intention to participate in cancer screening programs.</li> </ul>
2.2e	Support BreastScreen NSW recovery from COVID-19 including the use of alternative data sources for client invitation.	Cancer Institute NSW Key partners: <ul style="list-style-type: none"> <li>• LHDs/SNs (Breast Screening &amp; Assessment Services (BreastScreen))</li> <li>• Primary Health Networks</li> </ul>		Medium term <ul style="list-style-type: none"> <li>• Maintain and continue to increase BreastScreen NSW activity levels, including use of NSCR data to invite clients not enrolled.</li> </ul>
2.2f	Ensure sustainability of the BreastScreen NSW program by delivering the client portal and machine reading trial.	Cancer Institute NSW Key partners: <ul style="list-style-type: none"> <li>• LHDs/SNs (Breast Screening &amp; Assessment Services (BreastScreen))</li> </ul>		Medium term <ul style="list-style-type: none"> <li>• Machine reading evaluation completed and machine reading implemented.</li> </ul>
2.2g	Identify opportunities to improve and influence early detection of skin cancer across all communities, including Primary Care.	Cancer Institute NSW Key partners: <ul style="list-style-type: none"> <li>• Primary Health Networks</li> <li>• Cancer Council NSW</li> <li>• College of Dermatology</li> </ul>		Medium term <ul style="list-style-type: none"> <li>• Initial scoping completed.</li> </ul>

**Action 2.3 – Promote opportunities for people who are already engaged with the health system to participate in cancer screening and enable key community organisations to support cancer screening, particularly for Aboriginal communities and other focus populations.**

#	Activity	Lead and partners	Timeframe	Measures of success	
2.3a	Collaborate with partners to improve equitable access to cervical screening in pregnancy.	Cancer Institute NSW Key partners: <ul style="list-style-type: none"> <li>• LHDs/SNs</li> <li>• Primary Health Networks</li> <li>• Aboriginal Maternal and Infant Health Network</li> <li>• GPs/primary care providers</li> <li>• Maternity Services</li> </ul>	Medium term	<ul style="list-style-type: none"> <li>• Number of Aboriginal Health Workers and Midwives trained to undertake or promote cervical screening.</li> <li>• Increased cervical screens completed by Midwives.</li> </ul>	
2.3b	Provide a pathway for appropriate viral hepatitis management including monitoring for liver cancer.	NSW Ministry of Health Key partners <ul style="list-style-type: none"> <li>• Multicultural HIV and Hepatitis Service (MHAHS)</li> <li>• The Royal Australian College of General Practitioners</li> </ul>	Medium term	<ul style="list-style-type: none"> <li>• Pathways for hepatitis management and monitoring for liver cancer implemented.</li> </ul>	
2.3c	Collaborate with partners to ensure NSW preparedness for the National Lung Cancer Screening program.	Cancer Institute NSW Key Partners: <ul style="list-style-type: none"> <li>• LHDs/SNs (Clinicians)</li> <li>• Primary Health Networks</li> <li>• Aboriginal Community Controlled Health Organisations</li> <li>• Aboriginal Health &amp; Medical Research Council of NSW</li> </ul>	<ul style="list-style-type: none"> <li>• Australian Department of Health and Ageing</li> <li>• Cancer Australia</li> <li>• Cancer Council NSW</li> <li>• GPs/primary care providers</li> <li>• NSW Ministry of Health</li> <li>• States and Territories</li> </ul>	Long term	<ul style="list-style-type: none"> <li>• NSW Implementation Plan for National Lung Cancer Screening Program developed.</li> </ul>



**Action 2.4 – Prioritise early detection efforts in communities with the greatest need and the highest potential for improved outcomes, through the delivery of culturally safe and responsive services for Aboriginal communities and other focus populations.**

