

## Response ID ANON-MQ2H-7D2H-D

Submitted to **Efficient Funding of Chemotherapy (EFC) review**

Submitted on **2021-07-02 13:09:09**

### Introduction

#### 1 Which best describes your response?

I am responding on behalf of an organisation / institution

#### 2 What is your name or the name of your organisation / institution?

**Response:**

NACCHO (National Aboriginal & Community Controlled Health Organisation)

#### 3 Do you identify as Aboriginal or Torres Strait Islander?

**Yes:**

Yes

**No:**

No

**Prefer not to say:**

No

#### 4 Where are you located?

ACT

#### 5 Is your residential address considered

Very Remote

#### 6 What is your email address? (You will automatically receive an acknowledgement email when you submit your response)

**Response:**

kate.armstrong@naccho.org.au

#### 7 Would you prefer to be contacted if there are follow up questions?

**Yes:**

Yes

**No:**

No

### Patient Access to Chemotherapy Services

#### 8 Does access to chemotherapy services vary in rural and remote areas compared to urban areas? What, if anything, could be changed about current access arrangements? Please provide a case example if possible.

**Response:**

Anecdotally and based on inequitable health outcomes, yes, access to chemotherapy services (including access to culturally safe and responsive chemotherapy services) clearly varies in rural and remote areas compared to urban areas.

Unfortunately, the window for consultation for this particular submission (21 May 2021 to 2 July 2021) prohibits the sort of meaningful consultation with our Member Services (the 143 Aboriginal Community Controlled Health Organisations (ACCHOs) across Australia) that we believe would best inform responses to a topic as important as this.

NACCHO notes in the Discussion Paper (Review of the Efficient Funding of Chemotherapy (EFC) program Discussion Paper and Call for Submission) that the final report being prepared for consideration by Minister Hunt is not expected to be completed until June 2022. We note the interim report is due for completion by 31 December 2021.

NACCHO would welcome the opportunity to discuss the topic of EFC with the review team and explore options for meaningful engagement and consultation. NACCHO is currently reviewing cancer data and the broader cancer landscape with a view to developing a future plan. We will be consulting with Members Services within the Aboriginal Community Controlled Health Service (ACCHS) sector broader Community on what is needed to redress existing cancer inequities and would be pleased to include a focus on EFC.

We welcome ongoing discussions in this space with the Government and the EFC review team, and note meaningful consultation would ideally be co-designed and will take time and resourcing.

**9 Are there differences in the costs or processes for receiving chemotherapy services in rural and remote areas? How do access arrangements vary between public and private sectors, States and Territories and what is the effect on accessibility of services? Please provide any details you have to support your position.**

**Response:**

NACCHO welcomes ongoing discussions with the EFC review team on the best way to consult with the ACCHO sector on this matter.

**10 What additional factors may limit access to chemotherapy services in rural and remote areas?**

**Response:**

NACCHO welcomes ongoing discussions with the EFC review team on the best way to consult with the ACCHO sector on this matter.

**11 What changes, if any, could be made to current pharmacy arrangements to improve access to chemotherapy services in rural and remote areas? Can you suggest ways in which those changes could be managed?**

**Response:**

NACCHO welcomes ongoing discussions with the EFC review team on the best way to consult with the ACCHO sector on this matter.

**12 Describe the challenges you have faced with current access arrangements to chemotherapy for Rural and Remote areas, Aboriginal and Torres Strait Islander People, and older Australians. How could these be improved?**

**Response:**

NACCHO welcomes ongoing discussions with the EFC review team on the best way to consult with the ACCHO sector on this matter.

**13 When compared to urban/metro areas, are there significant differences in treatment facilities which may impact chemotherapy services for rural and remote areas? Please provide any details you have to support your position.**

**Response:**

NACCHO welcomes ongoing discussions with the EFC review team on the best way to consult with the ACCHO sector on this matter.

