



collaborate · facilitate · innovate

Acknowledgements

WCMICS would like to acknowledge the Victorian Department of Health & Human Services for their continued support and funding in the 2017-18 financial year.

We would also like to thank the staff from our partner health services and consumers whose contributions had been valuable and critical to our work throughout the year.

The WCMICS team looks forward to more collaborations in the coming year.

Contents

- 5 | Chair's Message
- 6 | Director's Notes

ABOUT WCMICS

- 10 | Vision
- 10 | Mission
- 12 | Our Team
- 13 | Our Governance
- 13 | Our Health Service Partners
- 14 | Our Region
- 15 | Understanding Cancer In The WCMICS Region

A YEAR IN REVIEW

- 18 | Optimal Care Pathways (OCPs)
- 20 | Suite of Individualised Patient Information Tools (SIPI)
- 22 | Metropolitan/Regional Engagement:
a collaborative pilot project
- 24 | Parkville Precinct Aboriginal and Torres Strait
Islander Health Directorate: Scoping Project
- 26 | Consumer Partnerships
- 28 | Lung cancer diagnostic and treatment pathways:
A comparison between Culturally and Linguistically
Diverse and Anglo-Australian patients (LEAD)
- 30 | Victorian Cancer Patient Experience
Survey coordination
- 32 | Funding Program Project Highlights
- 36 | WCMICS Funding Program 2017-18
- 37 | Financial Report

FUTURE DIRECTION

- 40 | A Word From Our Manager
- 42 | A Reflection On The People In Our Region:
Socio-Economic Status And Cancer Outcomes
- 44 | Priorities for 2018-19
- 48 | Committees

“Patients are the driving force behind our work and will continue to be our guide for the future.”

Chair's Message

On behalf of the members of the Western & Central Melbourne Integrated Cancer Service (WCMICS), I am pleased to present our Annual Report for 2017-18. This report provides an overview of the work undertaken by WCMICS over the past 12 months.

WCMICS is proud to work with a wide range of dedicated individuals and organisations. From the Department of Health and Human Services (DHHS) through to our constituent health services, consumers and statewide Integrated Cancer Services (ICS) colleagues, there remains a strong commitment and focus on providing the best standard of care for people affected by cancer.

In 2017-18, WCMICS continued to work hand in hand with not only our partner health services, but also other ICS, universities, cancer support groups and peak bodies to deliver solutions that put patients at the centre of everything we do.

As we look to the year ahead, the role of WCMICS and its partners in delivering improvements in cancer care continues to grow and expand to support people affected by cancer.

I would like to thank everyone for their contributions during the past year and on behalf of WCMICS, I look forward to a successful year of working together in 2018-19.

Professor Christine Kilpatrick
WCMICS Chair



Director's Notes

This report provides an overview of the work undertaken by WCMICS in collaboration with our health services and other stakeholders over the past 12 months. Key highlights of the year included:

- Successful piloting of SIPI (Suite of Individualised Patient Information Tools) leading to state wide implementation plans for 2018-19 (page 20)
- Scoping of a Parkville Precinct Aboriginal and Torres Strait Islander Health Directorate (page 24)
- Continuation of Optimal Care Pathway implementation (page 18)
- Continued investment in quality improvement projects via our Annual Funding Program (page 32)
- Initiation of a Metropolitan /Regional Engagement collaborative pilot project (page 22)
- Involvement in the large scale LEAD project (page 28)

In addition, WCMICS continued to focus on building strong working relationships with other members of the Integrated Cancer Services to help deliver improvements in cancer care. 2017-18 also brought WCMICS into a closer working relationship with DHHS (Cancer Strategy & Development) around the possible reconfiguration of the Integrated Cancer Services as part of the 2016-2020 Victorian Cancer Action Plan.

**“Together,
we can deliver
best care to
patients.”**



The year was also one of local leadership change, with the retirement of our long-serving WCMICS Manager, Jenny Byrne and WCMICS Clinical Management Advisory Committee Chair, Professor Michael Green. It was a pleasure to work with you both for over a decade. Other local changes included in-house resource growth within the WCMICS Directorate, enabling more hands-on administration of surveys (such as the Supportive Care Point Prevalence Survey and Victorian Cancer Experience Survey) on behalf of our member health services.