#	Activity	Lead and partners	Timeframe	Measures of success
2.4a	Deliver the Refugee Cancer Screening Partnership Project.	<p>Cancer Institute NSW</p> <p>Key partners:</p> <ul style="list-style-type: none"> <li>• Primary Health Networks</li> <li>• Cancer Council NSW</li> <li>• NSW Ministry of Health (Health &amp; Social Policy Branch)</li> </ul>	<ul style="list-style-type: none"> <li>• NSW Refugee Health Service</li> <li>• Settlement Council of Australia – NSW settlement agencies</li> </ul>	<p>Medium term</p> <ul style="list-style-type: none"> <li>• Collaborate with partners to promote access to cancer screening for refugee populations.</li> </ul>
2.4b	<p>Deliver projects that ensure equitable access to breast, cervical and bowel cancer screening for all target groups and focus populations by:</p> <ul style="list-style-type: none"> <li>• engaging with focus populations and community in the design, implementation and prioritisation of cancer screening and prevention initiatives and programs of work (e.g., broadening access to BreastScreen for Aboriginal women and working with the NSW Aboriginal Cervical Screening Network)</li> <li>• implementing and embedding community funding initiatives to achieve strategic and value-based outcomes for breast, cervical and bowel cancer screening. </li> </ul>	<p>Cancer Institute NSW</p> <p>Key partners:</p> <ul style="list-style-type: none"> <li>• LHDs/SNs (Multicultural Services)</li> <li>• Primary Health Networks</li> <li>• Aboriginal Community Controlled Health Organisations</li> <li>• Aboriginal Health &amp; Medical Research Council of NSW</li> </ul>	<ul style="list-style-type: none"> <li>• ACON</li> <li>• Local government</li> <li>• Multicultural NGOs</li> <li>• NSW Ministry of Health (Centre for Aboriginal Health)</li> <li>• NSW Multicultural Health Communication Service</li> </ul>	<p>Medium term</p> <ul style="list-style-type: none"> <li>• Increased number of participants from target age groups and focus populations in the breast, bowel and cervical screening programs.</li> <li>• Community funding initiatives delivered and evaluated.</li> <li>• Partnerships established and sustained.</li> </ul>

**Action 2.5 – Continue to support primary care providers to proactively identify and effectively care for people who have, or may have, cancer.**

#	Activity	Lead and partners	Timeframe	Measures of success
2.5a	Build the primary care sector's knowledge and capability to improve cancer control and outcomes by: <ul style="list-style-type: none"> <li>developing and implementing Quality Improvement toolkits</li> <li>sharing data and insights with PHNs as a means of driving change (including via the Reporting for Better Cancer Outcomes program)</li> <li>collaborating with primary care sector to develop and maintain Health Pathways for prevention and early detection of cancer in NSW.</li> </ul>	<p>Cancer Institute NSW</p> <p>Key partners:</p> <ul style="list-style-type: none"> <li>Primary Health Networks</li> <li>Aboriginal Community Controlled Health Organisations</li> <li>Aboriginal Health &amp; Medical Research Council of NSW</li> </ul>	<ul style="list-style-type: none"> <li>Australian Association of Practice Managers</li> <li>Australian Practice Nurses Association</li> <li>The Royal Australian College of General Practitioners</li> </ul>	<p>Medium term</p> <ul style="list-style-type: none"> <li>Increased knowledge, reporting and capability to improve cancer control in the primary care sector.</li> </ul>
2.5b	Implement breast density notification following breast screening.	<p>Cancer Institute NSW</p> <p>Key partners:</p> <ul style="list-style-type: none"> <li>LHDs/SNs (Breast Screening &amp; Assessment Services (BreastScreen))</li> <li>Primary Health Networks</li> </ul>		<p>Medium term</p> <ul style="list-style-type: none"> <li>Breast density is reported as part of normal service delivery.</li> </ul>

**Action 2.6 – Create and deliver consistent, coordinated and timely pathways to ensure people with cancer are referred appropriately from primary care to treatment and care.**

#	Activity	Lead and partners	Timeframe	Measures of success
2.6a	Transition the direct access to colonoscopy program into business-as-usual/sustainability phase and undertake outcome evaluation.	<p>Cancer Institute NSW</p> <p>Key partners:</p> <ul style="list-style-type: none"> <li>LHDs/SNs</li> <li>Primary Health Networks</li> <li>NSW Ministry of Health (Systems Performance Branch)</li> </ul>	<p>Long term</p>	<ul style="list-style-type: none"> <li>Improved access to public colonoscopy in NSW for people with a positive faecal occult blood test.</li> </ul>





### Priority 3

## Optimal cancer treatment, care and support

Effective cancer treatment means ensuring that people living with cancer receive comprehensive assessment, multidisciplinary treatment and care planning, and safe, high-quality and person-centred treatment at all stages of the cancer care pathway, including survivorship and palliative care.

### Emerging trends and opportunities

There has been a growing focus on the strengthening of survivorship programs that recognise the unique needs of cancer survivors, including long-term monitoring, survivorship care plans, and support for physical, emotional, and psychosocial well-being to enhance patient experience, improve outcomes, and ensure comprehensive care throughout the cancer continuum.

