COTA TASMANIA
for older Australians

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Submission: Tasmanian Cancer Strategy 2026–2036 (Exposure Draft)

1. Overview

COTA Tasmania welcomes the opportunity to comment on the draft Tasmanian Cancer Strategy 2026–2036. We support its emphasis on equitable access, earlier diagnosis, coordinated care and services delivered closer to home. These priorities provide a sound foundation for improving older Tasmanians' experience of cancer prevention and care.

The draft reports that approximately 66% of cancers in Tasmania occur in people aged 65 and over. Meeting older people's needs is therefore central to the Strategy's success. We welcome their recognition as a priority population and the commitment to improve care coordination and treatment decision-making through the Optimal Care Pathway for Older Australians.

This submission focuses on turning those commitments into practical improvements across the full cancer journey. COTA's priorities are individualised care, affordable access, accessible information, practical support for patients and unpaid carers, and clear accountability for delivery. These priorities should be embedded in the first implementation action plan, with defined responsibilities, timeframes and measures of progress.

2. About COTA Tasmania

COTA Tasmania is the peak body advocating for the rights, interests and wellbeing of older Tasmanians. For more than 60 years, we have worked to ensure that older people's experiences and priorities inform the policies and services that affect their lives. We provide independent, evidence-based advice to government and advocate for practical improvements in access, participation and support.

Our advocacy recognises the diversity of older Tasmanians. People's circumstances differ according to their health, income, location, housing, cultural background and available support. We seek to uphold their autonomy and independence and ensure that these differences are reflected in service design and delivery. For cancer prevention and care, this means making services understandable, affordable and accessible, while respecting each person's goals and choices.

3. Why this matters for older Tasmanians

Cancer prevention and care are especially important in a state with an ageing population. The draft identifies older people as a priority population, but their needs also intersect with other priorities, including rural and remote access, socioeconomic disadvantage and disability. Implementation must respond to these overlapping circumstances rather than treat age as a single, uniform category.

An appointment is only accessible if a person can reach it, afford the associated costs and understand what is required. Repeated travel, unfamiliar referral pathways, digital processes and limited practical support can make an already difficult experience harder to manage. Older people living alone may have no one to help, while an unpaid carer may be managing their own health and support needs.

For older Tasmanians, successful cancer care should support independence, everyday function and quality of life alongside clinical outcomes. The Strategy provides an opportunity to reduce the work patients and carers must do to connect services themselves, and to make support a consistent part of the pathway rather than something people must know to request.

4. Recommendations

COTA Tasmania recommends that the Strategy and its first implementation action plan:

1. Embed individual assessment, informed choice and the maintenance of independence and quality of life across prevention, screening, diagnosis, treatment, survivorship and end-of-life care.
2. Provide practical support for access, including transport, accommodation, navigation and assistance with costs, with explicit recognition of unpaid carers and continuity when local or mobile services are unavailable.
3. Retain accessible telephone, printed and in-person options alongside digital services, with older people involved in designing and evaluating those services.
4. Provide a clearly identified navigation contact and coordinated support across cancer services, general practice, aged care and community services, including for people living alone.
5. Set responsibilities, delivery dates, funding arrangements and measurable outcomes for older people, with transparent reporting and participation by older patients and unpaid carers.
6. Provide clear advice and pathways for older people outside screening program targets or eligible age ranges, supporting informed individual decisions and timely diagnostic assessment of symptoms regardless of screening eligibility.

5. Detailed comments

5.1 Make care responsive to the individual

Older people have diverse health, support needs and preferences. Age alone should not determine access to investigations, treatment, rehabilitation or research opportunities.

Implementation should support individual assessment of health, function, other medical conditions, medication use and personal goals. Information and decision-making processes must accommodate hearing, vision, cognitive and communication needs, while respecting the older person's autonomy.

Maintaining independence and quality of life should be explicit considerations across the full cancer journey, from prevention, screening and diagnosis through treatment, recovery, survivorship and end-of-life care.

5.2 Screening age ranges and access to diagnosis

The Strategy's early detection priorities should explicitly address the information and access needs of people outside screening programs' target or eligible age ranges. Older people should receive clear advice about whether screening remains appropriate for them, the benefits and potential harms, and the options available following an individual discussion with their clinician. The end of routine invitations should not leave people uncertain about where to seek advice or how to access appropriate services.

