



2021-2022 Pre-Budget Submission

Cancer Council Australia

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Submission Summary

The 2021-2022 federal budget provides an opportunity to work toward national recovery from the coronavirus (COVID-19) pandemic. While swift, coordinated and evidence-based action from all Australian governments has spared Australian's the deep and significant impacts seen overseas, when it comes to cancer and other chronic diseases, we are expecting a long tail from the pandemic, with delayed diagnoses and an increased burden on the health system persisting for at least several years.

Cancer Council has identified five priority areas for the 2021-2022 federal budget to reduce and address the burden of cancer on the Australian community. These priorities are:

- A package to reduce tobacco use
- Reinforcing skin cancer prevention behaviours
- Promoting participation in the National Bowel Cancer Screening Program
- Improving the provision of optimal cancer care
- Reducing the financial burden of cancer

Now more than ever it is important to invest across the spectrum of cancer control, with activity to prevent cancer, find more cancers earlier when treatment outcomes are better, deliver evidence-based treatment, support world class research and reduce the burden of cancer on the Australian community.

Submission contact:

Tanya Buchanan

Chief Executive Officer, Cancer Council Australia

E: Tanya.Buchanan@cancer.org.au

T: 02 8063 4100

Cancer Council is the peak, non-Government cancer control organisation in Australia. As the national body in a federation of eight state and territory member organisations, Cancer Council Australia works to make a lasting impact on cancer outcomes by: shaping and influencing policy and practice across the cancer control continuum; developing and disseminating evidence-based cancer information; convening and collaborating with cross sectorial stakeholders and consumers to set priorities; and speaking as a trusted voice on cancer control in Australia.

Cancer Council acknowledge the traditional custodians of the lands on which we live and work. We pay respect to Aboriginal and Torres Strait Islander elders past, present and emerging and extend that respect to all other Aboriginal and Torres Strait Islander people.

A package to reduce tobacco use

The Australian government has committed to reduce the national adult daily smoking rate to below 10% of the population by 2025. Cancer Council unreservedly supports government initiatives currently underway to reduce tobacco use including the thematic review of national tobacco legislation and pending National Tobacco Strategy, and recommends additional tobacco control initiatives that, combined, are likely to have the highest immediate impact and assist us to achieve our national goal.

1. Increase investment in public education

Priority action: Include in the Budget an increased investment in mass reach multi-media public education campaigns to \$40 million per year for at least three years.

Over the past decade, investment in mass media public education campaigns to discourage smoking has declined substantially, paralleling a slowing of the decline in smoking prevalence [1]. This is despite mass media campaigns having consistently been shown to be highly cost-effective and generally cost saving [1-4]. The cost-effectiveness analysis of Australia's National Tobacco Campaign (NTC) found that the initial investment of \$9 million yielded healthcare cost savings exceeding \$740 million. Approximately 55,000 premature deaths were prevented and over 400,000 quality adjusted life years (QALYS) saved.

Adequate campaign intensity and duration is important to reduce health inequity. Priority groups with high smoking rates are disadvantaged by under-investment in public education [5] with lower exposure levels maintaining or exacerbating disparities in smoking prevalence between low and high socio-economic groups [6]. Evidence from modelling shows that campaigns can increase equity in tobacco use outcomes if an average of ≥ 4 tobacco control campaign exposures per person per month are achieved across the population over the course of each year [7-9]. This would be achieved by having multiple national campaign waves throughout each year. Adequate mass media campaign investment would enhance the effectiveness of any proposed new health warnings on tobacco products [10-11] and could promote cessation and encourage smokers to use evidence-based tobacco dependence treatment.

2. Harmonise excise/customs duty on roll your own (RYO) tobacco and standardise pack and pouch size

Priority action: Standardise pack and pouch size and further increase excise/customs duty on RYO tobacco over next four years, so it is closer to equivalence with duty on factory-made cigarettes.

Reducing the affordability of tobacco products through taxation is the single-most cost-effective way to reduce tobacco use [12-13]. However not all tobacco products are taxed at the same rate. Tobacco companies have consistently undermined taxation by using strategies such as offering a wide array of pack and pouch sizes and aggressively promoting cheaper RYO tobacco [14]. Standardising the number of cigarettes in a pack (to 20) and the amount of tobacco in a roll-your-own pouch (30g) would make the price of tobacco products much clearer and increase the effectiveness of future tax increases in reducing consumption. Further harmonising the excise/customs duty on RYO tobacco over the next four years, so that RYO cigarettes weighing more than 0.6g are taxed at a rate equivalent to that applied to factory-made cigarettes, would further reduce smoking prevalence. Projections indicate this harmonisation would also provide increased revenue of approximately \$160m in 2021-22, increasing to \$440m by 2024-25.