There are seven actions within this priority:

- | #   | Action   |
|-----|--|
| 3.1 | Support best practice and value-based cancer care to ensure people are seen at the right time, in the right place, for the right care.   |
| 3.2 | Provide care that is patient led, culturally safe and responsive, coordinated, as close to home as possible, easy to access and navigate, given by multidisciplinary teams (teams of cancer specialists with expertise in different areas of cancer care) and affordable for the person being treated. |
| 3.3 | Ensure people who experience cancer, their families and carers are actively linked with supportive care and services such as psychosocial care, allied health care and financial counselling.  |
| 3.4 | Provide patients, families and carers with timely access to relevant, credible and understandable information that helps them to play an active and informed role in making decisions about their treatment and care.  |
| 3.5 | Improve integration and communication across services and providers, between local health districts (LHDs) and specialty networks (SNs), and across the public, private and primary care settings, including Aboriginal Community Controlled Health Services.  |
| 3.6 | Ensure high quality and accurate information is available to those working in the health system to support them to make decisions and develop quality improvement initiatives that are informed by the best available evidence.  |
| 3.7 | Ensure that feedback from patients about their experiences and outcomes is routinely used for care delivery, service planning and quality improvement.   |

## Activities for Priority 3 – Optimal cancer treatment, care and support

Action 3.1 – Support best practice and value-based cancer care to ensure people are seen at the right time, in the right place, for the right care.				
#	Activity	Lead and partners	Timeframe	Measures of success
3.1a	Support the drive towards value-based healthcare that prioritises outcomes and collaboration through continuous reporting of cancer data to the sector.	Cancer Institute NSW Key partners: • LHDs/SNs • Private radiotherapy providers • NSW Ministry of Health	Long term	• Increased uptake of hypofractionated radiation therapy for cancer.
3.1b	Deliver a relevant and sustainable eviQ/eviQEd program to support best practice evidence-based care, including: • development of 'Frailty and functional decline' clinical resource • development of 'Geriatric oncology' rapid learning resource • geriatric and vulnerable elders screening tools embedded into eviQ.	Cancer Institute NSW Key partners: • Clinical Oncology Society of Australia (COSA) (Geriatric Oncology Group) • Clinicians • Geriatric Oncology Emerging Experts and Researchers (GOEER) group	Medium term	• New eviQ/eviQ Education content supporting geriatric oncology delivered.
Action 3.2 – Provide care that is patient led, culturally safe and responsive, coordinated, as close to home as possible, easy to access and navigate, given by multidisciplinary teams (teams of cancer specialists with expertise in different areas of cancer care) and affordable for the person being treated.				
#	Activity	Lead and partners	Timeframe	Measures of success
3.2a	Work with the system to further understand how best to support coordinated care and informed decision making, including for focus populations. 	Cancer Institute NSW Key partners: • LHDs/SNs (Aboriginal Health Units; Aboriginal Palliative Care Network; Cancer Services; Multicultural Health Services/Units) • Primary Health Networks • Aboriginal Community Controlled Health Organisations	Long term	• Coordination of care for Aboriginal people with cancer is developed and implemented in LHDs.
3.2b	Support cancer services to integrate their processes into statewide virtual care strategies and technology. 	Cancer Institute NSW Key partners: • LHDs/SNs (Cancer Services) • NSW Ministry of Health	Long term	• Cancer services supported to ensure they are aware of and linked to existing services and local workflows developed to encourage embedding of virtual care in cancer services.

**Action 3.3 – Ensure people who experience cancer, their families and carers are actively linked with supportive care and services such as psychosocial care, allied health care and financial counselling.**

#	Activity	Lead and partners	Timeframe	Measures of success
3.3a	<p>Deliver information and support services to people affected by cancer including:</p> <ul style="list-style-type: none"> <li>• Cancer Council 13 11 20 Information and Support Line</li> <li>• financial assistance, financial counselling and legal support</li> <li>• peer support and counselling</li> <li>• practical support</li> <li>• Cancer Council liaisons.</li> </ul>	<p>Cancer Council NSW</p> <p>Key partners:</p> <ul style="list-style-type: none"> <li>• Primary Health Networks</li> <li>• Cancer Institute NSW</li> <li>• Cancer Services</li> </ul>	<ul style="list-style-type: none"> <li>• Multicultural and Aboriginal organisations</li> <li>• NGOs</li> <li>• Primary and Community Care Services</li> </ul>	<p>Long term</p> <ul style="list-style-type: none"> <li>• Number of occasions of service provided by Cancer Council 13 11 20 Information and Support Line and Cancer Council liaisons.</li> <li>• Number of clients accessing Cancer Council 13 11 20 Information and Support Line and Cancer Council Liaisons.</li> <li>• Number of referrals to support services.</li> <li>• Number of clients receiving support services.</li> </ul>
3.3b	<p>The Get Healthy Service is available for people with cancer and in survivorship, including:</p> <ul style="list-style-type: none"> <li>• health coaching to support them to meet the COSA position statement on exercise in cancer care and general healthy eating recommendations.</li> </ul>	<p>NSW Ministry of Health (Centre for Population Health)</p> <p>Key partners:</p> <ul style="list-style-type: none"> <li>• LHDs</li> <li>• Cancer Institute NSW</li> </ul>		<p>Medium term</p> <ul style="list-style-type: none"> <li>• Cancer-related Get Healthy Information and Coaching Service is delivered.</li> <li>• The Service is accessible for priority populations especially Aboriginal people and, people from CALD backgrounds.</li> </ul>

