



wcmics

WESTERN & CENTRAL
MELBOURNE INTEGRATED
CANCER SERVICE

2015-16

Annual Report

Western & Central Melbourne Integrated Cancer Service

Annual Report
2015-2016

Acknowledgements

WCMICS would like to acknowledge the Victorian Department of Health & Human Services for their funding in 2015/16. WCMICS would also like to thank the health service staff and consumers who worked with us throughout the year.

The WCMICS team appreciates all of your contributions and looks forward to working with our colleagues (both in WCMICS and across Victoria) in the future.

Contents

Foreword	2
About Us	5
Western and Central Melbourne Region	7
Population Demographics	8
Performance Indicators	9
Strategic Priorities	10
ICS - Celebrating 10 Years	12
Funding Program 2015-16	18
Optimal Care Pathways	19
Consumer Partnerships	20
Committees & Groups	22
Financial Report	24
Future Directions	25
Our Team	26

Foreword

On behalf of the Western & Central Melbourne Integrated Cancer Service (WCMICS) we are pleased to present the 2015 -2016 Annual Report.

This year marked the 10th anniversary of the establishment of WCMICS (and the Victorian Integrated Cancer Services in general). Along with continuing to deliver against our Strategic Plan, both through our Annual Funding Program and other directorate activities, we took the time to reflect on what WCMICS has achieved to date. Pages 12 to 17 showcase these achievements.

Sharing, collaboration and building on key relationships continued to be a major theme of our work in 2015-16. Highlights of the year included the continued hosting of the Chemotherapy Day Unit community of practice and initiation of several joint projects involving Hume RICS such as the establishment of a Data Service Cooperative shared resource; piloting of a nurse-led clinic to facilitate the transition of low risk urological cancer patients from hospital to community

care; and the development of an online education program for oncology nurses involved in the care of young people with cancer.

We continued to build on our key relationships with closer working between WCMICS and the Victorian Comprehensive Cancer Centre (VCCC). Major outputs of this relationship included the repeat of the Cancer Patient Experience Survey and completion of the Lung Cancer Audit within the WCMICS health services and Austin Health.

Active participation in the statewide ICS Work Program was another major component of our work this year. Along with participating in several statewide tumour summits, additional resources were dedicated to furthering the statewide performance management agenda and implementing Optimal Care Pathways (OCPs), now a national initiative. Related to this work, WCMICS and Hume RICS are co-hosting a project management resource to establish an agreed set of standards for Multidisciplinary Meetings (MDM) which will be used to support system

CELEBRATING
10
Years

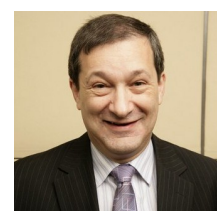
wide MDM performance benchmarking, monitoring and quality improvement.

This year we also administered another successful Annual Funding Program, with funds awarded to ten projects, many of which involved multiple health services and the broader health community and consumer representatives.

We would like to thank all those involved in our work, including the WCMICS directorate team, members of the governance and clinical management advisory committees, partner health services and our consumer representatives. Thank you for taking the time to look through our Annual Report. We look forward to working with you again in 2017.



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.

Currently, WCMICS works through six constituent public health services:

- Melbourne Health
- Peter MacCallum Cancer Centre
- Royal Women's Hospital
- St Vincent's Health Melbourne
- Werribee Mercy Hospital
- Western Health

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

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.

About Us

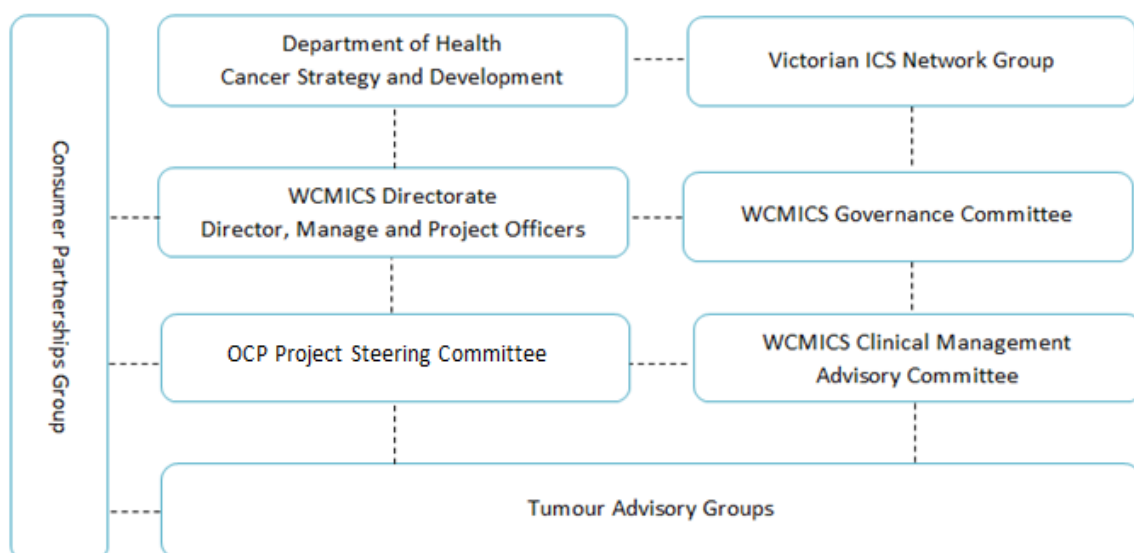
WCMICS Structure

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 following diagram outlines the governance structure within WCMICS.