3. Fund a comprehensive Quit Support Package to increase provision and access to tobacco dependence treatment

Priority action: Include in the Budget an additional allocation to deliver a comprehensive national Quit Support Package to ensure the appropriate provision of best practice tobacco dependence treatment for smokers and bring Australia into compliance with Article 14 of the Framework Convention on Tobacco Control.

In December 2020 Minister Hunt committed \$1 million to an education campaign to support smoking cessation. Cancer Council welcomes this commitment however acknowledges that more is needed to ensure smokers who want to quit can access best practice tobacco dependence treatment. This education campaign needs to be underpinned by enhanced access to proven effective local and culturally appropriate best-practice tobacco dependence treatment services, a national policy for the treatment of tobacco dependence, national clinical guidelines for smoking cessation support for all health professionals (to complement those available for smoking cessation support delivered by general practitioners) and a national coordinating centre or programme that facilitates the creation and dissemination of information resources to promote tobacco dependence treatment (as stipulated by the Framework Convention on Tobacco Control Article 14 guidelines).

This Quit Support Package would leverage existing investment in tobacco dependence treatment by both the Australian and State and Territory governments, enhance access to best-practice tobacco dependence treatment programs in priority groups with high smoking rates, and assist the Australian government in meeting its commitments as a signatory to the Framework Convention on Tobacco Control.

Reinforcing skin cancer prevention

Australia has the highest rates of skin cancer in the world, and skin cancers account for the largest number of cancers diagnosed in Australia each year [15]. Skin cancer costs the Australian government more than \$1 billion annually in direct treatment costs alone, making it one of the most expensive burdens on our health system for all cancers [16-17].

Skin cancer is also nearly entirely preventable, with more than 95% of cases caused by unprotected exposure to UV radiation. Establishing and reinforcing effective sun protective behaviours is key to preventing skin cancer, and this has been done effectively in the past through adequately funded mass media campaigns. The evaluation of the Australian government funded 2006 National Skin Cancer Campaign showed the campaign increased sunscreen use and decreased weekend sunburn among adults [18-19].

In addition to their positive impact on sun protective behaviours and attitudes, skin cancer public education campaigns provide a positive rate of return on investment in prevention. An analysis of skin cancer prevention mass media campaigns in NSW found for every \$1 invested a return of \$3.85 is achieved [20].

Invest in a national skin cancer prevention campaign

Priority action: Include in the Budget at least \$20 million annually for a minimum of three years to deliver a national skin cancer awareness campaign to encourage sun protection behaviours.

A national investment of \$20 million annually over three years would fund a broad sun protection awareness campaign across national TV, radio, and digital platforms, with sufficient impact to change behaviour and deliver significant returns in reduced social and economic costs related to skin cancer.

Promoting participation in the National Bowel Cancer Screening Program

The National Bowel Cancer Screening Program (NBCSP) could prevent 84,000 bowel cancer deaths by 2040 if participation rates were increased to and sustained at 60% [21-22].

Mass-media participation campaigns are cost-effective and assist to maximise the potential life-saving impact of bowel screening [23]. The evaluation of Cancer Council's 2019 National Bowel Screening Communications Strategy funded by the Australian Government to increase NBCSP screening participation showed the strategy reached a participation rate of 57.1% (exceeding the Government's target of 56.6%), a major increase on current participation levels of 42.4% [24].

The cost-effectiveness analysis indicated the 2019 strategy also delivered excellent value, with the return on investment estimated at approximately \$8.20 per dollar spent on the campaign, ranging from \$7.00 to \$12.00 for each burst of the campaign. Overall, the \$9 million investment in the campaign will likely return estimated savings of \$57 million in health system costs over the next 30 years. The strategy was not only an outstanding investment on the criteria for measuring social marketing and public education but could also be considered a leading investment in public health outcomes generally.

