



WESTERN & CENTRAL
MELBOURNE INTEGRATED
CANCER SERVICE

2016-17
Annual Report

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Foreword

On behalf of the partners of Western & Central Melbourne Integrated Cancer Service (WCMICS), we are pleased to present the 2016-17 Annual Report.

This year heralds an integral step consolidating the Integrated Cancer Services (ICS) as the cancer clinical network with the July release of the new *Victorian Cancer Plan 2016-20*. The Plan provides a framework for bringing the cancer sector leaders, professionals and community together towards a collective impact in improving the cancer outcomes for all Victorians. With its release, WCMICS realigned its *Strategic Plan 2015-18* with that of the new Victorian Cancer Plan. WCMICS is a consolidated network poised to begin this next phase of cancer reform to better deliver improvements in cancer care. This is reflected in the WCMICS strategic plan through our priorities around transition, consumer partnerships, information and care coordination. Our intent is to enable the provision of consistent and integrated cancer care, and improvements in service delivery across the network. Details of these improvements, our directorate activities and achievements over the last 12 months can be found on pages 10 to 16 of this report.

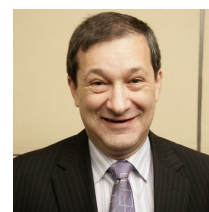
Sharing, collaboration and building on key relationships continues to be a major theme of our work program this year. Highlights include expanding our network membership to partner with two new health services, Djerriwarrh Health Services and the Royal Victorian Eye and Ear Hospital, as well as the North Western Melbourne Primary Health Network (NWMPHN) as a primary care constituent. In the spirit of collaboration and networks, WCMICS actively participated in a number of state-wide ICS activities this year. This included directorate and health service clinician participation in the Victorian ICS Oesophagogastric (OG) Cancer Summit; reviewing and contributing to the state-wide cancer performance metrics agenda and the implementation of lung and colorectal Optimal Care Pathways (OCPs).

2016-17 also saw the successful administration of the WCMICS Annual Funding Program. Funds were awarded to seven new projects addressing the priority areas of lung, colorectal and breast cancer. Many of which involved multiple health services and the broader health community and consumer representatives.

We would like to extend our sincere thanks to all those involved in our work; especially the consumers and clinicians who provide their insights and expertise to state and local network activities. We would also like to thank our members and the directorate team, for another year of exceptional work. We look forward to working with you all again in the year to come and beyond into the future. Please enjoy reading the WCMICS Annual Report 2016-17.



Dr. Sue Matthews
Chair, WCMICS



Prof. Jeff Szer AM
Director, WCMICS

About Us

Background

Western & Central Melbourne Integrated Cancer Service (WCMICS) is funded by the Department of Health and Human Services (DHHS) and is part of the Victorian Cancer Clinical Network, which is composed of three metropolitan and five regional Integrated Cancer Services (ICS), plus one statewide paediatric ICS.

In line with the DHHS aims and objectives, WCMICS overarching role is to work with its constituent health services (listed below) to reduce inappropriate variation in cancer care, as well as to improve quality of care and patient outcomes within these organisations.

This is achieved via relationship building, implementing best practice models of care, improving the effectiveness of cancer care and monitoring systems and processes to improve performance.

WCMICS constituent health service members:

- Djerriwarrh Health Service
- Melbourne Health
- Peter MacCallum Cancer Centre
- Royal Victorian Eye and Ear Hospital
- Royal Women's Hospital
- St Vincent's Health Melbourne
- Werribee Mercy Hospital
- Western Health

WCMICS partner organisation members:

- North Western Melbourne Primary Health Network
- Victorian Comprehensive Cancer Centre

WCMICS works in partnership with these health services and organisations to promote coordinated service planning, system integration and drive quality and improvement of cancer services across the Western & Central Melbourne region.

About Us

Our Vision

Delivering a better patient experience

Our Mission

Through collaboration with partner health services, we will improve patient care and outcomes by focusing on delivering the right treatment and support to patients throughout their cancer journey

Our Objectives

WCMICS' main objectives are to:

- Meet the needs of people living with cancer within its geographic area, as well as in other metropolitan and regional ICS who use WCMICS services, by facilitating the delivery of consistent and high quality cancer care;
- Enhance integration and coordination of cancer services within its area, including the development of clear and formal communication processes, referral patterns and relationships between its primary, secondary and tertiary services as well as with other ICS services; and
- Develop and manage systems to ensure that resources are provided, coordinated and managed to fulfil needs and expectations to the best possible extent.

WCMICS Governance Structure

WCMICS is one of nine population-based cancer networks that collectively form the state-wide cancer clinical network for Victoria. Hosted by Peter MacCallum Cancer Centre, representatives from WCMICS partners form the Governance Committee. The Governance Committee is supported by clinical and consumer groups and the directorate team. The WCMICS work program is overseen by the WCMICS Governance Committee and assessed using the agreed measures identified in the WCMICS Strategic Plan 2015-18 (which aligns with the Victorian Cancer Clinical Network direction). The WCMICS Governance Committee provides broad oversight, direction and leadership to WCMICS, complimentary to that of the Director, Manager and the Clinical Management Advisory Committee (CMAC).

The role of CMAC is WCMICS' key resource of expert clinical advice to support the WCMICS directorate and WCMICS Governance Committee to advance and promote the aims and objectives of the Victorian Cancer Clinical Network, the Victorian Cancer Plan 2016-20 and deliver the WCMICS Strategic Plan 2015-18. This committee is comprised of members from the WCMICS constituent health services and partner organisations.