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 to be 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 and deliver the *WCMICS Strategic Plan 2015-18*.

The Optimal Care Pathways (OCP) Steering Committee was established in June 2016 to oversee the implementation of OCPs within WCMICS. The committee is comprised of members from the WCMICS Governance Committee, CMAC and the Melbourne Primary Care Network.



Western and Central Melbourne Region

Our Cancer Services

WCMICS primarily works through its six constituent public hospitals and health services:

- Melbourne Health (MH; Royal Melbourne Hospital (RMH))
- Peter MacCallum Cancer Centre (PMCC)
- Royal Women's Hospital (RWH)
- St Vincent's Health Melbourne (SVHM)
- Werribee Mercy Hospital (WMH)
- Western Health (WH)

We are also working towards a broader involvement of other health services within central and western Melbourne, including:

- General Practitioner services
- Community-based health and palliative care services
- Community, patient and carer, consumer and support groups

These entities provide a comprehensive range of cancer services covering the full continuum of patient care, from prevention through screening and early diagnosis to treatment, rehabilitation and supportive services.

Our Population

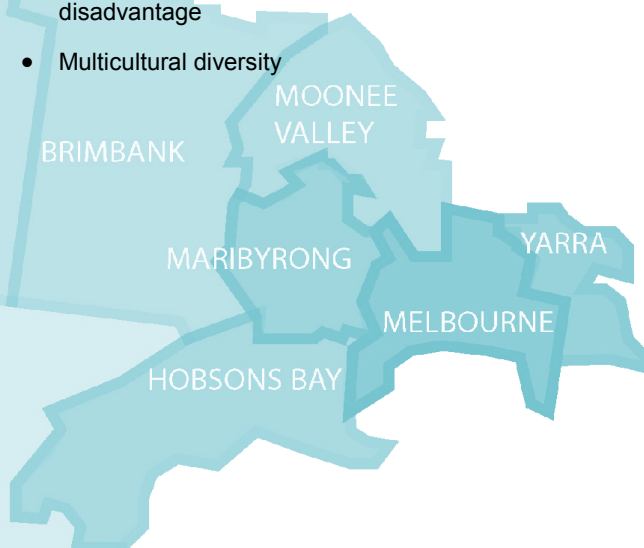
WCMICS extends from central Melbourne to Werribee, covering the inner municipalities of Melbourne and Yarra, the middle municipalities of Brimbank, Maribyrnong, Moonee Valley and Hobson's Bay and the outer north-

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



Population demographics

Victorian statistics

Cancer is the leading cause of disease burden in Victoria

In 2014 **30,585** Victorians were diagnosed with cancer; **10,744** died from cancer; that's **1** in every **3**

Mortality rates were significantly higher for Aboriginal than for non-Aboriginal, both men and women

Source: Victorian Cancer Registry (VCR), 2015

WCMICS statistics

WCMICS total population is **1,056 021** or 17.79% of Victoria's total population

Source: Australian Bureau of Statics (ABS), 3218.0 - Regional Population Growth, Australia, 2014-15 [Released 30/03/2016]

Of that



50.3%

- average age **35.2** years old



49.7%

- **36.6%** speak a language other than English

- Over **1/3** of all WCMICS residents were born outside Australia

Source: ABS, 2011 Census

WCMICS population has a growth rate of **28% in the last 10 years**
compared to the rest of Victoria's growth of 15% over the last 10 years

Source: ABS, 3218.0 - Regional Population Growth, Australia, 2014-15 [Released 30/03/2016]

WCMICS has the **3 fastest growing LGAs in all of Victoria** and 3 within the top 10 Australia wide

WCMICS prevalent cancers by incidence

total **all cancer** incidence per year is **5,241** (averaged over the last 5 years)



Breast
13.5%



Prostate
13.3%



Bowel
12%



Lung
9.7%

14 people living in WCMICS are diagnosed every day



Source: VCR

Cancer Mortality Rate per 100,000 people for WCMICS residents the last 5 years, for All Cancers is within state average range Source: VCR, 2015

The number of **Non-WCMICS residents treated in WCMICS** health services in 2015-16 was 6,866 Source: VAED

Cancer Services Performance Indicators

The cancer service performance indicators described below have been established to measure and monitor progress with the implementation of Victorian Government policy in the areas of multidisciplinary care, supportive care and coordination of care.

Indicator 1: Documented evidence of multidisciplinary team recommendations

WCMICS is achieving the target when compared to the rest of the Victoria.

Indicator 2: Documented evidence of disease staging in the multidisciplinary team recommendations

WCMICS has a similar profile when compared to the rest of the Victoria.

Indicator 3: Documented evidence of communication of initial treatment plan to GP

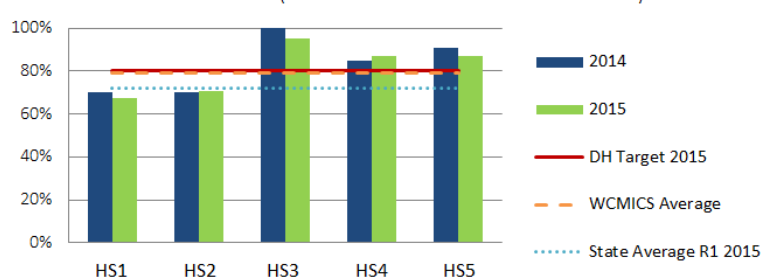
WCMICS compliance is above average when compared to the rest of Victoria.