Fund a national bowel cancer screening communications campaign

Priority action: Continue Cancer Council's national bowel cancer screening program communications strategy, an annual investment of at least \$12 million for at least three years to ensure cancer screening participation targets are met and sustained.

There is clear potential to save lives and deliver significant cost savings by investing in an integrated communications campaign to promote participation in the NBCSP.

Such a communications strategy would support an increase in overall participation in the program and also target increasing participation among subgroups with lower participation rates such as first-time screeners, men aged 50-59, targeted geographical regions, Aboriginal and Torres Strait Islander Peoples, culturally diverse populations, or other groups where participation is low. Boosting participation in the NBCSP would assist in offsetting some of the downstream cancer impacts expected as a result of delayed diagnosis and changed behaviours through the period of the COVID-19 pandemic.

Improving the provision of optimal cancer care

Cancer outcomes in Australia are among the best in the world, but this is not experienced equally across the community with First Nations Australians and those living in disadvantaged communities experiencing higher age-standardised mortality overall (43% and 37% respectively) [25], and analyses from NSW show that disadvantage related differences in mortality are widening over time [26]. Similarly, analyses of surgical outcomes by volume show mortality differences by geographic area after adjusting for age, cancer stage, comorbidities, and insurance status [27].

Facilitate implementation of Optimal Care Pathways

Priority action: Include in the Budget an allocation to continue the implementation, dissemination, and evaluation of the Optimal Care Pathways across Australia, with a focus on communities and cancers with poorer outcomes.

The Optimal Care Pathways provide evidence-based recommendations for best practice cancer care and can be applied at the level of the health system and by health services to identify improvement opportunities, address unwarranted clinical variation and ensure all people with cancer have the opportunity to achieve world leading cancer outcomes. The Optimal Care Pathways outline a model of cancer care that puts the patient at the centre of care decisions and describe a national standard of high-quality cancer care that all Australians should expect. They aim to reduce variation in the care received and address early detection and diagnosis to treatment, and beyond, including supportive care.

The National Cancer Expert Reference Group have previously provided oversight and project funding to support the implementation of the Optimal Care Pathways and the promotion of the consumer versions to people affected by cancer. There is a need for ongoing implementation support, communication, and evaluation for the Optimal Care Pathways.

Improve the provision of information to people affected by cancer

Priority action: Include in the Budget an appropriate allocation to support the development of a national cancer information strategy.

The provision of evidence-based and trusted information is essential for people affected by cancer to be active participants in their care and be making informed decisions. Cancer information must meet a wide range of highly personalised and situation-dependent needs to be useful and usable for people with cancer, their carers and family. Currently barriers and gaps exist in cancer information resources and provision mechanisms, and many health resources fail to be accessible to those who need them most and do not meet the needs of those with low health literacy.

Cancer Council has strong expertise in the provision of information to people with cancer and have been working over the past year to develop our own internal cancer information strategy and address these gaps as they pertain to our suite of information. Additionally, the [National Action Plan for Blood Cancer](#) identified the need for a blood cancer information strategy as part of a broader digital health and information strategy for people with cancer. However, aside from the work underway at Cancer Council, there is currently no plan to develop this broader national strategy which is needed to improve the provision of information to people affected by cancer. Based on costings developed for the National Action Plan for Blood Cancer, this allocation would support the development of a broader digital health and information strategy for people with cancer.

Support the development, update, and dissemination of clinical practice guidelines

Priority action: Include in the budget an allocation of at least \$6.6 million over five years to support the development, update and dissemination of cancer clinical practice guidelines that comply with NHMRC guidelines.

Supported by the Australian Department of Health, Cancer Australia and various other cancer organisations, Cancer Council Australia's Clinical Guidelines Network has been developing high quality, evidence-based cancer clinical practice guidelines since 1994. Developed with the Clinical Oncology Society of Australia and cancer clinicians from across the country, these clinical practice guidelines bring together the best available evidence to underpin scientifically valid recommendations for the prevention and diagnosis of cancer and treatment of care of patients and aid clinician and patient decisions regarding appropriate health care for specific clinical circumstances.

