

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH PORTFOLIO

Budget Estimates 2014 - 2015, 2/3 June 2014

Ref No: SQ14-000650

OUTCOME: 7 - Health Infrastructure, Regulation, Safety and Quality

Topic: Regional Cancer Centres

Type of Question: Hansard Page 122, 2 June 2014

Senator: Brown, Carol

Question:

What is the difference between a Regional Cancer Centre and an Integrated Cancer Centre?

Answer:

The differences between the 26 Regional Cancer Centres across regional Australia and an Integrated Cancer Centre (currently two – one in Melbourne and one in Sydney) are demonstrated in the principles of each summarised below:

1. The Regional Cancer Centre (RCC) initiative through the Health and Hospitals Fund aims to provide access to cancer services to Australians living in rural remote and regional areas. The service areas for each RCC are Australian Standard Geographical Classification-Remoteness Areas of RA 2 (Inner Regional) to RA5 (Very Remote). All RCCs must:
 - be aligned with existing and planned cancer services;
 - provide multi-disciplinary cancer care;
 - provide equitable and affordable access to cancer care;
 - be sustainable; and
 - support effective clinical research.
2. As advised in SQ14-000980, some of the Regional Cancer Centres have also included 'Integrated' in their title; however there is no material difference between a Regional Cancer Centre and an Integrated Regional Cancer Centre.
3. The aim of the Integrated Cancer Centres in Sydney and Melbourne is to provide a comprehensive cancer service where research, education and treatment are integrated. Integrated Cancer Centres (ICCs) are a national resource to improve cancer control for all Australians, and include:
 - Successful innovative and comprehensive peer-reviewed research at a basic, clinical and population level, with rapid translation directed to enhance clinical academic practice and routine cancer care;
 - Demonstrated full range of multi-disciplinary clinical services with training, education and mentoring support of cancer health professionals and research staff across a broad range of cancer services;

- Collaborative linkages and RCCs with an agreed role delimitation, referral and care protocols, outreach education and support, and collaborative clinical research;
- A high level of cancer subspecialisation including multi-disciplinary best practice management of newly emerging techniques and practices applied to complex, uncommon and selected cancers; and
- Effective governance structures with strong institutional and funding support, accompanied by sufficient capacity to achieve significant and sustainable improved health outcomes in cancer care.