Indicator 4: Documented evidence of supportive care screening

WCMICS compliance below average when compared to the rest of the Victoria.

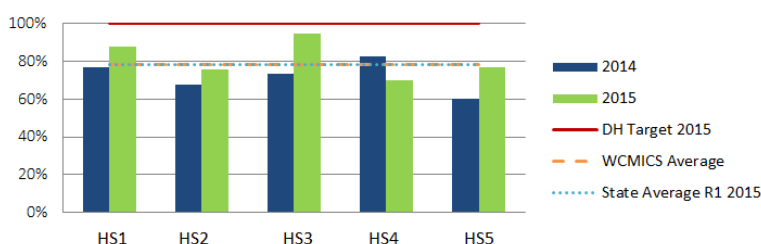
Indicator 1: Documented evidence of MDT recommendations

All tumour streams (WCMICS Health Services combined R1&2 2015)



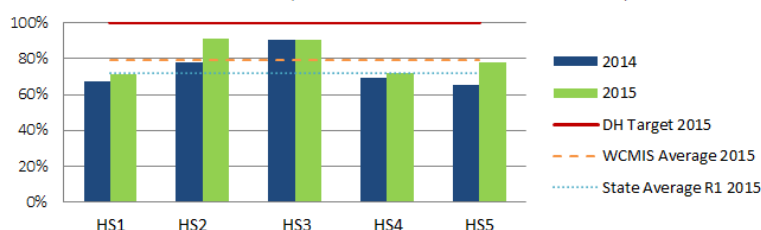
Indicator 2: Documented evidence of disease staging in the multidisciplinary team recommendations

All tumour streams (WCMICS Health Services combined R1&2 2015)



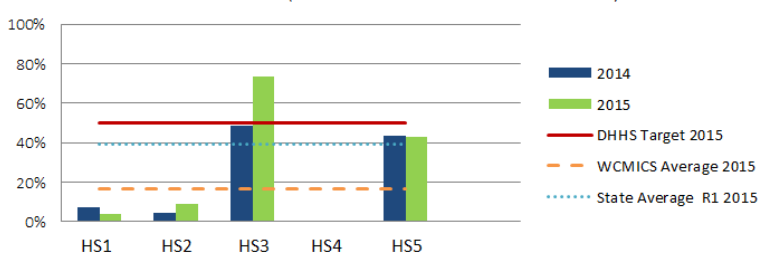
Indicator 3: Documented evidence of communication of initial treatment plan to GP

All tumour streams (WCMICS Health Services combined R1&2 2015)



Indicator 4: Documented evidence of supportive care screening

All tumour streams (WCMICS Health Services combined R1&2 2015)



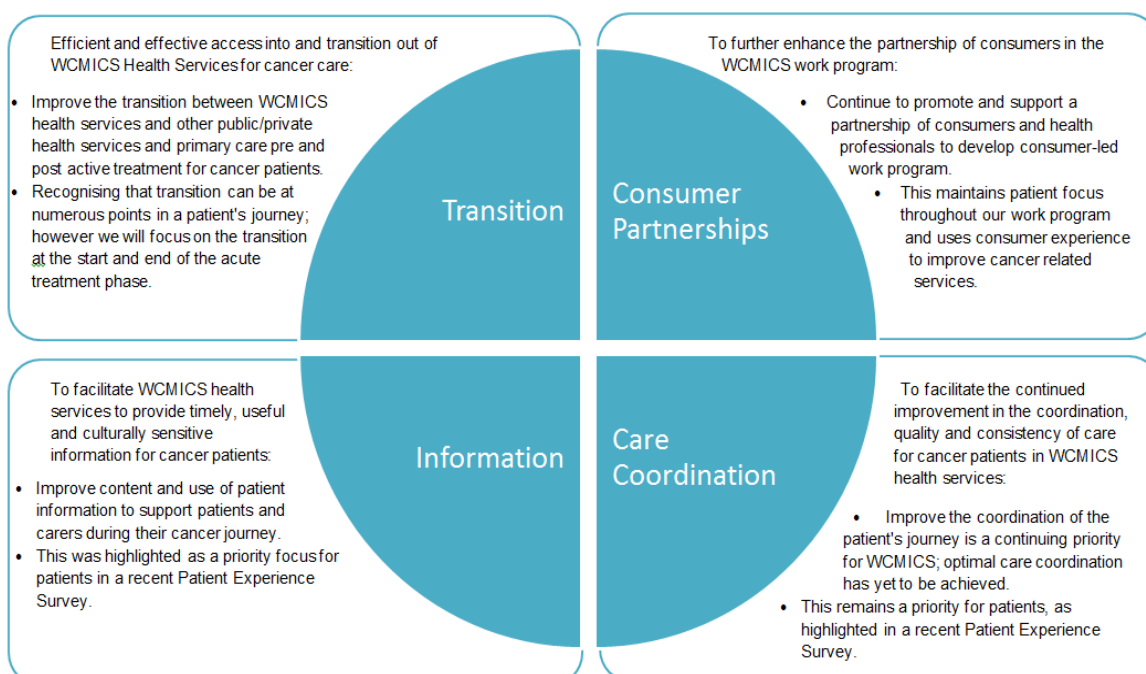
Strategic Priorities

WCMICS Strategic Direction

In 2015-18 WCMICS 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.

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.