**Action 3.4 – Provide patients, families and carers with timely access to relevant, credible and understandable information that helps them to play an active and informed role in making decisions about their treatment and care.**

#	Activity	Lead and partners	Timeframe	Measures of success
3.4a	<p>Provide accessible information to support people affected by cancer and assist them in self-management and informed decision making, including:</p> <ul style="list-style-type: none"> <li>• through multiple channels such as web-based, audio and video and hard copy</li> <li>• resources tailored to the needs of focus populations. </li> </ul>	<p>Cancer Institute NSW</p> <p>Key partners:</p> <ul style="list-style-type: none"> <li>• LHDs/SNs (Aboriginal Health Units; Multicultural Health Services/Units)</li> <li>• Primary Health Networks</li> <li>• Aboriginal Community Controlled Health Organisations</li> <li>• Aboriginal Health &amp; Medical Research Council of NSW</li> </ul>	<ul style="list-style-type: none"> <li>• ACON</li> <li>• Cancer Council NSW</li> <li>• Cancer Voices</li> <li>• Justice Health</li> <li>• Liver Foundation</li> <li>• Multicultural health organisations</li> <li>• NGOs and community organisations</li> <li>• NSW Multicultural Health Communication Service</li> </ul>	<p>Long term</p> <ul style="list-style-type: none"> <li>• Increased use of available resources to support patients.</li> <li>• Optimal use of emerging technologies to support the dissemination of cancer information understood.</li> </ul>

**Action 3.5 – Improve integration and communication across services and providers, between local health districts (LHDs) and specialty networks (SNs), and across the public, private and primary care settings, including Aboriginal Community Controlled Health Services (ACCHS).**

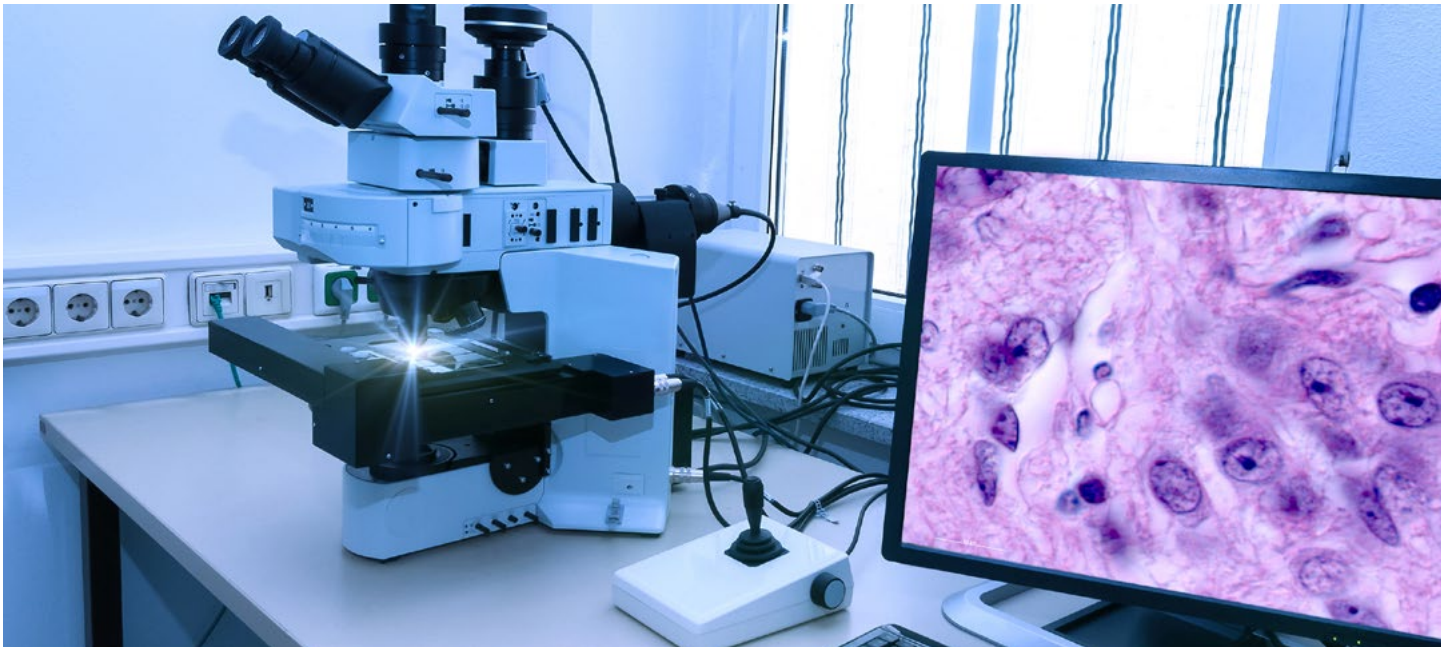
#	Activity	Lead and partners	Timeframe	Measures of success
3.5a	Work with key stakeholders to understand and connect elements of the cancer care system to ensure delivery of integrated and coordinated care, along the relevant care pathways.	Cancer Institute NSW Key partners: <ul style="list-style-type: none"> <li>• LHDs/SNs (Cancer Services)</li> <li>• Primary Health Networks</li> <li>• Cancer Council NSW</li> <li>• Mental Health Living Longer (MHLL)</li> <li>• Private hospitals</li> </ul>	Medium term	<ul style="list-style-type: none"> <li>• Reporting for Better Cancer Outcomes: Care Pathway Report delivered, and system engaged.</li> </ul>