Screening and diagnostic investigations must be clearly distinguished. Screening program age ranges must not be treated as age limits for investigating symptoms or following up abnormal results. Access to diagnostic assessment should respond to clinical need, with decisions guided by the person's health, preferences and circumstances.

5.3 Make access practical and affordable

COTA supports outreach, shared care and improvements to the Patient Travel Assistance Scheme, including a review of eligibility and the adequacy of assistance for older patients and necessary support people. Information about eligibility, available assistance and application processes should be clear and readily accessible.

For older people, access depends on more than the availability of a clinical appointment. Practical support - including transport, accommodation, navigation, help with out-of-pocket costs and support for unpaid carers - can determine whether care is achievable.

Action plans should address these needs across screening, diagnosis, treatment and follow-up, particularly for rural, regional and island communities. This requires collaboration across health services to coordinate appointments, reduce repeated travel and help people arrange assistance before they travel.

Unpaid carers should be explicitly included in these arrangements. Their ability to accompany and support someone receiving cancer care should not be assumed. Carers may themselves be older people with health, financial or transport constraints and may need assistance with travel and accommodation, respite and their own wellbeing.

Screening plans should also provide continuity when mobile or local services are unavailable, with clear information about alternative arrangements and support to reach them. A clearly advertised telephone contact should be available to explain options, help arrange appointments and ensure people can access screening during service disruptions.

5.4 Preserve accessible ways to obtain information and care

Digital systems can improve coordination between providers, and telehealth can reduce travel. These options should be available alongside accessible in-person and local services, with older Tasmanians involved in their design and implementation.

People must retain meaningful choices about how they receive care and communicate with services. They should be able to obtain information, book appointments, receive results and access navigation support by telephone and in person. Plain-English printed information and supported use of digital services should remain available.

Access to cancer care must not depend on owning a smartphone, using a patient portal or having someone available to manage online processes. Digital convenience for a service must not become an access barrier for a patient.

5.5 Provide navigation and support throughout the journey

We welcome the proposed strengthening of cancer care navigation. Older people should have a clearly identified contact who can explain the next step, help coordinate appointments and connect them with practical and emotional support. Emotional support should be offered proactively and remain available as needs change throughout the cancer journey.

Services should identify people living alone or without an available carer rather than assume family support exists. Where an unpaid carer is involved, their information and support needs should also be recognised, with the older person's consent.

Coordination should extend between cancer services, general practice, aged care and community services, including during discharge, recovery and survivorship. Responsibility for connecting these services should not fall by default to the patient or their carer. Patients, and carers involved with their consent, should receive regular updates and clear information about the steps being taken, what happens next and who to contact with concerns.

We also support the commitments to palliative care and advance care planning. These conversations should be accessible, timely and guided by the person's wishes.

5.6 Make implementation measurable and accountable

The Strategy proposes staged action plans and transparent reporting. COTA recommends that the first action plan identify specific actions for older people, responsible organisations, delivery dates, funding arrangements and measurable outcomes.

Reporting should show whether access and experience improve across older age groups and geographic areas. Measures should include diagnostic timeliness, unmet practical support needs, access to navigation and patients' experiences of communication and coordination.

Older people with lived experience, including those from rural communities, those without family support and unpaid carers, should participate in implementation and evaluation.

6. Conclusion

COTA supports the Strategy's direction and its recognition of older people's needs. The next step is to make those commitments visible in everyday practice. Its value will be demonstrated through the experience of people seeking care: whether they receive timely answers, can afford and reach services, understand their choices and know who will help them through the next step.

For older Tasmanians, equitable cancer care must also protect autonomy, independence and quality of life. This requires accessible information, individualised decisions and practical support throughout the cancer journey. Unpaid carers should be supported in their role, and people without an available carer must be able to access the same standard of coordinated care.

A ten-year strategy needs early, measurable improvements that demonstrate how its commitments are being delivered.

Older Tasmanians and unpaid carers should have a continuing role in assessing whether those improvements make a meaningful difference.

We encourage the Government to embed these priorities in the first implementation action plan, supported by clear responsibilities, funding arrangements and public reporting.

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