CELEBRATING 10 Years

Reflections from Jenny Byrne, Manager of WCMICS

I've had the pleasure of being WCMICS Manager having seen WCMICS evolve from its infancy to the more sophisticated network it is today.

WCMICS mission has been to improve patient care and outcomes by focusing on delivering the right treatment and support to patients throughout their cancer journey. We achieve this through collaboration and engagement with our partner health services, their clinicians and senior executives.

From a personal perspective, I believe we have come a long way to accomplishing this goal. As the following pages will highlight, we have enabled clinicians and health services to develop and implement new models of care, clinical guidelines and established networks across tumour streams, craft groups and treatment modalities involving a myriad of clinicians; and consumers who have been welcomed by our health professionals.

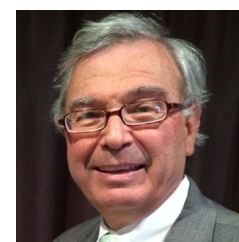
It is a pleasure to work with such enthusiastic and committed individuals and I am delighted that WCMICS has been able to support and encourage innovative and sustainable change both locally and across the state. WCMICS will continue to build on strong relationships with our partner health services and clinicians and the wider Victorian cancer services community, and continuing to support the delivery of best cancer care. The publication of the new Victorian Cancer Plan, will shape WCMICS future work.



Reflections from Professor Michael Green, Chair CMAC

This has been a year of change for WCMICS and especially CMAC with the opening of the Victorian Comprehensive Cancer Centre (VCCC). There have been significant realignments of workforce with the closure of medical oncology at Melbourne Health and the transfer of staff to Peter Mac. Similarly the close alignment of haematology services between Peter Mac and Melbourne Health will require some time to bed down the changes.

In the coming year, CMAC will need to adjust with the nomination of new members as well as encouraging greater participation from existing members St Vincent's, Western Health, the Women's and Werribee. These changes will have an impact on service delivery and implementation of processes as staff in both Melbourne Health and Peter Mac become accustomed to new geography, new work colleagues and even new patients. The collaborative nature of the VCCC will involve the non-Parkville partners. This provides a potentially expanded role for CMAC in assisting WCMICS as it changes to reflect not only VCCC initiatives but also policies promulgated by the DHHS as well as its Governance Committee.



10 years of Achievements and Highlights

Looking back, the early years

Collaborative partnerships

WCMICS established a platform for clinicians to network, engage in broader cancer related activities, table joint work and inform future work plans and priorities. Initially 10 tumour streams were established, however there are less now.

Alongside the start-up of Tumour Groups it was recognised that there was need for an expert clinical reference group to advise the WCMICS directorate regarding implementation of DHHS cancer policy initiatives and the strategic plan; as such the Clinical Management Advisory Committee (CMAC) and Supportive Care Advisory Group were formed.

WCMICS (ongoing) commitment to involving consumers in all WCMICS activities to ensure patient centred approach, was established early. Initial stages of the strategy included the development of a Consumer registry (which continues today). Participation of consumers in tumour groups, project steering meetings, Governance committee, our Funding Program, and project evaluations.

WCMICS established the first Supportive Care Conference in 2008. The success of this conference generated sufficient interest across the state to initiate Victorian ICS Supportive Care conference the following year.

Strengthening MDM program – collaborative opportunity to improve process across tumour streams.

Integration of care within and across WCMICS health services, and tumour groups

WCMICS supported the development of MDMs in tumour streams (from 22 to currently 52 MDMs); funded the purchase and upgrade of equipment and IT to facilitate meetings; developed meetings resources and processes to facilitate improved communication and accordingly care coordination. Additionally WCMICS supported the dissemination of MBS billing methodology developed locally to the other ICS.

Mapping of cancer patient journey through the development of tumour stream specific pathways, with the aim to provide an accurate picture of the actual patient trajectory; a clear understanding of their needs and identification of service provision gaps in order to reduce variation and ultimately a recommended pathway for high quality coordinated patient care. This enabled prioritisation of tumour group work programs.

Data and information availability to health services and front line clinicians

WCMICS acknowledged the need for data to drive improvement and developed an Information strategy, and employed information manager/s to support this.

WCMICS Information Strategy was then in a position to provide clinicians and health services readily accessible views of data regarding cancer service activity; data reporting, ad hoc clinician requests,

analytical and modelling services to a number of health services in support of service analysis and planning activities. An example was the assistance provided to WH and SVHM that informed specific cancer service planning within their health services. In response to having a better understanding of their cancer workload, WH formed a Cancer Services directorate.

Integral to the strategy was the development of MDM software as a solution for SVHM, RWH and WH; with some tumour group take up at PMCC and RMH.

Supporting the tumour groups and MDM program, WCMICS implemented teleconferencing through a capital project linking WCMICS hospitals.

Care coordination

WCMICS developed a Supportive Care strategy with associated targeted health service project funding. Activities included audit and mapping of service provision to identify gaps to inform work plan and activities for improvement, such as patient pathway development for the supportive care needs of people with cancer and education of health professionals. This resulted in a number of WCMICS funded projects, including Bereavement support; literature review and audit to aid in the development of a bereavement service at RMH; development and implementation of an integrated metro/regional psychosocial supportive care strategy for RMH BMT transplant patients. Of note, commencement of the Cancer Specific End of Life Care Pathway Project in 2010.

Front line clinical service improvement

Initial funding was also provided to health services to develop their model of care for care coordinators; which resulted in sustainable models funded by individual health services in some tumour streams.