**Action 3.6 – Ensure high quality and accurate information is available to those working in the health system to support them to make decisions and develop quality improvement initiatives that are informed by the best available evidence. Make decisions and develop quality improvement initiatives that are informed by the best available evidence.**

#	Activity	Lead and partners	Timeframe	Measures of success	
3.6a	Reflect user needs and preferences in delivering the Reporting for Better Cancer Outcomes program and insights to support cancer control activities, including consideration of equity. 	Cancer Institute NSW Key partners: <ul style="list-style-type: none"> <li>• LHDs/SNs</li> <li>• Primary Health Networks</li> <li>• Aboriginal Community Controlled Organisations</li> <li>• Aboriginal Health &amp; Medical Research Council of NSW</li> </ul>	<ul style="list-style-type: none"> <li>• Liver Foundation</li> <li>• Mental Health Living Longer (MHLL)</li> <li>• Multicultural health organisations</li> <li>• NSW Ministry of Health</li> <li>• Private hospitals</li> </ul>	Medium term	<ul style="list-style-type: none"> <li>• Expanded reach of public and clinician-led variation reporting including to LHDs, SNs, PHNs, multicultural health organisations, Aboriginal community-controlled health organisations and private providers.</li> <li>• Reporting of cancer control expanded to focus populations.</li> </ul>

**Action 3.7 – Ensure that feedback from patients about their experiences and outcomes is routinely used for care delivery, service planning and quality improvement.**

#	Activity	Lead and partners	Timeframe	Measures of success	
3.7a	Deliver Patient-Reported Measures (PRMs) Program to capture the perspectives of patients on their experiences and outcomes of their cancer care, including Aboriginal and multicultural patients and ensure alignment to the single digital patient record. 	Cancer Institute NSW Key partners: <ul style="list-style-type: none"> <li>• LHDs/SNs (Aboriginal Health Units; Cancer Services; Multicultural Health Services/ Units; What Matters to Adults research partners)</li> <li>• Agency for Clinical Innovation (ACI)</li> <li>• Cancer Voices</li> <li>• eHealth NSW</li> </ul>	<ul style="list-style-type: none"> <li>• Multicultural non-government organisations (NGOs)</li> <li>• The University of Queensland (First Nations Cancer and Wellbeing Research Program)</li> <li>• The University of Sydney (Menziess Centre for Health Policy and Economics)</li> </ul>	Long term	<ul style="list-style-type: none"> <li>• Statewide technology rollout of Cancer PRMs including expansion to Aboriginal and Multicultural patients.</li> </ul>



## Priority 4

# Cancer research

High-quality cancer research is critical for evidence-based practice, particularly to inform practice improvements. This is supported by trained and motivated staff who are actively engaged in research projects. To have the most impact, the results of cancer research and new drugs and therapies need to be routinely and rapidly translated into clinical practice and guidelines.

### Emerging trends and opportunities

Cancer clinical trials are an opportunity to provide greater access to innovative treatment and contribute to advancing cancer knowledge. This is supported by the *NSW Regional Health Strategic Plan 2022-2032*, which focuses on improving clinical trial access in regional and rural areas.

Increased participation in cancer research also presents opportunities to improve data collection on population demographics in primary care and across cancer services. Additionally, genomics has emerged as a powerful tool in cancer research, enabling personalised treatment approaches based on an individual's genetic profile. The integration of genomics into clinical practice has the potential to revolutionise cancer diagnosis, prognosis, and treatment, leading to more targeted and effective therapies.

There are six actions within this priority:

#	Action
4.1	Invest in cancer research infrastructure in NSW and promote national and international collaboration.
4.2	Enhance access to and participation in cancer clinical trials, with a focus on communities that experience poorer cancer outcomes, such as Aboriginal communities and people from regional, rural and remote communities and other focus populations.
4.3	Provide easy-to-understand and culturally safe and responsive information to people experiencing cancer, their families and carers to support their involvement in cancer research.
4.4	Support primary care providers to encourage people to participate in cancer clinical trials and other research.
4.5	Build the capability of the cancer control workforce to engage and participate in cancer research, including clinical research.
4.6	Improve the ability to link databases to support cancer control research and better understand people's overall health.



