Delivering quality care more efficiently inquiry

Questionnaire response 28

Name: Cancer Council Australia

Submission date: 5/06/2025

Participant background

1. For the purposes of this consultation, which of the following best describes you:

   I am an industry or advocacy organisation, professional association or peak body

2. Which of the following care sectors will your feedback relate to? Please select all that apply.

   Health

3. What kind of care supports, services and programs do you have experience with, and in what jurisdictions?

   The participant did not respond to this question.

1. Reform of quality and safety regulation to support a more cohesive care economy

1. To what extent do differences in quality and safety regulation make it costly or complex to provide or access care services?

   The participant did not respond to this question.

2. What are the reasons for your answer?

   The participant did not respond to this question.

3. To what extent should quality and safety regulations be more aligned across the different care service sectors and jurisdictions?

   The participant did not respond to this question.

4. What are the reasons for your answer?

   The participant did not respond to this question.

2. Embed collaborative commissioning to increase the integration of care services

1. What is your experience with collaborative commissioning

   The participant did not respond to this question.

2. What are the benefits of pursuing greater collaborative commissioning?

   The participant did not respond to this question.

3. What are the barriers to collaborative commissioning, and do you have any suggestions for solutions that would lead to better collaboration in the commissioning of care services?

   The participant did not respond to this question.

3. A national framework to support government investment in prevention

1. What are the main barriers to governments investing in evidence-based prevention programs across the care economy?

Despite consensus among Australian governments at all levels on the importance of evidence-based prevention programs and preventive care within the care economy, the current system does not incentivise building prevention into practice and routine care. All Australian governments recognise the importance of prevention through various strategies, however investment in preventive care is not transparent, sustained and is below recommended levels. Australia has one of the lowest rates of preventive health spending (as a proportion of all health spending) of any OECD nation. Investment in preventive health has been less than 2% of health expenditure for at least the past 10 years,(1) and stood at only 1.7% in 2019-20.(2) Much stronger performances by Canada, New Zealand and the United Kingdom – nations with comparable health systems to Australia's in many ways – are around 5% of total health spending.(3)

DEFINITIONS

The World Health Organization defines prevention as 'approaches and activities aimed at reducing the likelihood that a disease or disorder will affect an individual, interrupting or slowing the progress of the disorder or reducing disability.'(4) However in many jurisdictions in Australia, definitions regarding what constitutes prevention go far beyond this agreed definition and are extremely broad, in some cases even extending to clinical activities such as screening prior to surgery.(5) Such broad and varied definitions create uncertainty regarding levels of investment, barriers to investment in evidence-based prevention and difficulty in accurately determining the impact of and returns on such investment.

BUDGET PROCESS OPERATIONAL RULES

The Australian Government Department of Finance's Budget Process Operational Rules (BPORs)(6) detail how (federal government) decisions are to be made regarding policy proposals, including what information must and must not be considered as part of the decision-making process. The BPORs state (p.16-17):

3.5. In almost all cases, only first round effects will be considered in costings.

a. Consistent with the Charter of Budget Honesty Policy Costing Guidelines, discussion of any identifiable and material second round effects may be appropriate for inclusion in NPPs and Cabinet submissions.

However, these broad second round effects and their underpinning assumptions should be considered by Finance and/or Treasury before they are included by the drafting entity and sponsoring Minister(s).

While 3.5a provides the possibility of second round fiscal effects* contributing to decision-making, in practice these are rarely considered. Given the substantial benefits of evidence-based prevention programs are not realised until several years and often decades following the delivery of the program, the BPORs can act as a significant barrier to the implementation of evidence-based prevention programs and discourage investment in programs that have significant long-term benefits for society.

From the perspective of Cancer Council, not routinely considering second round fiscal effects in policy proposals has three primary consequences relevant to evidence-based prevention programs.