Western & Central Melbourne Region

Population Profile

WCMICS extends from central Melbourne to Werribee, covering the inner municipalities of Melbourne and Yarra, the middle municipalities of Brimbank, Maribyrnong, Moonee Valley and Hobson's Bay and the outer north-western municipalities of Melton and Wyndham.

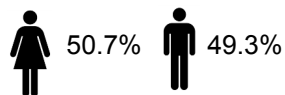
The population of the WCMICS region is one of the fastest growing in Victoria and makes up around 18% of Victoria's total population.

The region's population is also characterised by its:

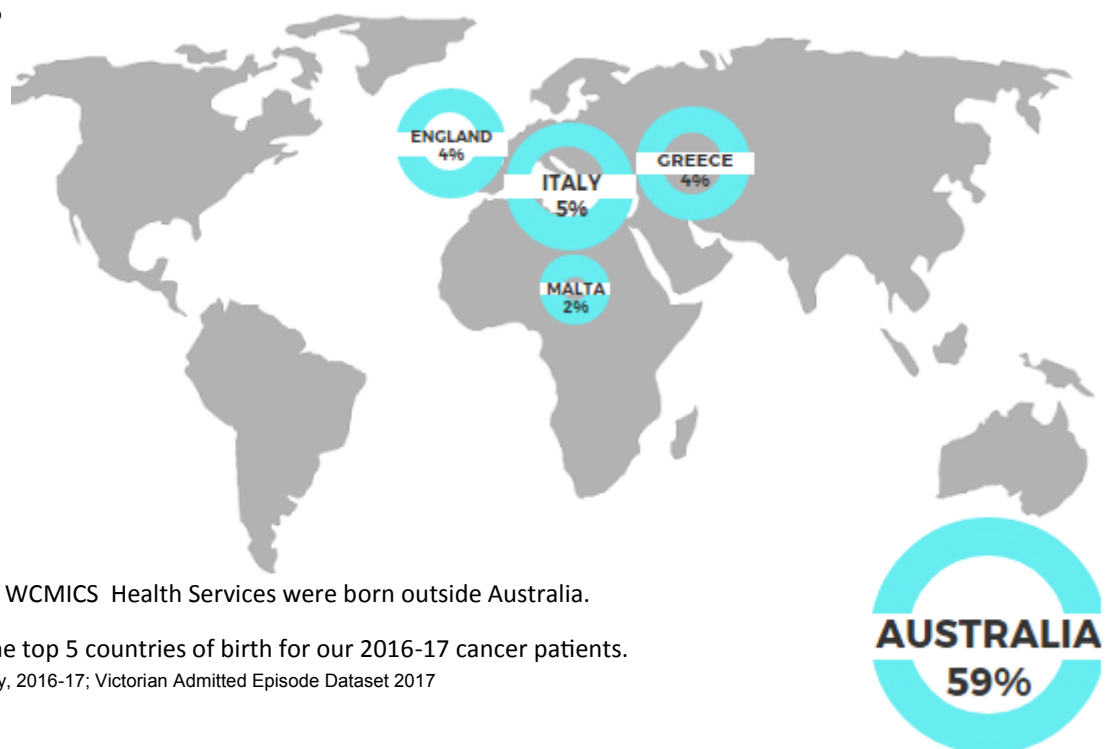
- Ageing population structure
- Relatively high levels of socio-economic disadvantage
- Multicultural diversity
- 3 of the state's fastest growing council areas

Source: Department of Sustainability & Environment

WCMICS total population is **1,129 871**



Source: ABS, 2016 Census



41% of people treated by WCMICS Health Services were born outside Australia.

This diagram highlights the top 5 countries of birth for our 2016-17 cancer patients.

Source: Victorian Cancer Registry, 2016-17; Victorian Admitted Episode Dataset 2017

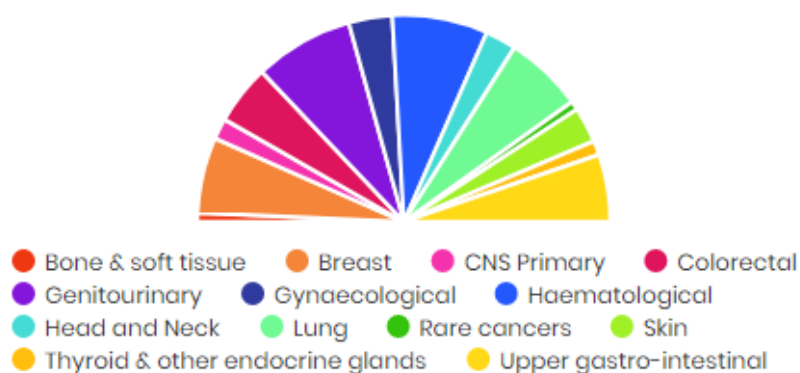
Western and Central Melbourne Region

Patient Profile

Cancer is the leading cause of disease burden in Victoria; with 14 people living in WCMICS diagnosed every day. This diagram shows the proportion of newly diagnosed cancers in 2016-17, by tumour stream, for patients treated by WCMICS Health Services.

Source: Victorian Cancer Registry, 2016-17; Victorian Admitted Episode Dataset 2017

WCMICS Newly Diagnosed Cancers by Tumour Stream
2016-17



13 of every 25



Gender

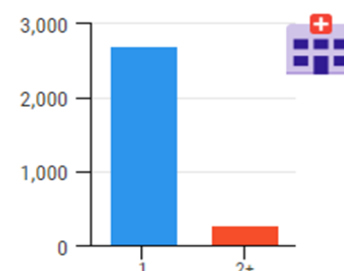
Just over half of newly diagnosed WCMICS cancer patients were Male

65+



Age

Only 6 out of 10 newly diagnosed WCMICS cancer patients were over the age of 65



Patient treatment across WCMICS Health Services

2698 patients were treated by one WCMICS Health Service, whilst 277 patients were treated by 2-5 WCMICS Health Services

The peaks and troughs reflected in this series of graphs, depict the significant changes made during the financial year, to the way WCMICS Health Services operate, and collaborate.