## Activities for Priority 4 – Cancer research

### Action 4.1 – Invest in cancer research infrastructure in NSW and promote national and international collaboration.

#	Activity	Lead and partners	Timeframe	Measures of success
4.1a	Facilitate research through a translational cancer research grant program. 	Cancer Institute NSW Key partners: • Cancer Council NSW • Independent Medical Research Institutes • National Health and Medical Research Council Accredited Research Translation Centres	• NSW Ministry of Health (Office for Health and Medical Research) • Universities Long term	• Maintained investment into the advancement of translational cancer research. • Ongoing monitoring of the translational cancer research grant program.
4.1b	Encourage translation of basic research to implementation through collaboration. 	Cancer Institute NSW Key partners: • NHMRC-accredited Research Translation Centres	Long term	• Increased opportunities for translational cancer research.

### Action 4.2 – Enhance access to and participation in cancer clinical trials, with a focus on communities that experience poorer cancer outcomes, such as Aboriginal communities and people from regional, rural and remote communities and other focus populations.

#	Activity	Lead and partners	Timeframe	Measures of success
4.2a	Inform focus populations about clinical trials and ensure both medical professionals and patients have information to address diverse population needs.	Cancer Institute NSW Key partners: • LHDs/SNs (clinical trials units; Multicultural Health Services/ Units including Health Care Interpreting Services) • Primary Health Networks • Aboriginal Community Controlled Health Organisations • Aboriginal Health & Medical Research Council of NSW	• ACON • Consumers • GPs/primary care providers • Multicultural NGOs • NSW Ministry of Health (Centre for Aboriginal Health; Office for Health and Medical Research) • NSW Multicultural Health Communication Service Long term	• Improved awareness of clinical trials among patients from diverse populations and their clinicians.

### Action 4.3 – Provide easy-to-understand and culturally safe and responsive information to people experiencing cancer, their families and carers to support their involvement in cancer research.

#	Activity	Lead and partners	Timeframe	Measures of success
4.3a	Provide accessible and culturally responsive information to support people affected by cancer that informs them about clinical trials, identifies open clinical trials, and supports decision making.	Cancer Institute NSW Key partners: • LHDs/SNs (clinical trials units; Multicultural Health Services/Units) • Primary Health Networks • Aboriginal Community Controlled Health Organisations • Aboriginal Health & Medical Research Council of NSW	• ACON • Consumers • Multicultural NGOs • NSW Ministry of Health (Centre for Aboriginal Health; Office for Health and Medical Research) • NSW Multicultural Health Communication Service • Women's Health NSW Long term	• Increased support for cancer patients and their families in their decisions regarding clinical trials.

**Action 4.4 – Support primary care providers to encourage people to participate in cancer clinical trials and other research.**

#	Activity	Lead and partners	Timeframe	Measures of success	
4.4a	Educate and engage with primary care providers to increase knowledge and awareness about cancer research, so they may engage with their cancer patients. <b>RH</b>	Cancer Institute NSW Key partners: • Primary Health Networks • Aboriginal Community Controlled Health Organisations	• Aboriginal Health & Medical Research Council of NSW • Consumers • GPs • NSW Ministry of Health	Long term	• Increased awareness of clinical trial and cancer research among primary care providers.

**Action 4.5 – Build the capability of the cancer control workforce to engage and participate in cancer research, including clinical research.**

#	Activity	Lead and partners	Timeframe	Measures of success	
4.5a	Provide process improvement education and support to build business efficiencies and quality standards within the cancer control workforce. <b>RH</b>	Cancer Institute NSW Key partners: • LHDs/SNs (Clinical Trials Units; Multicultural Health Services/Units including Health Care Interpreting Services)	• NSW Ministry of Health (Office for Health and Medical Research) • NSW Multicultural Health Communication Service	Medium term	• Increased educational support for the cancer control workforce regarding cancer clinical research.
4.5b	Strengthen cancer research capability by supporting and developing cancer researchers. <b>RH</b>	Cancer Institute NSW Key partners: • Independent medical research institutes • Universities		Long term	• Maintain investment in career support fellowships.

**Action 4.6 – Improve the ability to link databases to support cancer control research and better understand people's overall health.**

#	Activity	Lead and partners	Timeframe	Measures of success	
4.6a	Enable research using NSW linked population health data.	Cancer Institute NSW Key partners: • LHDs/SNs • Primary Health Networks • Aboriginal Community Controlled Health Organisations • Aboriginal Health & Medical Research Council of NSW	• NSW Ministry of Health (Centre for Epidemiology and Evidence; Centre for Health Records Linkage including Data Custodians; Office for Health and Medical Research; Systems Information & Analytics) • National Cancer Screening Register	Medium term	• Increased access to and use of health data sets in cancer research.



