

Monday, 6 February 2023

Mr Tony Pasin MP
Federal Member for Barker
Email: Tony.Pasin.mp@aph.gov.au

Dear Tony,

Thank you for sharing the letter from the Hon Chris Picton MP, Minister for Health and Wellbeing in response to your letter of 30th September 2022 regarding cancer services access within the Limestone Coast.

I note that Limestone Coast Local Health Network (LCLHN) have provided their rationale for not supporting the establishment of radiation oncology services within the region. As Australia's largest private cancer care provider, Icon is pleased to provide the following advice based on our extensive experience in providing regional services.

Recruitment and Retention of specialised staff: Icon agrees that regional healthcare is hard, but across our many years of experience both establishing and operating regional cancer centres, Icon have always been able to attract and retain specialised staff to provide high quality and safe treatment delivery to patients in our care.

On behalf of the Victorian Department of Health, Icon has been operating the public radiation oncology service at Warrnambool for the last five years, after taking over the service from Epworth HealthCare who had operated the service since its inception in 2016. Along with Icon's regional experience across other States and territories, we are well positioned to attract and retain all necessary specialised staff, proven throughout our 35 year heritage and scale which includes the opening of more than 13 centres since 2018.

Icon has been providing fortnightly, specialist Radiation Oncology consulting in person in Mount Gambier for the last six years. Should a dedicated service be established on the Coast, Icon would access the extended specialists at hand through our existing three centres within South Australia. This history alone speaks to Icon's ability to provide specialist staff within the Limestone Coast region.

Maintenance of equipment and timeliness of breakdown repair: Icon has a Global Service Agreement with Varian Medical Systems – a Siemens Healthineer company, where the linear accelerators (radiation treatment machines) are under a service level agreement that means that Varian must maintain a clinical availability of better than 98%. To date, our global fleet of linear accelerator are operating at better than 99%. Achieving this across all machines, irrespective of their regionality, is achieved through a dedicated program maintenance schedule, digital prediction of potential failures, and in person and remote support models by Varian's engineers and Icon's radiation medical physics team.

In the unlikely event of an extended outage, Icon has extensive business continuity plans (BCP) where patients on treatment would be treated later in the evening, across weekends or as a last case scenario, at another centre within the Icon network. Our Warrnambool service has never had to enact this BCP in seven years of operation, and Icon would not expect to see the proposed service at Mount Gambier to require this scenario either. However, in the unlikely event of an extended outage of the equipment that would risk patient outcomes, patients would be transferred and treated at either the Warrnambool service or one of our other sites in South Australia. All of Icon's linear accelerators are matched at a manufacturing and clinical commissioning level, so a patient can easily transfer from one Icon site to another without significant impact on the operational teams.



Ability to manage treatment related toxicity within local healthcare capability set:

Radiation therapy is primarily an outpatient procedure, with 95% of all patients accessing care at Icon treated within a 10-15 minute daily appointment. Very few patients will require an unplanned admission to hospital because of toxicity developed through their radiation treatment. This is because of the highly conformal radiation therapy plans in modern care, where toxicity is minimised through incorporating imaging such as CT, MRI and PETCT to focus the radiation on the areas that need treatment and avoiding healthy tissue.

Patient acuity will need to be considered, and while establishing a radiation oncology service in the region will provide significant benefit to most patients, there will be some patients that are too clinically complex and should be referred to tertiary service for all of their care. This process is well established across the country, where a particular diagnosis, such as paediatrics, complex gynaecology, complex head and neck, and complex gastrointestinal tract with concurrent chemotherapy, should be managed within the tertiary system from the outset. This clinical service framework is in place in Warrnambool, therefore it is reasonable to expect the same level of care to be established in collaboration with LCLHN.

While the concern raised is understandable based on a lack of understanding of modern radiation oncology, Icon is comfortable that local clinicians are aware of the capability of the regional health service and will proactively coordinate care with tertiary services as the need arises.

Governance and clinical oversight requirements: Icon is uncertain what this item means. If LCLHN is inferring that Icon does not have any governance or clinical oversight to ensure that every patient and their family in our care is being provided with safe and effective care, then this is baseless. All of Icon's 37 cancer centres in Australia are independently accredited with the ACHS and are regularly audited and certified by the ACHS against the national standards in healthcare. Icon has a Global Clinical Governance structure, overseen by a Group Quality Director and a Global Medical Director, with Executive and Medical Advisory Committee oversight.

Icon also has Public Private Partnerships in Western Australia, Victoria, NSW, ACT and Queensland with their respective state or territory health departments with extensive service level agreement and performance KPIs that are all met, or exceeded, universally. Icon is committed to the highest quality of care for the patients accessing our services and willing to work with all levels of government and health services within the region to prove our capability to exceed the perceived risks of governance and clinical oversight requirements raised by LCLHN.

Tony, Icon remains committed to working with you, the local community, all levels of government as well as LCLHN to continue to explore the establishment of radiation oncology services within your electorate. I hope that the extra information provided here addresses LCLHN limited understanding of, and lack of experience with radiation oncology service provision, and provides the necessary assurance that Icon has the experience and capability to establish and operate a high quality service within the Coast to meet the needs of cancer patients in the region.

Kind regards



Paul

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