This graph represents the percentage of Total WCMICS Cancer Admissions provided by each of the WCMICS Health Services (marked A-G), year on year.

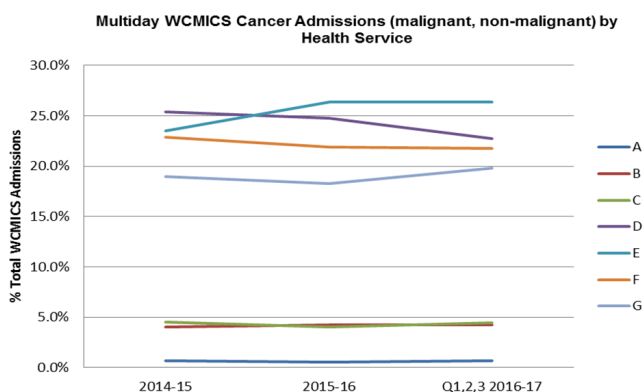
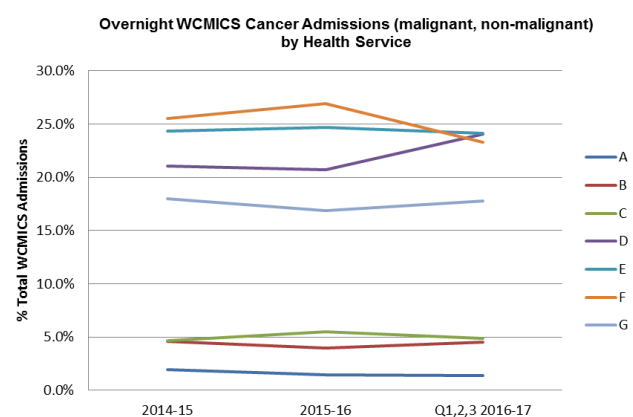
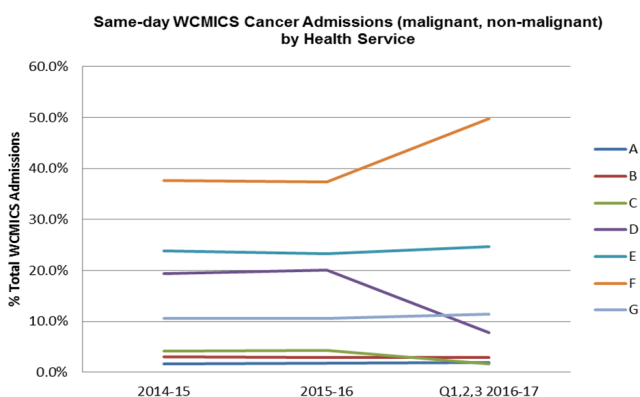
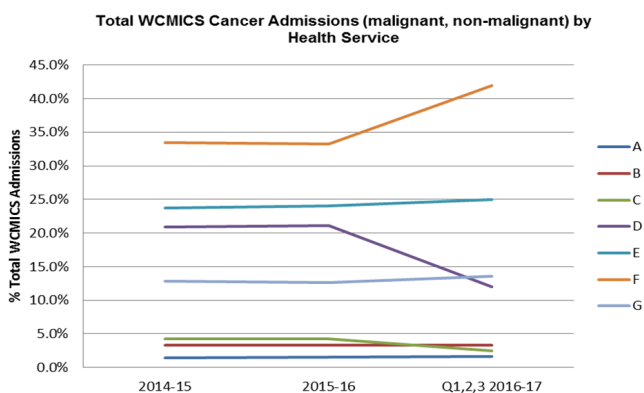
Same-day admissions are largely made up of chemotherapy, biopsies, and scopes; treatments requiring an admission to hospital, but generally not an overnight stay.

This graph depicts the percentage of Same-day WCMICS Cancer Admissions provided by each of the WCMICS Health Services (marked A-G), over the past 3 financial years.

The percentage of overnight WCMICS Cancer Admissions provided by each of the WCMICS Health Services (marked A-G), is shown in this graph - with notable changes in the opposite direction to the previous graph.

Multiday admissions, typically more complex in nature, have not experienced such a dramatic change in the past financial year for any particular health service.

This graph depicts the percentage of Multiday WCMICS Cancer Admissions provided by each of the WCMICS Health Services (marked A-G) over the past 3 financial years.



WCMICS Funding Program 2016-17

The WCMICS funding program provides health services with funding to support projects aimed at reducing variation of clinical practice and cancer care. The program encourages effective partnerships and collaboration between other health providers and consumers; to improve coordination, accessibility and quality of care provided to better support all patients affected by cancer.

WCMICS funded seven new projects in 2016/17 and prioritised incorporating the Optimal Care Pathways (OCP) and the OCP tumour streams of; Lung, Colorectal, Ovarian and Breast with project applications.