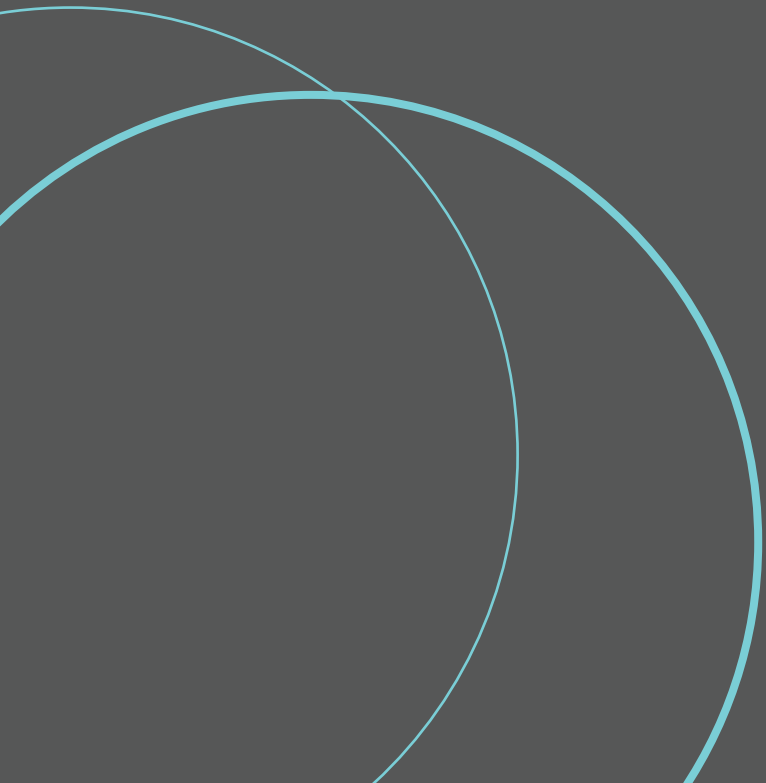
I would like to thank all those involved in our work, including the WCMICS Directorate team, members of the governance and clinical management advisory committees, partner health services, clinicians and our consumers.

Thank you for taking the time to look through our Annual Report. I look forward to working with you again in 2018-19.

Professor Jeff Szer
WCMICS Director

**Collaborate.
Facilitate.
Innovate.**

ABOUT WCMICS



Vision

Best cancer patient care and outcomes for all.

Mission

To be an enabler for sustainable best practice models of care that improve patient experience and the effectiveness of cancer care and monitor systems now and for future generations. We aim to achieve them by:

Collaboration

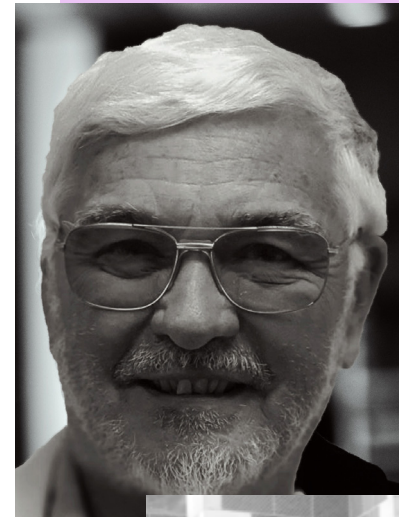
Working hand in hand with cancer care providers and people affected by cancer

Facilitation

Providing opportunities and assistance for cancer related initiatives

Innovation

Creating and implementing effective processes and dynamic solutions



Ian Dennis - Cancer Survivor,
WCMICS consumer representative



Jane McGlashan - Cancer Survivor, WCMICS consumer representative
with her daughter Olivia

Our Team



Kathy Quade
Manager



Alexandra Doherty
Cancer Service
Improvement Manager



Michael Barton
Quality & Performance
Manager



Christine Quek
Project Lead



Dilu Rupassara
Project Lead
(Optimal Care Pathways)



Sylvia Yeo
Communications &
Engagement Lead



Ani Goswami
Data & Information
Lead



Mayuri Ghatpande
Project Officer
(Optimal Care Pathways)



Sachi Bajaj
Project Support Officer
(Optimal Care Pathways)



Trish Calder
Project Manager
(Metropolitan/Regional
Engagement)



Chris Caudle
Project Manager
(Metropolitan/Regional
Engagement)

Our Governance

WCMICS aligns its work program to the general direction and leadership of the WCMICS Governance Committee, in conjunction to the clinical advice from the Clinical Management Advisory Committee (CMAC).

WCMICS Governance Committee

The WCMICS Governance Committee reviews and assesses the work program identified in the WCMICS Strategic Plan 2015-18 that closely aligns with the Victorian Cancer Clinical Network direction.