With the finalisation of Cancer Australia's enquiry into lung cancer screening, the Clinical Practice Guidelines for the Prevention and Diagnosis of Lung Cancer require a complete revision to ensure they are updated with current evidence and align with policy recommendations from the enquiry. Additionally, the Clinical Practice Guidelines for the Prevention, Early Detection and Management of Colorectal Cancer (which underpin the National Bowel Cancer Screening Program), the Clinical Practice Guidelines for Surveillance Colonoscopy and the National Cervical Screening Program: Guidelines for the management of screen-detected abnormalities, screening in specific populations and investigation of abnormal vaginal bleeding, will require full revisions in line with the respective screening program policy reviews.

However, it is not always necessary to conduct a full revision and other guidelines are more appropriately updated by a cycle of staged updates with different sections updated as new evidence is published. Of Cancer Council Australia's suite of guidelines, there are currently six¹ appropriate for inclusion in such a staged revision process over a five-year period.

¹ Clinical practice guidelines for: the diagnosis and management of melanoma; PSA testing and early management of test-detected prostate cancer; the management of locally advanced and metastatic prostate cancer; the treatment of lung cancer; the treatment and management of endometrial cancer; and Cancer pain management in adults.

Reducing the financial burden of cancer

In Australia, out-of-pocket costs for healthcare are growing an estimated 6.8% per year [28]. In 2015-16, the government funded \$115 billion of all health spending, and non-government sources \$56 billion [29]. Of the non-government funding, individuals contributed more than half (17% or \$29 billion) [29]. People who are recently diagnosed with cancer or have private health insurance report higher out-of-pocket costs [30-35]. Recently a study of colorectal, lung, prostate and breast cancer patients in Western Australia reported that out-of-pocket costs were higher for men, those who had undergone surgery, worked prior to being diagnosed with cancer, resided in higher socioeconomic areas, or were receiving chemotherapy [36].

The financial impact of a cancer diagnosis, including out-of-pocket costs, continue to be felt by cancer patients beyond the initial diagnosis and treatment period.

Support increased access to financial counsellors across Australia

Priority action: Include in the Budget a specific line to support the implementation of all recommendations from the Sylvan Review of the Coordination and Funding for Financial Counselling Services across Australia.

Australia's financial counsellors are of high quality and their work makes a significant difference to many individuals and families who find themselves in or at risk of financial hardship. It is not uncommon for an individual or family's financial circumstances to change significantly following a diagnosis of cancer and many people access financial counselling services in these circumstances. In many cases, advice and support from a financial counsellor will mean people affected by cancer do not have to access government funded income support and are able to avoid the worst of the potential financial burden that can result from a cancer diagnosis.

However, there are not currently sufficient services to meet demand, and many people do not find out about the services offered by financial counsellors until it is too late. There are many organisations across Australia well placed to support increased access to financial counselling services if they were provided the opportunity to offer this service. Primary Health Networks, Community Legal Centres, charities who provide services to assist those in need (such as Cancer Council, the Salvation Army, or the Smith Family) and even public hospitals may have the ability to support their staff to extend their current scope of practice and offer financial counselling to those facing financial hardship as an additional service.

The Sylvan Review of the Coordination and Funding for Financial Counselling Services across Australia offered six recommendations, all of which have been supported by government and would make a significant difference to increasing access to financial counsellors.

Ensure informed financial consent

Priority action: Include in the Budget an appropriate allocation for the Australian Department of Health to implement the recommendations of the MBS Review Taskforce Report, particularly Recommendation 3 to develop and mandate a consistent documented procedure with appropriate provision of information to assist providers in explaining costs to consumers prior to a course of treatment.

All Australians should be supported to provide informed consent prior to receiving any healthcare service. This includes informed financial consent which involves the provision of cost information to patients, including notification of likely out-of-pocket expenses by all relevant service providers, preferably in writing, prior to admission to hospital or commencement of treatment [37]. However, evidence continues to accumulate indicating a lack of informed financial consent across the health system, with many cancer patients continuing to report bill shock (receiving bills they did not expect or are higher than expected) and financial toxicity causing significant distress and often leading patients to make decisions about their care that may have negative health and ongoing financial impacts [38].

Recommendation 3 of the MBS Review Taskforce Report specifically addresses informed financial consent, outlining the need for the development and mandating of a consistent documented procedure, supported by appropriate provision of information to assist providers in explaining costs to consumers prior to a course of treatment. The [Standard for Informed Financial Consent](#) guides health professionals and practices to include cost in discussions regarding the risks and benefits of treatment to enable patients to better consider and prepare for the likely financial impact of cancer care.

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