## **Cancer Voices Australia**

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The Hon Sussan Ley MP Minister for Health Parliament House Canberra ACT 2600

Dear Minister Ley

## Equity of access to specialist cancer nurses.

Cancer Voices Australia asks that the Coalition, on the advice of the Minister for Health, commits to ensuring equity of access to specialist cancer nurses for more Australians dealing with their cancer diagnosis, treatment and survival issues.

We understand that this has been discussed with your Office by various cancer organisations over the last 18 months and thankfully met with significant understanding. It would be such a welcome message to the thousands of people having to navigate their unknown cancer journey (130,500 new diagnoses expected in 2016, *Cancer Australia*; plus those of us who need ongoing treatments), and is not significant in terms of budgetary resources.

It is widely accepted, and there is evidence to support it, that cancer nurses (sometimes called *cancer care coordinators*) are good medicine and good system navigators for cancer patients and their carers. Their role creates efficiencies in the system by freeing up other specialists and of course reducing the stress of self-navigation through the unknown shoals of cancer treatment.

While there have been a number of private and private/public models to provide specialist nurses for cancers such as breast, prostate and some others, we suggest that it would be in the interests of equity for all Australian cancer patients if new funded positions were generic, or at least transferable. This would offer interested nurses a more attractive career path across more cancers.

The excellent Jane McGrath breast cancer nurses model is one to consider and its Foundation has offered access to their model for use across the board. We note that the Government assists this program and also one introduced in 2014 for the Prostate Cancer Foundation of Australia. Methodology used for these could be applied in the wider context. Additionally, the National Partnerships Agreement between the Commonwealth/States &Territories via COAG could be a vehicle to tie such funding to the provision of cancer nurses, phased in over say, three years.

Going forward, we know that all patients would benefit greatly by having access to a cancer nurse, regardless of cancer type. Those who have had the benefit of their skills advise us that cancer care nurses really are the best medicine. Cancer Voices Australia would be very happy to discuss this matter further, and to organise a range of supportive cancer consumer organisations to meet you.

Yours sincerely

Sally Crossing AM, Convenor

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