Clinical Management Advisory Committee (CMAC)

The CMAC provides expert clinical advice to support the WCMICS directorate and WCMICS Governance Committee and the WCMICS Strategic Plan 2015 -18.

Our Health Service Partners

To achieve our goals, we work hand in hand with eight health services across Western and Central Melbourne. This is in line with the DHHS aims and objectives to reduce variation in cancer care, as well as to improve quality of care and patient outcomes.

Peter MacCallum Cancer Centre

Royal Women's Hospital

Melbourne Health

Western Health

St Vincent's Hospital Melbourne

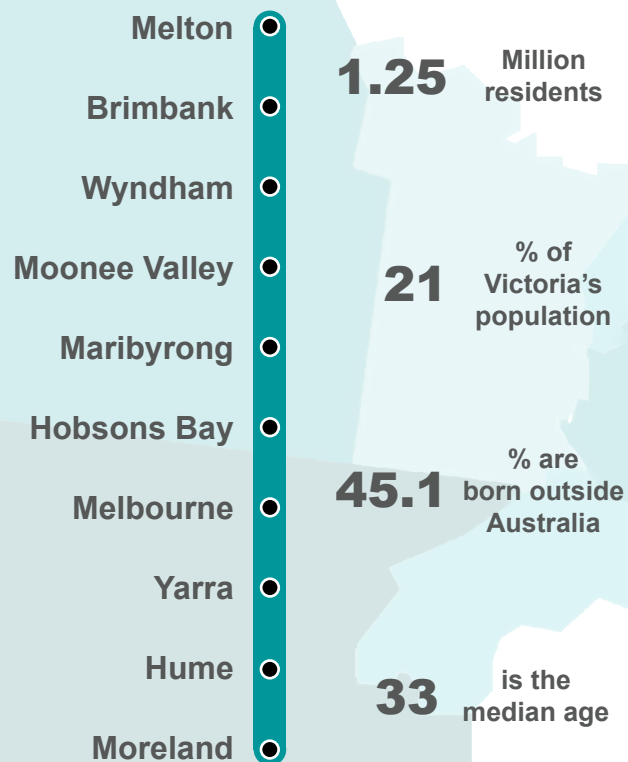
Djerriwarrh Health Services

Werribee Mercy Hospital

Royal Victorian Eye & Ear Hospital

Our Region

WCMICS is one of the nine Integrated Cancer Services that are part of the Victorian Cancer Clinical Network funded by the Department of Health and Human Services. We aim to achieve our goals by promoting coordinated service planning, system integration and driving quality and improvement of cancer services in the ten Local Government Areas across the Western & Central Melbourne region.



Source: Australian Bureau of Statistics (ABS), 2016

Understanding Cancer In The WCMICS Health Services

65.7%
of the newly diagnosed patients are over age 59

10,713
newly diagnosed cancer patients in FY 2017-18

66
is the median age of newly diagnosed cancer patients

Top 3 newly diagnosed cancers for females

- Breast
- Gynaecological
- Haematological



Top 3 newly diagnosed cancers for males

- Genitourinary
- Lung
- Haematological

81% of the malignant cancer patients are born in Australia

Greek, Italian and Vietnamese are the top 3 languages spoken other than English

29.65% of Victoria's malignant cancer admissions are in WCMICS' health services

Source: Victorian Admitted Episode Dataset (VAED), 2017-18; Victorian Cancer Registry (VCR), 2017-18

32 people are diagnosed in our hospitals with cancer every day.

- VCR, 2017

Icon used are designed by Freepik

A YEAR IN REVIEW



Optimal Care Pathways (OCPs)

Optimal Care Pathways (OCPs) map the cancer patient journey for 15 tumour types, aiming to foster an understanding of the whole cancer trajectory from prevention through to end of life care and to promote the delivery of quality care and improve patient experiences. The resources identify specific steps, or critical points along the care pathway and the recommended care at each point.

The primary purpose of OCPs is to improve patient outcomes by facilitating consistent cancer care based on a standardised pathway of care.

The Integrated Cancer Services (ICS) worked to implement the OCPs for lung and colorectal in 2017 and oesophagogastric and prostate cancer in 2018.

WCMICS employed a targeted gap analysis across its constituent health services to identify areas for improvement. We also engaged with pertinent stakeholders to design solutions relevant to the respective health services.