The program priorities provide health services with distinct focus for service improvement projects to address areas of the WCMICS Strategic Plan and also reference relevant areas of the National Safety and Quality Health Service (NSQHS) Standards. Further information on all WCMICS activities is available on our website www.wcmics.org

WCMICS Funded Projects 2016/17	Focus Tumour Streams
Development of a multidisciplinary survivorship clinic at St Vincent's Hospital Melbourne	Breast, Colorectal, Lung, GU, Upper GI
Identifying gaps in cancer care for Victorian prisoners	Colorectal, Lung
Improving Access to Cancer Care in the West: from Suspicion to Diagnosis	Breast, Lung
Improving the pathway from treatment planning to care	All
A multidisciplinary cancer prehabilitation and rehabilitation clinic for lung and colorectal patients	Colorectal, Lung
Development of an evidence based clinical care pathway for high risk women following risk reducing hysterectomy +/- bilateral salpingo-oophorectomy (RRBSO)	Breast, Colorectal, Gynaecology,
Integrating Primary Care Practitioners in multidisciplinary care	Breast, Lung

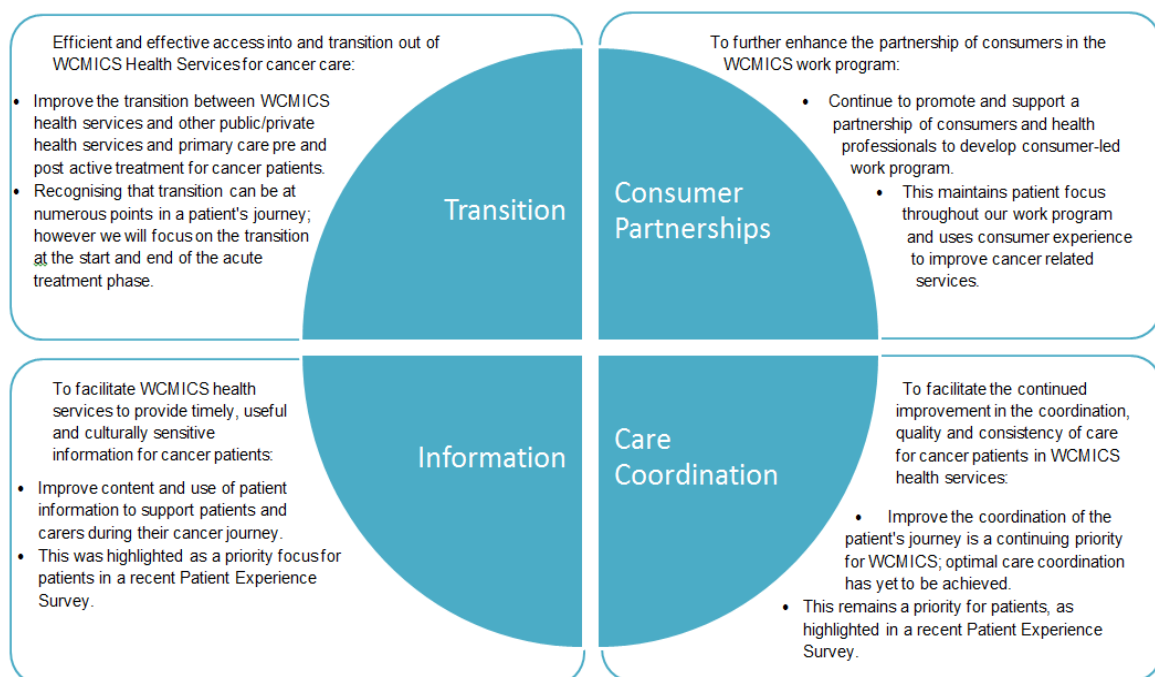
Strategic Priorities

WCMICS Strategic Direction

The WCMICS *Strategic Plan 2015-18* continued to be guided by the vision for cancer services in Victoria articulated in the *Victorian Cancer Action Plan (VCAP)*. However, the new *Victorian Cancer Plan 2016–20* was released in July 2016 and WCMICS will move into a new phase under this plan to better deliver improvements in cancer care.

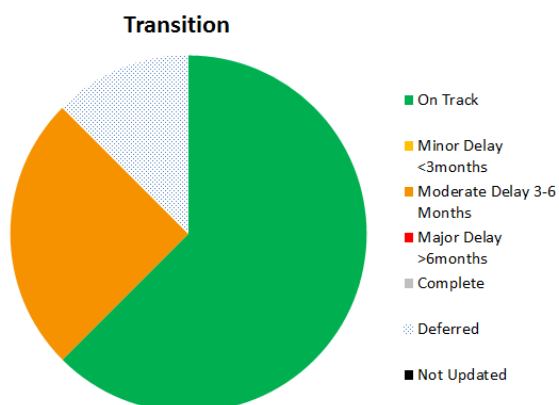
WCMICS Strategic Plan 2015-18 was developed using a consultative process and will guide the work of WCMICS until 2018. It sets out WCMICS' overarching goals and the measures required to demonstrate progress against them within a performance management framework. WCMICS has aligned the *WCMICS Strategic Plan 2015-18* with the new *Victorian Cancer Plan 2016–20* and its defined action areas 3 & 4 and the priorities set out within the plan. WCMICS developed new reporting templates and dashboard's for funded projects, WCMICS work program and WCMICS strategic plan, to improve WCMICS monitoring and reporting of achievements, to its governance groups.

In addition to supporting the ICS model, the Strategic Plan is a key enabler to the provision of consistent and integrated multidisciplinary cancer care and quality improvement of care delivery services across western and central Melbourne.



Achievement Against Strategic Priorities

Transition

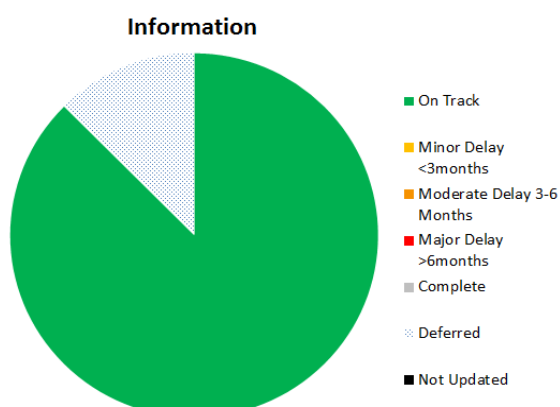


WCMICS is supporting a number of projects aimed at improving the efficient and effective access into, and transition out of WCMICS health services for cancer care.