**14 Additional Comments**

**Response:**

NACCHO is in the process of discussing our broader approach to cancer and tobacco with the Department and welcome the opportunity to facilitate deep and meaningful consultation with Member Services across Australia to better understand the current situation, challenges and barriers facing Aboriginal and Torres Strait Islander peoples in urban, regional, rural and remote Australia.

NACCHO welcomes ongoing discussions with the EFC review team on the best way to consult with the ACCHO sector on this matter.

**Chemotherapy Services as 'Specialty Services'**

**15 Describe what regulatory and quality challenges you have faced when delivering chemotherapy services. What, if anything, could be changed to improve chemotherapy services?**

**Response:**

NACCHO welcomes ongoing discussions with the EFC review team on the best way to consult with the ACCHO sector on this matter.

**16 How have the unique characteristics of chemotherapy services (including but not limited to unique requirements, arrangements and expertise in the compounding/handling of these medicines) challenged you over the past years?**

**Response:**

NACCHO welcomes ongoing discussions with the EFC review team on the best way to consult with the ACCHO sector on this matter.

**17 What strategies have been used to overcome these challenges? Describe any implementation challenges you faced.**

**Response:**

NACCHO welcomes ongoing discussions with the EFC review team on the best way to consult with the ACCHO sector on this matter.

**18 How have you aimed to minimise wastage and improve cost-effectiveness of infusible chemotherapy medicines over recent years. Which strategies have been practical and why? Are there other strategies you could use, but have not been able to implement? If not, why?**

**Response:**

NACCHO welcomes ongoing discussions with the EFC review team on the best way to consult with the ACCHO sector on this matter.

**19 In terms of improved access to these medicines for patients, what implementation challenges have hindered the use of innovative technologies, such as chemotherapy compounding automation solutions, in the EFC supply chain? How could these be resolved?**

**Response:**

NACCHO welcomes ongoing discussions with the EFC review team on the best way to consult with the ACCHO sector on this matter.

## **20 Additional Comments**

**Response:**

NACCHO welcomes ongoing discussions with the EFC review team on the best way to consult with the ACCHO sector on this matter.

## **Terminology and Definition of Medicine Types**

**21 Is “Efficient Funding of Chemotherapy” the most appropriate name for this program? If not, what alternative name would you suggest for a program that covers injectable/infusible anti-cancer medications?**

**Response:**

NACCHO welcomes ongoing discussions with the EFC review team on the best way to consult with the ACCHO sector on this matter.

## **22 Additional Comments**

**Response:**

NACCHO welcomes ongoing discussions with the EFC review team on the best way to consult with the ACCHO sector on this matter.

## **Referencing Standards, Guidelines and Policies**

**23 What guidelines and standards apply to the preparation, supply, and administration of chemotherapy services across States and Territories? How are these standards regulated?**

**Response:**

NACCHO welcomes ongoing discussions with the EFC review team on the best way to consult with the ACCHO sector on this matter.

**24 Is further development of current standards required? If so, in which area is work needed?**

**Response:**

NACCHO welcomes ongoing discussions with the EFC review team on the best way to consult with the ACCHO sector on this matter.

**25 Is other work, such as the development of quality assurance programs, required?**

**Response:**

NACCHO welcomes ongoing discussions with the EFC review team on the best way to consult with the ACCHO sector on this matter.

**26 Should meeting any of these standards be a mandatory requirement for Commonwealth funding under the EFC program? If so, which? How would this be managed or enforced?**

**Response:**

NACCHO welcomes ongoing discussions with the EFC review team on the best way to consult with the ACCHO sector on this matter.

## **27 Additional Comments**

**Response:**

NACCHO welcomes ongoing discussions with the EFC review team on the best way to consult with the ACCHO sector on this matter.

## **Funding of EFC across the Supply Chain**

**28 What are the main challenges in having medicines listed in the EFC program compared to non-EFC drugs/other PBS listed drugs?**

**Response:**

NACCHO welcomes ongoing discussions with the EFC review team on the best way to consult with the ACCHO sector on this matter.