Commencement of the WCMICS Funding Program (a successful project funding program model that continues) – unique model that is clinician/health service led and drives service improvement and/or innovation. The program actively involves consumer participation at all stages of the projects; from project selection, development to implementation. WCMICS provide high level project and data support with the primary emphasis of developing local clinician project management and quality improvement capacity.

Furthermore the primary mechanism for these and the following achievements is our funding program of locally initiated project work in the health services.



10 years of Achievements and Highlights

Moving forward, consolidating our work

Using data and information to plan services and drive improvement

WCMICS continues to provide specialised analytical and reporting services for projects, service planning and ad-hoc requests. WCMICS worked with WH and SVHM to provide cancer specific data to support strategic planning and cancer service redesign through the development of service specific reports detailing patterns of patient flow, admission types etc.

Supporting and educating project teams regarding data collection, measures and evaluation methodology and well as ongoing support for local projects, with set up of project databases to assist with the collection of data; as evidenced by support provided to the GP Communication Project and the PRRAC (Palliative Radiotherapy Rapid Assessment Clinic) project.

WCMICS developed the CDU Flow manager database as part of the (now) state-wide Chemotherapy Day Unit (CDU) redesign project. It is a fully customised database, which supports the automation of useful CDU performance management reports. This database has been instrumental to the success of the CDU redesign and now has international and interstate users.

WCMICS, the Victorian Comprehensive Cancer Centre and Victorian Cancer Registry worked together to test new data linkage methods, and develop appropriate methodology to support joint service improvement initiatives, which will be used by VCR in collaborations with other ICS going forward.

Regional and VCCC links and collaboration

WCMICS led in the Linking Care project to improve the quality and timeliness of communication between cancer nurse coordinators from metro health services to regional cancer liaison nurse between SVHM and HumeRICS.

Through improvements in communication processes between health services and GP's, improved coordination of patient care was achieved. SVHM and WH partnered with a regional hospital to improve the communications between cancer specialists and GPs to ensure relevant, up-to-date and chemotherapy specific information is available.

WCMICS is proactively seeking on-going opportunities to link with community service providers and primary care (Primary Health Networks) to ensure timely coordination of patient care.

Additionally, there have been a number of joint appointments between WCMICS and other regional ICS to further support state wide collaboration; for example the appointment of a Data Service Cooperative Officer who works across WCMICS, Hume RICS and VCCC.

WCMICS has partnered with VCCC to deliver a number of cancer related collaborative activities, such as the Patient Experience Survey and the Lung Cancer Audit.

Translation, development and implementation of novel and established models of care

Funding was provided to pilot the Palliative Radiotherapy Rapid Assessment Clinic (PRRAC) model that allows timely and efficient palliative radiotherapy to patients with symptoms of advanced cancer. The PRRAC service now continues to operate for all cancer patients.

Building on work originally piloted in NEMICS; the ABC pathway implemented a best practice pathway for patients with Advanced Breast Cancer and acknowledged a gap in service provision for the management of advanced breast cancer (ABC) patients. Collaborative project partners WH, RWH, RMH developed a best practice model of care that included multidisciplinary meeting discussion of all ABC patients, ABC patients were seen by a breast care nurse and there were improved communications with patient's GP to ensure coordination of care.

WCMICS funding was provided to introduce the Enhanced Recovery After Surgery program (a UK model) implementation in gastrointestinal surgical oncology patient cohort at PMCC. This showed a decreased length of stay, cost savings and the subsequent funding of a perioperative liaison nurse.

Locally initiated innovation

WCMICS funded the Early Integration of Palliative Care in Oncology (EIPCO) patients with incurable lung cancer project which resulted in a palliative care medical specialist being embedded in lung OPD clinics as part of the multidisciplinary teams across RMH, PMCC and SVHM; with this now being an ongoing practice.

The SMART (Symptom Management Assessment and Referral Team) clinic was established through WCMICS project funding. This is a multidisciplinary palliative care pathway for patients with cancer who require symptom control and benefitting from community palliative care support. The clinic has provided a successful model that continues to expand from WH and is welcomed by health professionals and patients in the hospital and community settings. This model has extended into the Radiotherapy service at Sunshine hospital.

The WCMICS funded chemotherapy nutrition support project, ensured reduced levels of malnutrition in patients attending CDU. This work has now formed part of a state-wide malnutrition strategy. The project implemented a new model including the introduction of a nutrition assistant, risk screening and assessment tool, multidisciplinary engagement and a fortified food model, which continued after the project with no additional funding required.



10 years of Achievements and Highlights

Moving forward, consolidating our work

Enhancement of workforce models

The establishment of a nurse led clinic for breast cancer patients across WH, RMH and RWH based on a study aimed at addressing the unmet supportive care needs of a cohort of breast cancer survivors 5 years post completion of treatment.

Supported the establishment of an enrolled nurse (EN) workforce in CDU at WH. Upon review of their staffing profile, identified an opportunity to incorporate an EN into the skill mix. The position, now well embedded is now recurrently funded by the health service. This model has been shared with other interested CDUs.

Pathway and guideline development

Low risk neutropenia/sepsis pathway development within WCMICS health services, with the aim of standardised management of sepsis. The pathway uses evidence based early recognition and consistent clinical management to ensure optimal patient outcomes for patients. The pathway has since been published as National guidelines, and is now planned for state-wide implementation and roll out.

Developing the published Monoclonal Antibodies (MAB) Guidelines (Implementation package for Australian consensus guidelines for the safe handling and administration of monoclonal antibodies for cancer treatment by healthcare personnel) .