Highlights include funding of the following projects: SVHM 'identification of gaps in cancer care for Victorian prisoners'; WH 'improving the pathway to cancer diagnosis and specialist review through the analysis of patients presenting to the emergency department (ED)' and MH's 'Optimizing Hospital in the Home for the management of planned neutropenia: post-autologous

SCT and consolidation AML chemotherapy' project which is a joint approach between the haematology and Hospital in the Home (HITH) departments, looking to substitute inpatient admissions with home based care.

Information

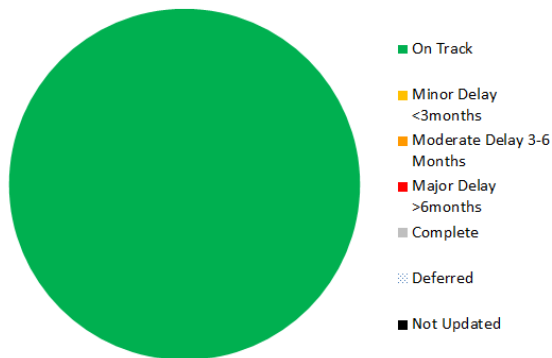


The Information strategic objectives for WCMICS remain on track. The highlights for the Strategic Objective of 'WCMICS data interrogation capability strengthened & health services supported with cancer specific data and information' included: promotion of online cancer specific information into Western Health's patient information centre. New processes developed by WCMICS incorporating Cancer Admission Number (CAN) and Tumour Stream Admission Number (TSAN) provided to the DHHS, to improve state wide understanding of patient movement between and within regional and metro health services.

The 'WCMICS partnership opportunities explored, re-invigorated and established for collaboration on projects spanning; primary, acute, palliative and supportive care' objective was progressed with the formal welcome of partner organisations; North West Melbourne Primary Health Network (NWMPHN) and Djerriwarrh Health Services.

Consumer Partnership

Consumer Partnership

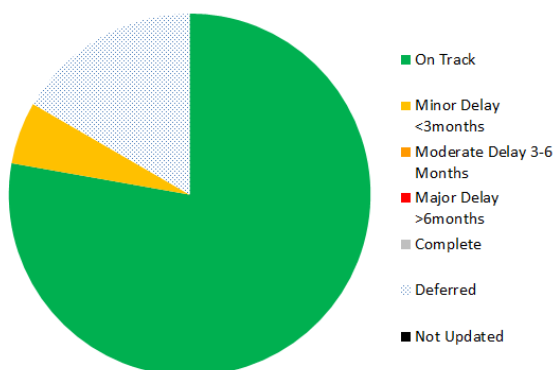


WCMICS Consumer Partnership activities remain on track towards achieving our Strategic Objectives of: *'Consumer partnership integrated into WCMICS work programs to improve patient experience'*. This has been supported through the commencement of the consumer partnership plan review and update; and the development of the *Suite of Individualised Patient Information (SIPI)* project, that supports patients by the provision of treatment information. We also continue to support the required inclusion of consumers on our funded projects teams.

The achievement of the *'Initiatives for improving patient experience and outcomes supported and delivered, through funded projects and collaboration with WCMICS partners'* objective is further evidenced through the completion of the Western Health Sexual Dysfunction (SD) clinic project, that developed a model of care for prostate and colorectal cancer patients experiencing SD.

Care Coordination

Care Coordination



The majority of the strategic objectives within the care coordination strategic priority remain on track. Those deferred or delayed are awaiting confirmation from the DHHS to commence work.

Highlights for the strategic objective *'Innovative models of care and projects supported, for facilitating self care, survivorship, shared care and social and cultural barriers affecting access to care'* include the establishment of new clinics across PMCC and SVHM. These pre-hab/re-hab and survivorship clinics provide

improved follow up pre and post patient treatments.

Optimal Care Pathway (OCP) implementation has also resulted in WCMICS developing and leading the state wide project in the patient information space. The SIPI project aims to assist patients, families or carers in receiving individualised treatment plans through a co-design approach.

A Year in Review

VICS Conference

The 3rd VICS Conference was held at the Melbourne Convention & Exhibition Centre on 11-12 May 2017. The conference brought together nearly 300 local, interstate and international delegates for two days of sharing, learning and networking opportunities within the theme of *Optimal care in cancer*. 31 oral sessions and posters were presented by staff from WCMICS hospitals, including two of the keynote speakers.

Sharing Event

The WCMICS 2017 Sharing Event “*Looking back, looking forward – 10 years of WCMICS*” took place on 22 February at the Melbourne Business School. The event was attended by over 60 people including WCMICS health service staff, consumers and staff from other ICS. As suggested by the title, the event was an opportunity to look back at some of the projects WCMICS has funded and collaborated on, and the sustained improvements they have achieved.

A wide variety of projects were covered by the 10 presenters, going back to the early years of WCMICS, right up to recently completed projects. Very positive feedback was received about the event and there were a number of suggestions for topics for future events.

A number of video contributions were also screened, including a message from Prof. Jeff Szer, WCMICS Director, who was attending a conference overseas at the time of the event.