# Glossary

Term	Definition
ACON	ACON is the largest not-for-profit health organisation for LGBTQ communities in Australia. It strives to be a goal leader in community health, inclusion and HIV responses for people with diverse sexualities and genders.
Allied health	<p>The allied health workforce in NSW Health is a diverse group of individual professionals, in most instances university-qualified professionals, who work in a healthcare team to support a person's medical care.</p> <p>In NSW Health, more than 20 professions fall within the scope of allied health. Further information can be found on the <a href="#">NSW Health website</a>.</p>
Cancer care pathway	The stages of a person's cancer and interactions with the cancer system from prevention to screening, detection, treatment, follow-up, survivorship and palliative care.
Cancer control	A whole-of-population approach that aims to reduce cancer incidence, morbidity and mortality of cancer. This involves evidence-based interventions and services from prevention, to screening, detection, treatment and survivorship and palliative care.
Cancer services	Health services within NSW that provide treatment, care and support to people affected by cancer, their families and carers. These may be public services (i.e. part of an LHD or SN), private services or public-private partnerships.
Cancer system	<p>All services and organisations that contribute to cancer control in NSW, along the continuum from prevention to survivorship and/or palliative care.</p> <p>The cancer system includes government, non-governmental organisations and private providers.</p>
Clinical trial	Clinical trials are research investigations in which people volunteer to test new treatments, interventions or tests as a means to prevent, detect, treat or manage various diseases or medical conditions.
Co-design	<p>A way of bringing people at risk of or who have experienced cancer, their families and carers, health workers, and other key stakeholders together to improve services. Co-design creates an equal and reciprocal relationship between those involved in development, enabling them to design and deliver services in partnership with each other.</p> <p>Further information on co-design can be found in the <a href="#">ACI Guide to Build Co-design Capability</a>.</p>
Culturally safe and appropriate care	<p>Care that is delivered in a way that respects and responds to the diverse needs of people from different backgrounds, including personal traditions, history, values and family systems.</p> <p>Culturally safe and appropriate care takes into account factors such as language and other communication difficulties, treatment preferences, and preferences of who provides care and in what location.</p>

Term	Definition
Equity/equitable	<p>Health equity is defined as differences in health that are avoidable and also considered unfair or unjust. Issues of equity can impact health in a number of ways, including socially or economically disadvantaged groups who experience different prevalence of disease or poorer health outcomes; groups who have different levels of access to health interventions due to geography, economic barriers or discrimination; and groups who may respond differently to interventions such as children.</p> <p>Equity in the context of this <i>NSW Cancer Plan</i> means that all groups of people in NSW, regardless of factors such as where they were born or live, their cultural background, their gender or sexual identity, should have the same opportunity to access cancer services and the same outcomes.</p> <p>Equity is different to equality. Equality has to do with giving all groups the exact same resources and support, whereas equity involves distributing resources and support based on the needs of specific groups.</p> <p>This <i>NSW Cancer Plan</i> acknowledges that to achieve equity, some groups within NSW need additional and targeted focus and support.</p> <p>Further information on equity can be found on the <a href="#">National Health and Medical Research Council website</a>.</p>
Focus population/s	<p>Those groups within the NSW community where we will place additional emphasis and effort in order to reduce inequity. Focus populations include:</p> <ul style="list-style-type: none"> <li>• multicultural communities</li> <li>• people from lower socio-economic backgrounds</li> <li>• regional, rural and remote communities</li> <li>• older people</li> <li>• sexuality and gender diverse people (lesbian, gay, bisexual, transgender and queer people, known as LGBTQ+ communities)*</li> <li>• people with innate variations of sex characteristics (intersex people)</li> <li>• people with a mental health condition</li> <li>• people engaged in the justice system.</li> </ul> <p>*NSW Health recognises that language and terminology to describe sexuality, gender and intersex variations continues to evolve and that what has been used in this document reflects the time of writing.</p>
Governance	<p>For NSW Health, the processes and behaviours that ensure an organisation perform by achieving its intended purpose and confirms by complying with relevant laws, codes and directions and meets community expectations of probity, accountability and transparency.</p>
Health services	<p>All services within NSW that provide health care, treatment and support. This includes public, private and non-governmental services.</p> <p>In this <i>NSW Cancer Plan</i>, ‘health services’ is a broader term than ‘cancer services’.</p>
Health system	<p>The organisation of people, institutions and resources that deliver health services to meet the health needs of the people of NSW.</p> <p>In this <i>NSW Cancer Plan</i>, the health system refers to all groups including the NSW Ministry of Health, LHDs/SNs, the primary health care system, private and non-governmental providers, and prevention services.</p>
Intersex	<p>Describes people who have innate sex characteristics that don’t fit medical and social norms for female or male bodies, and that create risks or experiences of stigma, discrimination and harm. Intersex is about an individual’s body and is not related to sexuality or gender</p>
LGBTQ+	<p>An acronym to describe sexuality and gender diverse people (lesbian, gay, bisexual, transgender and queer people).</p>