1. It acts as a barrier to line agencies developing and proposing programs that have higher upfront costs but deliver cost savings over their lifespan (such as behaviour change strategies to drive down smoking and vaping prevalence or encourage participation in cancer screening programs).
2. It discourages line agencies from working together on cross-portfolio budget bids where the benefits from the policy led by one department/agency will deliver cost savings or revenue for another department (such as building active transport corridors where benefits are realised in a healthier population with a lowered cancer risk).
3. It can under-represent the long-term costs to government of some policy proposals where cost savings in one area can generate negative impacts for other portfolio areas over time (such as funding reductions to financial counselling services restricting access for people affected by cancer leading to more people post-cancer needing to access the social security system).

*Second round fiscal effects are defined as the behaviour or outcomes, directly attributable to a policy, that represent an increase or decrease in government expenditure due to a change in demand for government services. (Reference: Gaukroger & Phillips (2024) Banking the Benefits: Better Aligning Budget Process Rules with Measuring What Matters, Centre for Policy Development. Available: https://cpd.org.au/wp-content/uploads/2024/07/Banking-the-Benefits.pdf).

1) Shiell A, Garvey K, Kavanagh S, Loblay V, Hawe P (2024) How do we fund public Health in Australia? How should we? Australian and New Zealand Journal of Public Health, 48(5), 100187, https://doi.org/10.1016/j.anzjph.2024.100187
2) AIHW, Health Expenditure Australia 2019-20: https://www.aihw.gov.au/reports/health-welfare-expenditure/health-expenditure-australia-2019-20/contents/about
3) OECD Date, Health Spending: Melbourne Sustainable Society Institute: https://data.oecd.org/healthres/health-spending.htm
4) WHO (World Health Organization) 2004. Global forum on chronic disease prevention and control (4th, Ottawa, Canada). Geneva: WHO.
5) Special Commission of Inquiry into Healthcare Funding. Available: https://www.health.nsw.gov.au/Reports/Pages/special-commission-inquiry-funding.aspx
6) Australian Government Department of Finance (2023) Budget Process Operational Rules. Available: https://www.finance.gov.au/sites/default/files/2024-05/budget-process-operational-rules_0.pdf

2. What are some examples of successful prevention programs (this could include discontinued programs)?

SKIN CANCER PREVENTION

Ultraviolet radiation (UVR) from the sun is the primary cause of skin cancer: it is estimated that up to 95% of melanomas and 99% of non-melanoma skin cancers in Australia are caused by overexposure to UVR.(7) The fact that skin cancer is largely caused by UVR means it is also preventable by using good sun protection consisting of a combination of five measures: clothing, sunscreen, broadbrim hats, shade and sunglasses. However, despite being preventable, skin cancers cost the Australian health economy $AUD1.7 billion each year.(8)

Australia has been a world leader in skin cancer prevention initiatives, and a systematic review published a decade ago revealed seven full economic evaluations of primary

prevention initiatives.(9) These various programs, including SunSmart programs, were found to be either cost-saving or cost-effective to society. SunSmart programs are multi-component sun safety interventions designed to prevent skin cancers and their associated morbidity and mortality.(10) Since this systematic review there have been advances in research methods, data linkage, data assets and simulation modelling that allow or more accurate and improved analyses, and many countries have adopted targeted therapies for advanced-stage melanoma with strikingly higher treatment costs than reported in earlier studies. Even with these changes, a recent analysis shows than investment in multi-component sun safety programs, that encourages sun protection practices, substantially reduces skin cancers and their associated health system and broader societal costs.(11)

Skin cancer prevention activities have been inconsistently funded by governments in Australia and the gaps this creates have been filled by non-government organisations such as Cancer Councils. Until the summer of 2022/23 it had been ten years since a national skin cancer prevention campaign had been delivered. Work commissioned by the (then) Australian Department of Health and Aged Care (the Department) revealed concerning attitudes and behaviours among younger Australians aged 18-30. In response, the 2033/24 'End The Trend' campaign, an innovative partnership between the Department and Cancer Council Australia, was developed and executed.

End The Trend was innovative for a national mass-reach campaign, and comprised of paid social media advertising, digital video and outdoor media, and integrated partnerships with product brands, media houses, social media influencers and online content producers to develop and disseminate supportive messages. The campaign aimed to target key behavioural drivers by addressing cultural norms and eroding unhelpful attitudes, through credible voices and trusted channels, aiming to reshape societal perceptions of sun tanning. Ultimately these efforts sought to secure behaviour change, with the key messages of increasing sun protection behaviours in young Australians.