Improving Follow-Up Care for Patients with Low-Risk Urological Cancers

The urology units at St Vincent’s Hospital and Goulburn Valley Health collaborated to introduce uro-oncology nurse-led clinics within these hospitals. This model of care involves identification of patients with stable, controlled prostate and kidney cancer who can be appropriately managed in general practice. Eligible patients had a comprehensive consultation with the urology clinical nurse consultant in order to facilitate development of an individualised follow-up care plan and discharge back to their GP for ongoing care. Impacts of this clinic have included improved throughput of the urology units, improved capacity of urologists to see more new/high risk patients in clinic and improved handover back to the GP for ongoing care. This, in turn, has improved patient access to holistic care and patient satisfaction in having physical and psychosocial factors addressed in the extended nurse consultation. The nurse-led clinic also enables partnerships with GPs to provide more accessible, ongoing care for patients.

Consumer Voice

“Through my own cancer experience I was able to bring a patient’s viewpoint to the project team. This was particularly valuable in developing the resources provided to patients as part of the pilot, such as the care plan templates, satisfaction surveys and patient letters. Also, through my professional experience I was able to provide the Pearcey Institute expertise in economic evaluation to the project, as well as my own expertise in ICT projects to the computerised care-plan pilot”

Ian Dennis; WCMICS Consumer Representative

WCMICS Project to Publication

Improving GP integration in Cancer supportive care in advanced disease

The 2014-15 WCMICS funded project; *'Improving GP integration in Cancer supportive care in advanced disease'* was recently published *'Palliative care in general practice: GP integration in caring for patients with advanced cancer'* in the Australian Family Physician, Vol. 46, No/1-2, Jan-Feb 2017. <https://www.ncbi.nlm.nih.gov/pubmed/28189134>

Patients with advanced cancer often desire home-based care, placing general practitioners (GPs) at the centre of complex clinical situations. The objective of this project was to determine GPs' needs when providing home-based palliative care in collaboration with existing palliative care services.

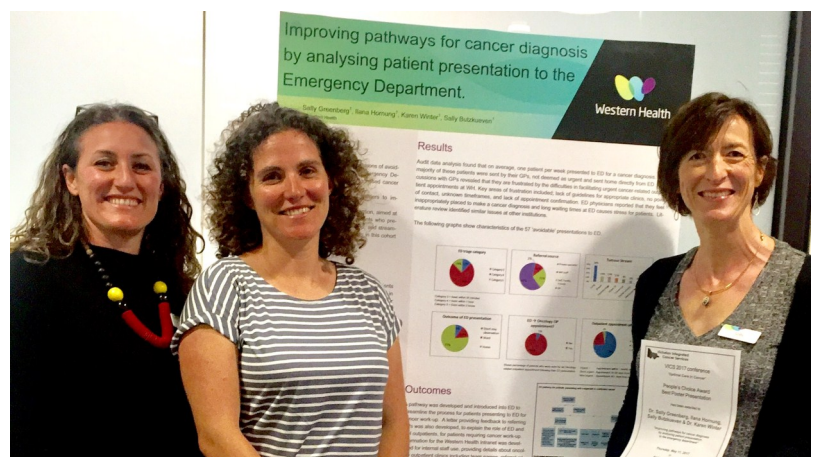
Congratulations to; A/Prof Brian Le, Director Palliative Care VCCC, Peter Eastman, Palliative care consultant, Melbourne Health and Barwon Health, Sita Vij, Oncology Project Coordinator, St Vincent's Hospital, Fiona McCormack, Community Partnerships Coordinator, Melbourne Health, Cuong Duong, Upper GI surgeon, Peter MacCallum Cancer Institute, and Jennifer Philip, Professor of Palliative Medicine, VCCC.

Improving the pathway to cancer diagnosis and specialist review by analysing patient presentation to the Emergency Department

The WCMICS funded project *"Improving the pathway to cancer diagnosis and specialist review by analysing patient presentation to the Emergency Department"* won the *People's Choice Award for Best Poster* at this year's VICS conference. Congratulations to the Western Health project team, Dr. Sally Greenberg (Medical Oncologist and Project Lead), Ilana Hornung (Cancer Service Manager), Sally Butzkueven (Senior Project Officer), and Dr. Karen Winter (Emergency Department Physician). The project also incorporated an advisory group who were integral to the success of the project.

The project found that on average one patient per week, presented to the emergency department (ED), rather than to an appropriate clinic for a new or suspected cancer diagnosis. Barriers and enablers to facilitating the pathway into specialist outpatient clinics for these patients were also identified.

This exemplary work developed a streamlined referral pathway from ED to specialist outpatient clinics including a letter to GPs, to provide feedback and information regarding patients with a suspected or new cancer diagnosis, where there are no immediate medical management concerns, and their care is more appropriately managed through the outpatient setting. These tools are transferable to other like organisations. This work also provided valuable information to assist with work currently in process to establish clear and consistent referral pathways and triage systems into cancer specific outpatient clinics from the point of GP referral, ensuring patients are seen in the right place and within acceptable timeframes.



Collaborations

Optimal Care Pathways (OCP)

The Nationally endorsed optimal care pathways for people with cancer were released early 2016 and set the scene for the next phase of cancer reform and the priorities of WCMICS. The care pathway is complex for patients undergoing diagnosis and treatment for cancer. Optimal care pathways (OCPs) map the care journey for 15 tumour types. For the most part the OCPs are based on current best practice, and include references to clinical guidelines, standards and research. The OCPs guide to assist in the delivery of optimum care. Each pathway maps the ideal cancer patient journey from early detection and diagnosis to survivorship or end-of-life care, to facilitate consistent and timely delivery of optimal treatment and supportive care for all cancer patients. Therefore, the intention of using these pathways is to reduce variation of practice through a state-wide consistent approach and improve both clinical outcomes and patient experience.