Consumer and clinician feedback was essential in designing improvement projects across the WCMICS health services for prostate cancer. As such, WCMICS partnered with several local Prostate Cancer Foundation Association (PCFA) groups seeking feedback on their cancer experiences.

In the year ahead we plan to implement co-designed solutions so that patients have the opportunity to take a more direct and ongoing role in identifying, implementing, and evaluating improvements to healthcare services. This approach to health service improvement is a step towards enabling patient-centred services.

Optimal Care Pathways

2018 -19
Pancreatic
Head & Neck

2017-18
Prostate
Oesophagogastric

2016 -17
Lung
Colorectal



Photo: Dilu Rupassara, Mayuri Ghatpande
WCMICS OCP project team

Suite of Individualised Patient Information Tools (SIPI)

The Suite of Individualised Patient Information (SIPI) tools was a project that came out of Optimal Care Pathways implementation work for lung and colorectal cancer. The SIPI project is a suite of information tools that improve clinician communication with cancer patients and empower patients to better communicate and engage with their health professionals.

The project aimed to improve:

- timely communication between health professionals and patients
- engagement of patients in their cancer treatment and care
- patient understanding of treatment plan
- patient satisfaction with the information given by clinicians

The project brought together clinicians and consumers and worked collaboratively to develop the content of the lung and colorectal tools. The suite consists of :

- Individualised patient treatment plan
- Cancer Council Victoria “What to expect” patient information sheet
- List of potential questions for patients to ask clinicians about their care and related issues (Question Prompt List – QPL)

It was developed and implemented by three Integrated Cancer Services and their respective Health Services partners:

- WCMICS with Peter MacCallum Cancer Centre and Royal Melbourne Hospital
- Southern Melbourne Integrated Cancer Service (SMICS) with Monash Health and Peninsula Health
- Hume Regional Integrated Cancer Service (Hume RICS) with Albury Wodonga Health

The planned statewide adoption of SIPI across other tumour streams will ensure a more consistent and standardised approach in patient information provision in our health services.

One of the key principles of the OCPs is **patient-centred care**; healthcare that is respectful of, and responsive to, the preferences, **needs and values of patients** and people affected by cancer.

Co-design

The SIPI project used the co-design methodology of actively involving consumers and users of products and services in the design process; an essential step to identify the most significant information a patient wishes to receive about their diagnosis and treatment plan from their clinician.

The four local co-design workshops ran by WCMICS, SMICS and HRICS were held with their clinicians and consumers during November 2017. The feedback process was iterative until agreement was reached on the content and format.

The final SIPI tool is the result of the key recommendations from the local and statewide co-design workshops and endorsed by the Steering Committee, which included clinicians and consumers from all 3 ICS, alongside ICS managers and DHHS staff.

Photo: Alison Beauchamp (Deakin University),
Jane McGlashan & Ian Dennis
(WCMICS consumers)
SIPI co-design workshop

Metropolitan/Regional Engagement: a collaborative pilot project

There is a significant gap between outcomes and experiences of care for cancer patients in rural, regional and remote areas versus metropolitan areas despite efforts by health services and the government. Recent data shows the five-year survival rate for patients in regional Victoria sits at 65 per cent compared to 69 per cent in metropolitan areas (Cancer Council Victoria, 2017).

Loddon Mallee Integrated Cancer Service (LMICS) and WCMICS worked in collaboration and piloted the project to bolster the links between our constituent regional and metropolitan cancer care service providers.

“It’s clear from the initial work that the Metropolitan/Regional engagement project is addressing a gap in cancer care for regional residents.”

- Ilana Solo, Program Manager LMICS



Stage 1 achievements:

- Fostered a wide and strong stakeholder engagement.
- Identified top 3 tumour streams with greatest volume transferring between LMICS and WCMICS health service partners.
- Developed 3 sub-project plans following gap analysis.

The project managers were key in fostering and improving partnerships and networks between the regional cancer centres and metropolitan health services.

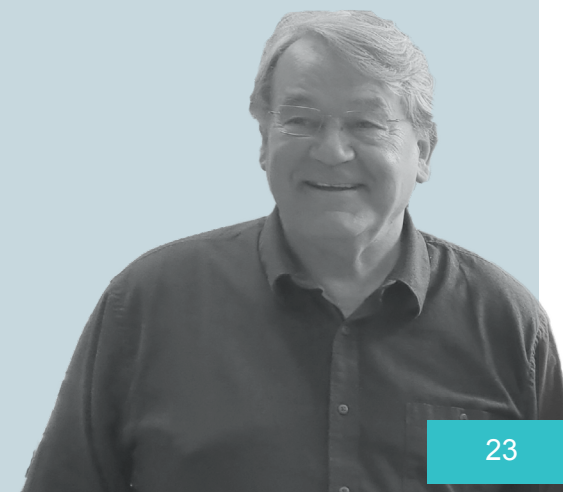
“The personal stories of regional patients who transfer between WCMICS and LMICS services for treatment has highlighted many issues and heightened our awareness of the project’s importance.”