Development and implementation of patient pathways which started in 2008 and included the Head & Neck Cancer Patient Pathway; Colorectal, Breast and Lung Pathways now sees it's next iteration in the form of Optimal Care Pathways (OCPs). Please refer to page 19 for further details.

WCMICS also funded support for the development and publishing of Gastrostomy Consensus Statement (COSA wiki guidelines).

Shared care opportunities

WCMICS funded project aimed at improving GP integration in cancer supportive care in advanced disease; a joint project across SVHM, PMCC and RMH.

Service redesign and state wide development

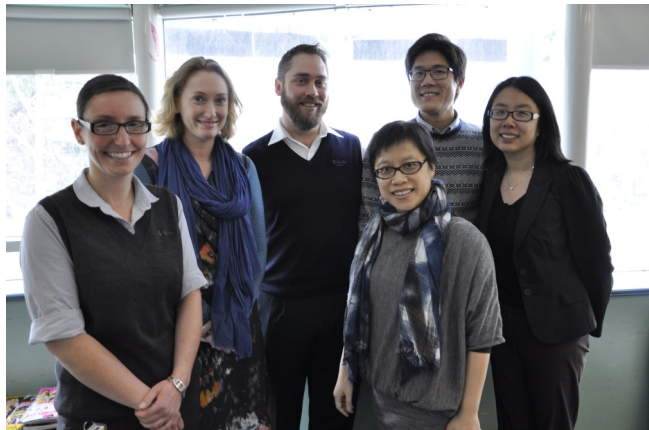
Following two successful WCMICS funded CDU redesign projects; DHHS invited expressions of interest from Victorian public health services for funded participation in local CDU redesign following the methodology adopted in the WCMICS projects. The statewide project is led by DHHS and PMCC; however WCMICS established and continues to host CDU Redesign Community of Practice; to facilitate shared learning and exchange ideas amongst participating health services from across the state.

10 years of Achievements and Highlights

Survivorship models

DHHS Survivorship project was a joint collaborative between RWH, RMH and WH that resulted in a Breast cancer follow up clinic and shared care model for breast cancer survivors.

WCMICS project funding of the RWH low risk endometrial clinic; development, implementation and evaluation a holistic cross health sector model of survivorship for women with low risk endometrial cancer, targeting both newly diagnosed women and those already in the hospital system. The clinic which demonstrated better identification of health care needs, improved health care management plans, better educated and empowered patients, improved communication with GPs, led to the creation of hospital specialist clinic capacity, improved referral processes and continued high acceptability and satisfaction rates for women and GPs. This methodology is now being adopted within SVHM's Urology tumour stream.



WCMICS Funding Program 2015-16

The WCMICS Funding Program supports Tumour Group and hospital service improvement projects aligned to the objectives of the *WCMICS Strategic Plan 2015-18*, Victorian cancer plan and other pertinent WCMICS strategies. **Ten** projects were funded in 2015/16.

WCMICS provided **two funding streams** 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.

One stream (**Targeted Implementation**) will be aimed at the spread of successful projects that are at publication stage (or have reported demonstrated change); whilst the second stream (**Innovation**) will be for innovative start-up projects.

Further information on all WCMICS activities is available on our website www.wcmics.org