The Victorian Department of Health and Human Services is working in the sector with the ICS' and PHNs to implement OCPs for lung, and colorectal cancer. During 2018 the sector will be implementing OCPs for oesophageal and prostate cancer. In 2016-17 WCMICS committed resources and project management support to promote the adoption of the OCPs for Colorectal, Lung, Breast, and Ovarian cancer across all our constituent health services.

Key strategies driving OCP implementation:

- The projects selected for the 2016-17 WCMICS funding programme contributed to the adoption of the OCP's
- Gap analysis and baseline data provided the evidence base for the direction of focus
- Engagement with clinical stakeholders and consumers and identification of a champion from within each health service provided OCP advocacy
- Extension of reach through collaboration with the North Western Melbourne Primary Health Network who are also engaged at the state-wide level to promote OCP implementation to General Practice

“Improvements in outcomes for patients with cancer in Victoria have been influenced by the close partnerships between the DHHS and the Integrated Cancer Services. One key aspect of the improvement process has been the development of updated Optimal Care Pathways (OCPs) for two identified priority areas, namely lung and colorectal cancer. Early efforts to maximise the reach of these OCPs in the areas of influence of WCMICS resulted in major learnings with the result that our team now understands how best to implement this type of process improvement in ways that will truly affect patient outcomes positively.”

Prof Jeff Szer, WCMICS Director



LEAD - Lung cancer diagnostic and treatment pathways: A comparison between CALD and Anglo-Australian patients

This is a 30-month research project led by Professor Danielle Mazza, Monash University. This grant was awarded through the 2015 round of the Priority-driven Collaborative Cancer Research Scheme and is funded by Cancer Council Australia with the assistance of Cancer Australia.

Lung cancer is the leading cause of cancer mortality worldwide. In Australia lung cancer kills more people than breast, prostate and ovarian cancer combined. Culturally and linguistically diverse (CALD) patients are especially vulnerable with higher mortality rates than Anglo-Australian patients. Reasons for this are unclear as there is no Australian specific data examining the barriers existing along the lung cancer pathway from symptom appraisal to treatment in CALD populations.

This will be the first Australian study to provide comprehensive data on the diagnostic pathway for lung cancer in CALD and Anglo-Australian patients. This information is vital in understanding the difference in health outcomes between CALD and Anglo-Australian patients with lung cancer and will assist in designing future interventions that aim to improve early diagnosis and health outcomes among lung cancer patients. The WCMICS site coordinator is responsible for coordinating LEAD related activities at three of its health services, the Peter MacCallum Cancer Centre, the Royal Melbourne Hospital and Western Health.

Victorian Cancer Performance Monitoring Framework

The Victorian Cancer Performance Monitoring Framework is a joint initiative of the Victorian Integrated Cancer Services and the Department of Health and Human Services (Cancer Strategy and Development). The purpose of the project has been to develop a state-wide cancer performance monitoring framework. Phase 1 of the project saw the development of a conceptual schema and operational model including extensive indicator development process with an initial capability testing of a suite of state-wide cancer measures. Phase II has focused on piloting the use of cancer performance outcomes for quality improvement. Data from 2013 was collated against the initial suite of indicators identified through the indicator development process and disseminated to services and clinicians via the Integrated Cancer Services. This initial release of data is the first step to developing the systematic reporting, analysis and use of cancer data across Victoria. The project will soon be releasing updated results for 2014 and 2015.

Tumour Summits Program

This project being undertaken by the Victorian Integrated Cancer Services in conjunction with the Department of Health and Human Services (Cancer Strategy and Development) facilitates state-wide clinician led discussions around pathways of cancer care. Clinicians review data on treatment planning and delivery across Victorian health services and prioritise areas for improvement. Recommendations from both the Prostate and Oesophagogastric Summits held in 2016 are prioritised for implementation as part of the next tranche of Optimal Care Pathways work undertaken by the Integrated Cancer Services.

Consumer Partnerships

Partnering with Consumers

There is growing evidence about the importance of partnerships between health organisations, health professionals, patients, families, carers and consumers. Studies have demonstrated significant benefits from such partnerships in clinical quality and outcomes, the experience of care, and the business and operations of delivering care.

The purpose of these partnerships is to improve the outcomes, experiences and the delivery of cancer care by drawing on the knowledge, skills and experiences of people who are using, have used or may use the health service.

Partnering with consumers is a broad concept that covers a wide range of strategies and approaches. However inherently partnerships exist when consumers are treated with dignity and respect, when information is shared with them, and when participation and collaboration in healthcare processes are encouraged and supported to the extent that consumers choose.

WCMICS is seeking additional members to support succession planning and provide coverage for member absence. All members have a direct cancer experience, either of having had cancer themselves or as carers/family members of someone with cancer or both. Involvement can range from membership of ongoing WCMICS committees to one-off consultations for specific pieces of work.

If you know of anyone with experience of cancer, including carers, who might be interested in joining the WCMICS Consumer Partnerships Group please direct them to the WCMICS website for more information.