A thorough independent evaluation of the campaign was led by Professor Adrian Bauman and is available on request to the Department.(12) Key recommendations from the evaluation included that End The Trend is an innovative approach to sun protection mass reach communications to 18-30 year olds and was very successful in reaching the target audience and showed initial positive changes in attitudes and beliefs about sun exposure and tanning. The report found that serial (annual) campaigns should be implemented to build on and sustain initial efforts; and that the effects of innovative strategies used in End The Trend, comprising a mix of traditional and non-traditional communications approaches should be further explored and evaluated in subsequent campaigns.

BOWEL CANCER SCREENING

Bowel cancer (colorectal cancer) causes the second highest number of cancer deaths in Australia (after lung cancer) yet can usually be treated successfully if detected early. Bowel cancers typically begin as pre-cancerous polyps which can be detected and removed before developing into cancer. Early-stage cancerous tumours can also be removed with relative efficiency if found before they spread beyond the bowel. Consequently, the National Bowel Cancer Screening Program operates as both a bowel

cancer prevention and early detection program for those who participate.

From April to November 2023, a campaign designed to increase NBCSP participation was delivered by the (then) Australian Department of Health and Aged Care (the Department) in partnership with Cancer Council Australia. Campaign evaluation was conducted by the Centre for behavioural Research in Cancer and the cost-effectiveness analysis by the Daffodil Centre. Reports are available on request to the Department. Changes to kit return rates attributable to the campaign were evaluated and in total, it was estimated that 152,000 additional kit returns could be attributed to the 2023 campaign. This is equivalent to a nine percentage point increase in the rate of kit returns during the campaign period, with the evaluation also demonstrating an increased intention to complete the test.

TACKLING TOBACCO PROGRAM

This evidence-based program is implemented by several Cancer Councils across Australia. The Tackling Tobacco program aims to end tobacco-related disparities in priority populations by empowering organisations and individuals to address tobacco use through evidence-based smoking cessation strategies and support. Through Tackling Tobacco, Cancer Councils help community service organisations address smoking and support people who access their services and their staff to quit for good.

Cancer Council offers:
- Resources: We offer draft policies, tools and advice to help organisations implement the program.
- Training: We train teams so they can confidently implement Tackling Tobacco and make lasting change.
- Support: Organisations will receive dedicated support from a Tackling Tobacco expert to help tailor the program to organisational need.

A pragmatic, parallel randomised trial of the program found that the multi-component smoking cessation intervention delivering motivational interviewing-based counselling and free NRT by a trained case-worker within a community social service setting increased attempts to stop smoking among a high disadvantaged sample of smokers and led to a reduction in number of cigarettes smoked daily.(13)

8) Gordon LG, Shih S, Watts C, Goldsbury D, Green AC. The economics of skin cancer prevention with implications for Australia and New Zealand: where are we now? Public Health Res Pract. 2022;32(1):e31502119.
9) Gordon, L. G. and Rowell, D. (2015) Health system costs of skin cancer and cost-effectiveness of skin cancer prevention and screening: a systematic review. European Journal of Cancer Prevention, 24, 141–149.
10) Peraral, E. (2014) Characteristics of the SunSmart program with reference to health education and health promotion concepts. Global Dermatology, 1, 24–26.
11) Collins LG, Minto C, Ledger M, Blane S, Hendrie D (2024) Cost-effectiveness analysis and return on investment of SunSmart Western Australia to prevent skin cancer. Health promotion International, 39, daae091. https://doi.org/10.1093/heapro/daae091
12) Bauman, A (2024) Evaluation of the End The Trend (ETT) sun protection campaign

2023-24. Report prepared for the Australian Government and Cancer Council Australia.
13) Bonevski B, Twyman L, Paul C, D'Este C, West R, Siahpush M, Oldmeadow, Palazzi K (2018) Smoking cessation intervention delivered by social service organisations for a diverse population of Australian disadvantaged smokers: A pragmatic randomised controlled trial. Preventive Medicine, 112, 38-44. https://doi.org/10.1016/j.ypmed.2018.04.005.