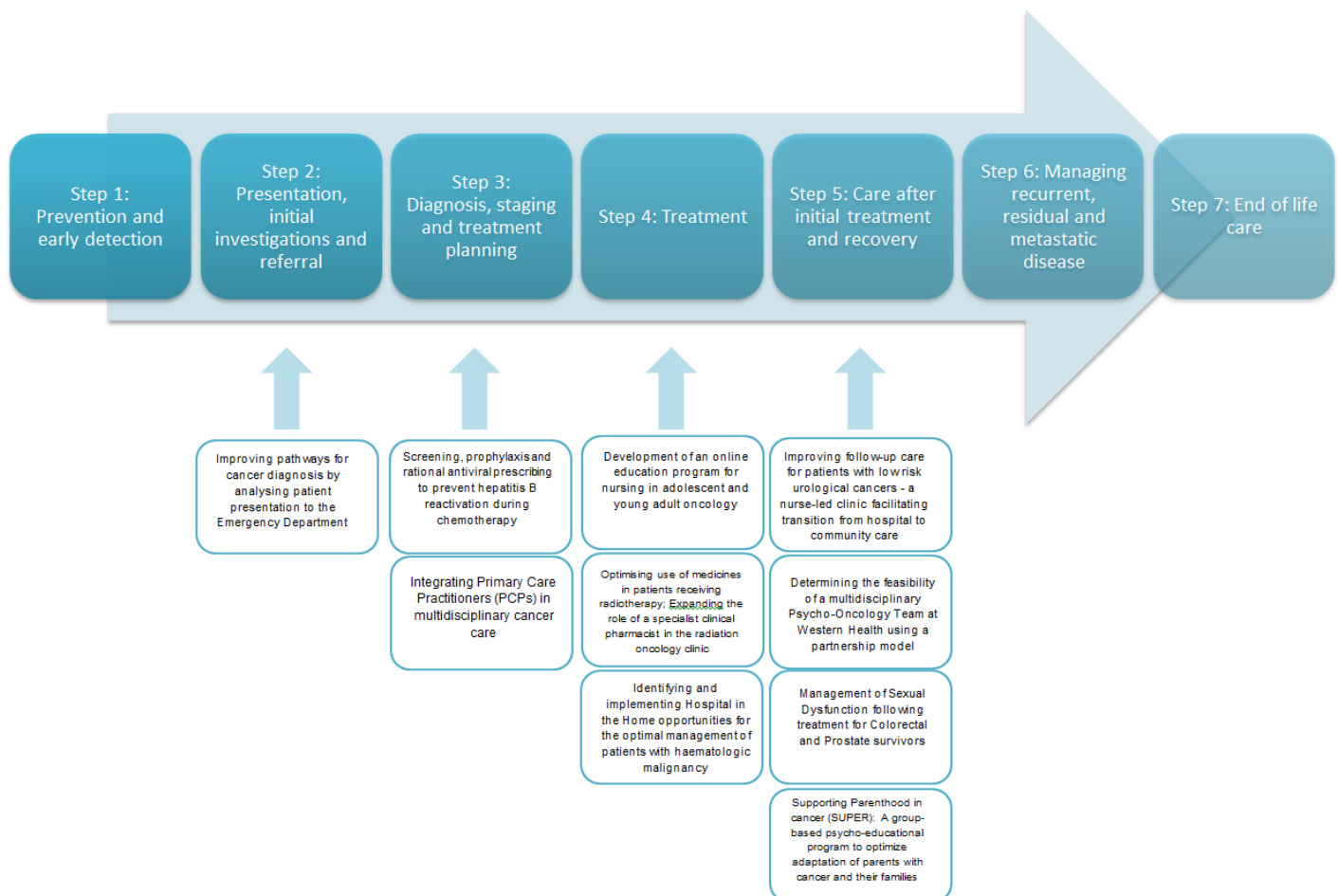
WCMICS Funded Projects 2015/16	Category
Development of an online education program for nursing in adolescent and young adult oncology	Targeted
Optimising use of medicines in patients receiving radiotherapy; Expanding the role of a specialist clinical pharmacist in the radiation oncology clinic	Innovation
Screening, prophylaxis and rational antiviral prescribing to prevent hepatitis B reactivation during chemotherapy	Innovation
Improving follow-up care for patients with low risk urological cancers - a nurse-led clinic facilitating transition from hospital to community care	Targeted
Determining the feasibility of a multidisciplinary Psycho-Oncology Team at Western Health using a partnership model	Targeted
Integrating Primary Care Practitioners (PCPs) in multidisciplinary cancer care	Targeted
Management of Sexual Dysfunction following treatment for Colorectal and Prostate survivors	Innovation
Identifying and implementing Hospital in the Home opportunities for the optimal management of patients with haematologic malignancy	Innovation
Supporting Parenthood in cancer (SUPER): A group-based psycho-educational program to optimize adaptation of parents with cancer and their	Innovation
Improving pathways for cancer diagnosis by analysing patient presentation to the Emergency Department	Targeted

Key Projects and the Optimal Care Pathways

The Optimal Care Pathways (OCPs) map the ideal cancer patient journey for specific tumour types to facilitate consistent and timely delivery of optimal treatment and supportive care for all cancer patients. These pathways act as a reminder that the patient is the constant in this journey and that the health system has a responsibility to deliver the care experience in an appropriate and coordinated manner.

The OCPs are intended to provide clinicians and health administrators with an agreed consistent nation-wide approach to care across each of the tumour streams. The OCPs are based on current best practice including clinical guidelines, consensus statements, standards and research that exist to support optimal care at the critical points.

WCMICS is committed to promoting the adoption of the OCPs across all of their constituent health services. Initial rollout is Colorectal, Lung and Breast cancer, whilst assisting on the state wide Ovarian cancer OCP project. WCMICS will work closely with constituent health services, Primary Health Networks and consumers to facilitate and promote opportunities for service delivery improvements.



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 has sought additional members this year, 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.

WCMICS Funding Program

In 2015-2016 consumers continued to participate in the WCMICS Funding Program process. Consumers provided input at both the early stage and late stage of our funding process, with applicants receiving consumer feedback in addition to formal evaluation advice.

Consumers are asked for their input after the Expressions of Interest (EOI) had been shortlisted by the evaluation panel of health service staff (including a consumer). The EOIs are distributed amongst our WCMICS consumers, along with a template which ask specific questions about each section of the application. Consumers then provide



their feedback at a face-to-face session where they can share their thoughts with other members of the group and WCMICS directorate staff are available to collect the feedback and provide any clarification as required.

Consumer comments are collated and fed back directly to applicants to consider when completing their full applications.

The consumer perspective is represented on the final evaluation panel by a consumer member of the WCMICS Governance Committee, who ensures the consumer views are included in the panel's considerations.

Consumer Voice

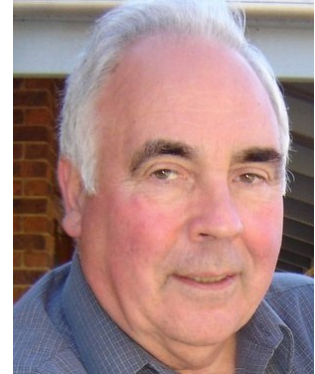
“ I am a cancer survivor,

and the greatest shock in my life was when I was given the news that I had a diagnosis of Prostate Cancer.

I wanted to do more to help improve the experience for cancer survivors and eight years ago I joined WCMICS Governance Committee as Consumer Representative. This has given me the opportunity to input to and comment on a variety of items and to be involved, as a consumer, into decisions on items chosen to be funded each year. The items to be funded I discuss with a number of consumers and provide this input to the Governance Committee.