Consumer Voice

“ My whole journey was by myself, I didn't have a Carer. I did all the pre-tests alone and when my Breast Cancer was confirmed I got my family together and told them. A friend dropped me off on the morning of my surgery and then picked me up a couple of days later. All my medical appointments (blood tests, chemo, specialists) I did myself. So this will explain some of the answers that I have given below, because I needed to know as much as I could to get through the long road that was in front of me. 8 years later I have learnt so much, and I can proudly say that I am a Survivor. To be informed is to be empowered. ”

A breast cancer survivor

VCCC-WCMICS

Cancer Patient Experience Survey response



Our Committees and Groups

Governance Committee

Dr Sue Matthews, CEO, Chair

The Women's Hospital

Ms Lisa Dunlop

The Women's Hospital

A/Prof. Alex Cockram, CEO (May 2017)

Western Health

Mr Russel Harrison, Acting CEO

Western Health

Mr Damian Gibney

Western Health

Ms Susan O'Neill, CEO

St Vincent's Hospital Melbourne

Mr Martin Smith

St Vincent's Hospital Melbourne

Ms Dale Fisher, CEO

Peter MacCallum Cancer Centre

Ms Siegi Schmidmaier

Peter MacCallum Cancer Centre

Ms Fiona Gray

Werribee Mercy Hospital

Mr Adam Horsbrough, Acting CEO

Melbourne Health

Mr Andrew Freeman, CEO

Djerriwarrh Health Services

Ms Amanda Edwards

Djerriwarrh Health Services

Ms Elise Davies

North Western Melbourne PHN

Mr John Preston

Consumer

Prof. Michael Green

Chair CMAC

Clinical Management Advisory Committee

Prof. Michael Green, Chair

Western Health / Melbourne Health

Dr Cvetka Sedmak

The Women's Hospital

Ms Ilana Hornung

Western Health

Ms Maria Tucker

Peter MacCallum Cancer Centre

Ms Katherine Burton

Peter MacCallum Cancer Centre

Prof. Sandy Heriot

Peter MacCallum Cancer Centre

A/Prof Boon Chau

Peter MacCallum Cancer Centre

Mr Senthil Lingaratnam

Peter MacCallum Cancer Centre

Prof. Karin Thursky

Peter MacCallum Cancer Centre

Mr Phillip Antippa

Melbourne Health / Peter MacCallum Cancer Centre

Mr Anthony O'Donnell

Melbourne Health

Dr Alex Clinch

Melbourne Health

Dr Sue-Anne McLachlan

St Vincent's Hospital Melbourne

Dr Anthony Dowling

St Vincent's Hospital / Werribee Mercy

Ms Lesa Stewart

St Vincent's Hospital Melbourne

Ms Fran Gore

Werribee Mercy Hospital

Dr Debra Wilson

North Western Melbourne PHN

Financial Report

For the year ending 30 June 2017	2016/17
	\$
Income	
DHHS—Grant	1, 737,595
Other DHHS grants	206,625
Total brought forward from previous year	433,235
Income Total	2,377,455
Expenditure	
Salary and Wages	807,691
Directorate Operating Costs	33,400
Host Agency facilities	60,000
Rent	42,120
Strategic Plan Implementation	592,165
Statewide projects contribution	165,815
Hospital based staff*	191,253
Total Expenditure	1,857,468
Surplus	485,011
DHHS Statewide projects committed funds	90, 944
*administrative coordinators	

Future Directions

The *Victorian Cancer Plan 2016–20* was released in July 2016. This is the first of the four yearly plans required under the *Improving Cancer Outcomes Act 2014* and outlines the framework and basis for action in cancer care for the next four years. The plan establishes key areas for improvement in outcomes from prevention, early detection and treatment, with support and leading to recovery, underpinned by research. WCMICS is moving into a new phase under this plan to better deliver improvements in cancer care.

Next year will see the continuation of a number of key activities such as OCP adoption and implementation; annual funding program support as well as active participation in state-wide activities.

WCMICS priorities for 2017-18 include:

- Adoption and implementation of Prostate and Oesophagogastric (OG) Optimal Care Pathways (OCP) and building upon further collaboration opportunities with the North Western Melbourne Primary Health Network (NWMPHN)
- Leading an OCP bespoke multisite project that will take a co-design approach to patient information delivery. Specifically the provision of an individualised treatment plan
- Continuing to support health service based improvement activities through the WCMICS Funding Program, in addition to funding projects that address health services gaps in prostate and OG OCPs
- Funding program priorities for 2017/18 will also include a focus on; Outcomes and experience for Culturally and Linguistically Diverse (CALD) and vulnerable groups, as well as other tumour streams and innovative ideas
- Establishing a quality network that provides the opportunity to engage with health professionals in the region around a grass roots approach to local quality improvement activities in the cancer field
- Re-fresh of the Consumer Partnerships Work Program and an investment in a consumer recruitment strategy
- New reporting templates and dashboard for funded projects, WCMICS work program and WCMICS strategic plan, to improve WCMICS monitoring and reporting of achievements

WCMICS looks forward to working with our WCMICS region and state-wide colleagues to progress these priorities during up coming years.



Our Team

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Acronyms

ABS	Australian Bureau of Statistics
CCV	Cancer Council Victoria
CDU	Chemotherapy Day Unit
CMAC	Clinical Management Advisory Committee
DHHS	Department of Health & Human Services
DjHS	Djerriwarrh Health Services
E&E	Eye and Ear
EN	Enrolled Nurse
GP	General Practitioner
ICS	Integrated Cancer Service
LOS	Length of Stay
MDM	Multidisciplinary Meeting
MDT	Multidisciplinary Team
MH	Melbourne Health
OCP	Optimal Care Pathway
OG	Oesophagogastric
PCPs	Primary Care Practitioners
PHN	Primary Health Network
PMCC	Peter MacCallum Cancer Centre
RMH	Royal Melbourne Hospital
RWH	Royal Women's Hospital
SVHM	St Vincent's Hospital Melbourne
VAED	Victorian Admitted Episodes Dataset
VCR	Victorian Cancer Registry
VICS	Victorian Integrated Cancer Services
WCMICS	Western & Central Melbourne Integrated Cancer Service
WH	Western Health
WMH	Werribee Mercy Hospital



Further information about WCMICS please visit our website

www.wcmics.org

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