Term	Definition
Multidisciplinary team/ Multidisciplinary care	A team involving a range of health professionals from different disciplines, from one or more organisations, working together to deliver comprehensive patient care that addresses as many of the patient's needs as possible.
National cancer screening programs	There are currently three established and one developing population-based cancer screening programs in Australia: <ul style="list-style-type: none"> <li>• BreastScreen Australia Program</li> <li>• National Bowel Cancer Screening Program</li> <li>• National Cervical Screening Program</li> <li>• National Lung Cancer Screening Program (2025).</li> </ul>
Opportunistic screening	Occurs when a doctor or health professional offers a cancer screening check to people who are being examined for other reasons, or as part of a routine medical check-up.
Palliative care	Aims to improve the quality of life of people as they head towards the end-of-life, and their families and carers. It can include the prevention and relief from pain and other distressing symptoms through early identification, assessment and treatment. Palliative care addresses needs that may be physical, psychosocial or spiritual.  Further information on palliative care can be found on the <a href="#">NSW Health website</a> .
Patient-reported measures	Patient-reported measures aim to allow patients to provide direct, timely feedback about their health-related outcomes and experiences to improve care and clinical interactions.  Further information on patient reported measures can be found on the <a href="#">Cancer Institute NSW website</a> .
People at risk of or who have experienced cancer, their families and carers	An umbrella term to encompass people who engage with the cancer control system.  In its broadest sense, the term encompasses all the people of NSW, as everyone is at risk of cancer.
Person-centred/ Person-centredness	Person-centred care is widely recognised as a foundation for safe, high-quality health care. It is care that is respectful of, and responsive to, the preferences, needs and values of the individual and the community as a whole.  It involves seeking out and understanding what is important to the patient, their family and carers, what is important to the community as a whole, fostering trust, establishing mutual respect and working together to share decisions and plan care.
Primary health care/Primary care providers	Generally, the first contact a person has with the health care system. Primary care relates to the treatment of patients who are not admitted to hospital.  Whilst GPs are the basis for primary care in Australia, primary care can also be provided through nurses (such as general practice nurses, community nurses and nurse practitioners), allied health professionals, midwives, pharmacists, dentists, and Aboriginal Health Workers.  Further information on primary care can be found on the <a href="#">Australian Government Department of Health website</a> .
Psychosocial support	Care including mental health counselling, education, spiritual support, group support and other services. Services are usually provided by mental health professionals such as psychologists, social workers, counsellors and specialised nurses.
Secondary services	Services or facilities that provide specialist care, following a referral from primary care.
Survivor/Survivorship	Refers to the process of living with, through, and beyond cancer. By this definition, cancer survivorship begins at diagnosis. It includes people who continue to have treatment to either reduce the risk of recurrence or to manage chronic disease and includes the longer-term impacts of cancer treatment on people affected by cancer.

Term	Definition
System enablers	<p>Those factors that underpin and support the implementation and success of the <i>NSW Cancer Plan</i>. Many of these enablers are broader than just the NSW cancer system and require collaboration and partnership. These are:</p> <ul style="list-style-type: none"> <li>• leadership and culture</li> <li>• workforce</li> <li>• data and Information</li> <li>• technology and innovation</li> <li>• governance</li> <li>• monitoring, evaluation and reporting.</li> </ul>
System-level collaboration	<p>For the purposes of this <i>NSW Cancer Plan</i>, system-level collaboration refers to collaboration between different parts of the NSW cancer system, such as between government and non-governmental organisations, between different parts of government, or between the Ministry of Health and LHDs/SNs.</p>
Tertiary services	<p>Services that provide a higher level of specialised health care, usually in hospital and on referral from a primary or secondary health professional, that has staff and facilities for advanced medical investigation and treatment.</p>
Value-based care	<p>Continually striving to deliver care that improves:</p> <ul style="list-style-type: none"> <li>• health outcomes that matter to patients</li> <li>• experiences of receiving care</li> <li>• experiences of providing care</li> <li>• effectiveness and efficiency of care.</li> </ul> <p>Further information on value-based care can be found on the <a href="#">NSW Health website</a>.</p>
715 health checks	<p>The 715 health check is a specific health check available for Aboriginal and Torres Strait Islander people. It helps to identify risk factors for chronic disease.</p>

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