The world is changing and there are many discoveries occurring which will make life better for cancer sufferers. The hospitals are changing their processes to improve the delivery of service and the role of consumers must change to provide feedback so they can be “tuned” for best results ”

John Preston, Member of WCMICS Governance Committee



John has been an active consumer representative with WCMICS for over eight years. He has brought a wealth of considered, thought-provoking insights into how we and our partner health services provide better cancer care through engagement and involvement of consumers.

Through his connection with WCMICS John has also gone on to work on statewide projects including the development of the *Optimal Care Pathways* with Cancer Council Victoria and regional projects such as the *Community Engagement in the West Network*.

Our Committees and Groups

Governance Committee

Dr Sue Matthews, CEO, Chair

The Women's Hospital

A/Prof. Alex Cockram, CEO

Western Health

Mr Damian Gibney

Western Health

Ms Susan O'Neill, CEO

St Vincent's Hospital Melbourne

Mr Andrew Crettenden

St Vincent's Hospital Melbourne

Ms Siegi Schmidmaier

Peter MacCallum Cancer Centre

Ms Meredith Swaby

Werribee Mercy Hospital

Dr Jack Bergman

Werribee Mercy Hospital

Ms Dale Fisher, CEO

Peter MacCallum Cancer Centre

Ms Lisa Dunlop

Royal Women's Hospital

Prof. Jim Bishop

VCCC

Prof. Daryl Williams, Deputy CEO

Melbourne Health

Mr John Preston

Consumer

Prof. Michael Green

Chair CMAC

Clinical Management Advisory Committee

Prof. Michael Green, Chair

Western Health / Melbourne Health

Ms Cvetka Sedmak

The Women's Hospital

Mr Tim Chiu

Western Health

Mr Senthil Lingaratnam

Peter MacCallum Cancer Centre

A/Prof. Boon Chua

Peter MacCallum Cancer Centre

Prof. Sandy Heriot

Peter MacCallum Cancer Centre

Mr Phillip Antippa

Melbourne Health / Peter MacCallum Cancer Centre

Prof. Karin Thursky

Peter MacCallum Cancer Centre

Mr Anthony O'Donnell

Melbourne Health

Dr Alex Clinch

Melbourne Health

Dr Anthony Dowling

St Vincent's Hospital / Werribee Mercy Hospital

Ms Lesa Stewart

St Vincent's Hospital Melbourne

Ms Fran Gore

Werribee Mercy Hospital

Tumour Groups

Breast

Ms Meron Pitcher (Chair)

Western Health

Haematology

A/Prof. Simon Harrison (Chair)

Peter MacCallum Cancer Centre

Lung

Dr Dish Herath (Chair)

Western Health/Melbourne Health



Financial Report

For the year ending 30 June 2016	2015/16
	\$
Income	
DHHS—Grant	1,791,944
DHHS Statewide projects host ICS	223,583
DHHS Statewide Priorities	185,455
Brought forward from previous year	115,520
Income Total	2,316,502
Expenditure	
Salary and Wages	636,453
Directorate Operating Costs	12,892
Host Agency facilities	55,000
Rent	51,667
Strategic Plan Implementation	960,312
DHHS Statewide projects host ICS	25,800
Statewide projects	26,240
Hospital based staff*	142,080
Total Expenditure	1,910,443
Surplus	406,059
WCMICS Committed Funds	200,068
DHHS Statewide projects committed funds	70,428
DHHS Surplus	135,566
*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 will move to a new phase under this plan to better deliver improvements in cancer care.

2016/17 will see the continuation of a number of key activities.

Objectives for 2016/17 include:

- Adoption of OCP; Lung, Colorectal, Breast and Ovarian
- Expanding links and collaborations within and outside of WCMICS via joint initiatives
- Continuing to support health service based improvement activities through the WCMICS Funding Program
- Strengthening our working relationships with the VCCC
- Building upon opportunities with the PHN
- Continuing the WCMICS Consumer Partnerships Work Program

WCMICS looks forward to working with our WCMICS region and state-wide colleagues to progress these objectives.



Our Team

Jeff Szer

Director
jeff.szer@wcmics.org



Kath Quade

Quality & Performance
Manager
kathy.quade@wcmics.org



Jenny Byrne

Manager
jenny.byrne@wcmics.org



Michael Barton

Project Officer
michael.barton@wcmics.org



Alexandra Doherty

Cancer Services
Improvement Manager
alexandra.doherty@wcmics.org



Eldene Ross

OCP Project Manager
eldene.ross@wcmics.org



Belinda Zambello

Information Manager
belinda.zambello@wcmics.org
(maternity leave 2016)



Zara Homes

VICS MDM Improvement &
Innovation Project Manager
zara.homes@wcmics.org



Akram Mustafa

Information Manager
akram.mustafa@wcmics.org



Vida Bhatt

Data Service Cooperative Officer
vida.bhatt@wcmics.org



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
EN	Enrolled Nurse
GP	General Practitioner
ICS	Integrated Cancer Service
LOS	Length of Stay
MDM	Multidisciplinary Meeting
MDT	Multidisciplinary Team
MH	Melbourne Health
NEMICS	North Eastern Melbourne ICS
OCP	Optimal Care Pathway
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
VCCC	Victorian Comprehensive Cancer Centre
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

The WCMICS team can be contacted on:
(03) 8344 9146

Western & Central Melbourne Integrated Cancer Service is supported by the Victorian Government