3. How can governments better support investment in prevention activities that have broad and long-term benefits for the Australian community?

INVEST IN THE NATIONAL PREVENTIVE HEALTH STRATEGY

The National Preventive Health Strategy 2021-2030 (14) has been endorsed by all Australian Governments and lays out actionable, evidence-based prevention initiatives that if implemented will improve the health and wellbeing of all Australians. The Strategy was developed using the best evidence from a range of sources and addresses the third Pillar of Australia's Long Term National Health Plan and aligns to the current National Health Reform Agreement. However, the National Preventive Health Strategy remains alarmingly underfunded with minimal implementation activity, and as such we are not on track to meet many of the targets outlined within the Strategy. It is not necessary to re-review any evidence, consider acceptability or feasibility of any interventions, or involve community members in co-designing and prioritising interventions. This has all be done within the development of the National Preventive Health Strategy. Governments must commit to funding the programs and initiatives identified within the Strategy and at a more basic level prioritise the long-term health and wellbeing of the Australian community.

ADOPT CONSISTENT DEFINITIONS AND TRANSPARENCY IN REPORTING

The adoption by all Australian governments of a consistent definition of prevention, and consistent operationalisation of this definition across all jurisdictions would both provide a shared language, enable more accurate accounting of current prevention investment and support ongoing measurement of the impact and return on investment of evidence-based prevention programs. The WHO prevention definition ('approaches and activities aimed at reducing the likelihood that a disease or disorder will affect an individual, interrupting or slowing the progress of the disorder or reducing disability') is well supported by evidence and experts, already used and referenced by Australian Governments, and significant work has been completed enabling rapid operationalisation for the Australian context.

EMBED MEASURING WHAT MATTERS

Launched in 2023, the Measuring What Matters framework (15) (the Framework) provides governments with the framework necessary to consider Australians' individual and collective wellbeing across all phases of life. Its development and endorsement is an opportunity for the Australian Government to shift toward policies that better meet the needs of current and future Australians and take a more holistic and wellbeing-oriented view of policy decision making.

When it was launched the Australian Government indicated their intention to embed the Framework into government decision making, provide guidance for agencies to inform

policy development and evaluation and apply the Framework when policy requires different levels of government to work together. While the ABS has launched a dashboard reporting on the Framework, the other planned actions remain incomplete. Truly embedding Measuring What Matters framework as planned at launch, would support investment in prevention activities as they have such powerful and long-lasting positive impacts on the health and wellbeing of individuals and communities.

REVISE THE BUDGET PROCESS OPERATIONAL RULES

Prevention programs and initiatives typically deliver savings that are primarily classified as second round fiscal effects and so can be unfairly deprioritised as they do not deliver the level of first round effects of other policies where benefits are delivered earlier. This is the case even if they represent a very low cost or provide cost savings when these second-round fiscal effects are taken into account. This is relevant for many evidence-based cancer prevention programs (and also supportive care programs for people affected by cancer) where the individual benefits and savings delivered to the system, due to the long latency of cancers, are delivered twenty or thirty years into the future. Additionally, without being able to consider future fiscal savings, such new policy proposals compete directly with current departmental expenditure – for example a skin cancer prevention program competing with skin cancer treatment that is required due to UV exposure accumulated in an individual over the past thirty years.

Cancer Council endorses recommendations regarding changes to the BPORs provided by the Centre for Policy Development in their 2024 report, Banking the Benefits.(16)

14) Department of Health (2021). National Preventive Health Strategy 2021-2023. Available: https://www.health.gov.au/resources/publications/national-preventive-health-strategy-2021-2030?language=en.
15) The Treasury (2023). Measuring What Matters. Available: https://treasury.gov.au/policy-topics/measuring-what-matters.
16) Gaukroger & Phillips (2024) Banking the Benefits: Better Aligning Budget Process Rules with Measuring What Matters, Centre for Policy Development. Available: https://cpd.org.au/wp-content/uploads/2024/07/Banking-the-Benefits.pdf