18 March 2013

Mr. Ian Holland
Secretary
Standing Committee of Community Affairs
The Senate
PO Box 6100
Parliament House Canberra ACT 2600

Inquiry into the supply of chemotherapy drugs such as Docetaxel

Thank you for your invitation to provide a written response to this important Inquiry.

Our Organisation
CanSpeak promotes the issues of people affected by cancer at a local and national level by working collaboratively with health service organisations, government, non-government and charitable organisations for better outcomes and improved health services.
We are a national network of consumers and consumer organisations representing the views and perspectives of a broad range of people and the community affected by cancer. This network of peak member organisations provides greater capacity to work independently, and together, to influence policy, research and health services to improve outcomes for people affected by cancer.

Statement
As the Peak advocacy group for people affected by cancer, our concern remains:

- Access for patients to chemotherapy,
- Cost implications for patients, and
- Ensuring safety of patients.

Nationally 60% drugs for patients receiving chemotherapy are prepared by the private sector. The unwillingness of the government to acknowledge in reimbursement policy that safe and appropriate delivery of chemotherapy requires more infrastructure, time and skill than a routine prescription threatens the delivery of chemotherapy across the country. In some jurisdictions 100% of chemotherapy is prepared by the private sector.

Ultimately the costs of continuing to provide chemotherapy services will be passed onto the patient and their family. It may be by a direct cost, or reduced services, or having to travel further and wait longer for treatment. The existing financial burden of a cancer diagnosis should not be exacerbated by the failure of government to address this issue.

In the early 1980's Australia led the world in setting standards for the safe delivery of chemotherapy. It is important to protect patient safety and that this is an area where you cannot cut corners. The risk of infection to immune compromised patients, the risk of error in drug delivery, or quality assurance should not be contemplated. However, there are secondary safety issues that need considering, such as the safety issues involved with patients having to travel long distances, or follow up care being delivered remotely to treatment.

Issues

- Medicare Australia PBS data shows more than 13,000 life-saving infusions a week are prepared by community and private hospital pharmacies for patients or Over 600,000* doses of chemotherapy as delivered to cancer patients in Australia each year.
- The current government has provided funding through the HHF scheme to establish rural and Regional Cancer Centres throughout the country thus providing rural and regional patients access to high quality cancer services. I follows that access to all services for cancer treatment is a high priority for the Government. The supply of and access to chemotherapy in these centres is integral to Government policy.
- The regional cancer centres were a key achievement of the Labor government prior to the 2010 election. Failure to adequately fund chemotherapy provision will undo all of the proposed benefits of bringing state-of-the-art cancer care to the regions.
- There does not seem to be recognition that safe and appropriate delivery of chemotherapy requires more infrastructure, time and skill and thus costs more than a routine prescription. This is particularly evident in rural and regional areas where a community pharmacist often delivers this service in the absence of a public hospital pharmacy.
- Regional and rural hospitals are more vulnerable to this problem in this program due to their relatively small patient base and inability to cover costs from other profitable areas. Larger centres in the cities are noticing the same costs but have more ability to absorb them. This would become even more critical as cancer patients move from the private to the public centres
- Australian cancer patients and their families need to know that they can continue an equitable and safe access to chemotherapy regardless of where they live or their socioeconomic background.
- Sixty percent of cancer patients are treated in the private system. This role cannot be replaced by the public health sector, which is equally affected by this measure.
- In South Australia and Western Australia almost all Chemotherapy infusions are delivered in the private sector – the government has allowed and even encouraged such a system.

- CanSpeak understands that the policy of price disclosure has already delivered substantial savings from chemotherapy drugs (est. $200 million pa). The 76.2% price reduction on docetaxel (which is used to treat breast, prostate and lung cancer) will potentially push up the cost of chemotherapy by $100 per infusion. Another significant price reduction to paclitaxel (used to treat patients with lung, ovarian, breast, head and neck cancer, and advanced forms of Kaposi's sarcoma.) will take affect on April 01.
- CanSpeak is concerned that such a change to the system will impact upon many cancer patients
- CanSpeak understands that the Government has indicated that there will be no additional cost to cancer patients but in the current economic climate is such a guarantee sustainable?

Recommendations

1. Ensure that access to these lifesaving drugs are administered in line with government policy surrounding the access scheme for rural and regional centres
2. Ensure that in any policy regarding chemotherapy supply that patient access to chemotherapy, patient safety and costs to patients are not adversely affected.
3. Develop a more transparent sustainable model of funding and not rely on an unreliable system of cross subsidization

.CanSpeak representatives would welcome the opportunity to address the members of the Inquiry

Dr Ian Roos OAM
A/Chair

John Stubbs
A/ Chief Executive Officer

17 March 2013

*Chemotherapy Separations (same day) by State

	NSW	VIC	QLD	WA	SA	TAS	ACT	NT	Total
Public	3,282	79,847	29,907	27,171	92	1683	950	560	143,492
Private	39,813	53,799	63,777	27,131	18,928	5456			208,904
TOTAL	**43,095**	**133,646**	**93,684**	**54,302**	**19,020**	**8649**			**352,396**
Private Share	92%	40%	68%	50%	100%	37%			60%

Source AIHW, Australian Hospital Statistics 2010-11
Private hospitals and day surgeries provide chemotherapy services in both metropolitan and regional centres.

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