**29 What are the key barriers for wholesalers in ensuring equitable access to EFC medicines for all Australians?**

**Response:**

NACCHO welcomes ongoing discussions with the EFC review team on the best way to consult with the ACCHO sector on this matter.

**30 Are there significant differences in the costs or processes for providing chemotherapy services in rural and remote areas compared to urban areas? If yes, what are they?**

**Response:**

NACCHO welcomes ongoing discussions with the EFC review team on the best way to consult with the ACCHO sector on this matter.

**31 How do arrangements vary between the public and private sectors, States and Territories and what is the effect on accessibility of services? Please provide any details to support your position.**

**Response:**

NACCHO welcomes ongoing discussions with the EFC review team on the best way to consult with the ACCHO sector on this matter.

**32 Do consumers or providers have additional costs or other factors that limit access to services in rural and remote areas (excluding ancillary costs such as travel and accommodation, and oral chemotherapy medicines)? Please provide any details to indicate the difference in costs or other factors for consumers.**

**Response:**

NACCHO welcomes ongoing discussions with the EFC review team on the best way to consult with the ACCHO sector on this matter.

**33 Do you hold, or are you aware of, any datasets, analyses, databases, or registries that might inform recommendations of the review? If yes, please provide the details for the relevant person/s to contact regarding access to those data if possible.**

**Response:**

NACCHO welcomes ongoing discussions with the EFC review team on the best way to consult with the ACCHO sector on this matter.

**34 Additional Comments**

**Response:**

NACCHO welcomes ongoing discussions with the EFC review team on the best way to consult with the ACCHO sector on this matter.

## **PBS Access and Claims Processing of EFC Medicines**

**35 What concerns are there in relation to the current administrative processes surrounding the provision and claiming of EFC medicines?**

**Response:**

NACCHO welcomes ongoing discussions with the EFC review team on the best way to consult with the ACCHO sector on this matter.

**36 What could be addressed in relation to these matters?**

**Response:**

NACCHO welcomes ongoing discussions with the EFC review team on the best way to consult with the ACCHO sector on this matter.

**37 Are there other matters not mentioned in this paper that could be considered in developing a sustainable, transparent and equitable model for access to chemotherapy medicines?**

**Response:**

NACCHO welcomes ongoing discussions with the EFC review team on the best way to consult with the ACCHO sector on this matter.

**38 Are there other consumer issues that could be considered in developing a sustainable, transparent and equitable model for access to chemotherapy medicines?**

**Response:**

NACCHO welcomes ongoing discussions with the EFC review team on the best way to consult with the ACCHO sector on this matter.

**39 What are the key administrative challenges in relation to prescribing and claiming EFC medicines? For example, via the Private vs Public settings?**

**Response:**

NACCHO welcomes ongoing discussions with the EFC review team on the best way to consult with the ACCHO sector on this matter.

**40 Are the current remuneration arrangements appropriate? Should they be amended, and how? What strategies could be implemented to create greater equity in remuneration across the EFC supply chain?**

**Response:**

NACCHO welcomes ongoing discussions with the EFC review team on the best way to consult with the ACCHO sector on this matter.

**41 Additional Comments**

**Response:**

NACCHO welcomes ongoing discussions with the EFC review team on the best way to consult with the ACCHO sector on this matter.

**Next Steps**

**42 While these questions reflect the areas of focus for the Department in preparing recommendations for the Commonwealth Government about future arrangements for the EFC program, stakeholders are encouraged and welcome to provide any further additional feedback.**

**Response:**

NACCHO is the peak body for Aboriginal Community Controlled Health Organisations across Australia. NACCHO welcomes the opportunity to engage our Members in genuine and detailed consultation on this topic. Please feel welcome to reach out to Dr Kate Armstrong (kate.armstrong@naccho.org.au - Medical Advisor) if there is scope to discuss further.

**Document Upload**

**43 Please upload your Discussion Paper or supporting documentation here**

**File:**

No file uploaded