- Trish Calder, Project Manager



“It has been a privilege to engage with WCMICS and LMICS health services and clinicians during the first phase of the project. Their expertise and dedication has been an inspiration.”

- Chris Caudle, Project Manager



Parkville Precinct Aboriginal and Torres Strait Islander Health Directorate: Scoping Project

A culturally inclusive, responsive and respectful health service has the potential to achieve improved (cancer) health outcomes for Aboriginal consumers and their families. Building strong and meaningful relationships between Aboriginal people and the Parkville Precinct Health Partners is integral to the success of it.

The Parkville Precinct Health Partners; Peter MacCallum Cancer Centre, the Royal Melbourne Hospital and The Women's have identified a common goal of establishing the

Parkville Precinct Aboriginal Health Directorate and are committed to the development of a collaborative operating service model for Aboriginal and/or Torres Strait Islander people that:

- Supports the provision of culturally safe, accessible, quality care
- Is responsive to their (cancer) healthcare needs
- Will improve the health and wellbeing of patients and their families

WCMICS partnered with the Parkville Precinct health services and facilitated the initial scoping activities in this space and identified two consistent themes:

- Indigenous patient identification on admission/presentation to hospital
- Cultural safety with healthcare providers

It was identified that improved access to the Aboriginal community would need to be established prior to creating a collaborative culturally safe non-clinical environment. It will then provide equitable access to mainstream health care services, including emotional, social and cultural support to Indigenous patients and their families who use the hospitals.

**“culturally safe services
and a culturally
competent workforce...
are core requirements
for improving cancer
outcomes”**

- Cancer Australia, 2015
(National Aboriginal and Torres Strait
Islander Cancer Framework)

Considerations of the right of Aboriginal Self-Determination and responsibility lies with the Aboriginal Community Control in the provision of public health care services. Therefore collaboration between the Parkville Precinct Health Partners with Aboriginal Community Controlled Health Services would ensure that a comprehensive Aboriginal public health care with holistic approach and flexible models of care.

The background paper from the scoping project has received a positive reception from relevant executives across the three Parkville Precinct Health Partners. We look forward to seeing the growth and continuation resulting from this scoping project in the years to come.



Photo:
From left - Louise Lyons, Georgia Dickinson from the Victorian
Aboriginal Community Controlled Health Organisation, Kathy
Quade (WCMICS), Christine Quek(WCMICS)

Consumer Partnerships

Consumers are at the centre of what WCMICS does as we continue to partner with them at a range of levels within our work. An increasing trend in our work with consumers this year was consulting with groups of consumers wherever possible. The group dynamic provides richness to the consumer feedback as people tend to feel more at ease in the company of their peers and themes naturally come out in the conversations.

WCMICS Funding Program

Consumers were once again involved in assessing applications for the WCMICS Funding Program, providing invaluable feedback to applicants that could be then built in to their project plans. The funded projects each have consumer representation on their steering groups, with the majority of them sourcing their own consumers as well as members from the WCMICS Consumer Partnerships Group.

WCMICS representation at state and national level

WCMICS consumers have also had their say at a state and national level.

John Preston has continued his membership of the steering committees for the Victorian Cancer Performance Monitoring Framework project and for the development of the Optimal Care Pathways.

Jan Whyte was a member of the statewide Cancer Supportive Care Point Prevalence Survey Expert Reference Group, while Ian Dennis provided the consumer perspective at the first Community of Practice for tranche 2 of the ICS OCP program, with an insightful presentation about his experience of being treated for prostate cancer.

Co-design solution

Group sessions with consumers were also utilised during the Suite of Individualised Patient Information project (SIPI - see page 20 and 21 for details). This project used co-design methodology where the WCMICS, SMICS and HRICS teams hosted workshops that brought together consumers and clinical staff to discuss patients' information requirements and how they could be satisfied within clinical systems and processes.

The SIPI project also had three consumers on the steering committee, which is a standard WCMICS is working towards for all projects going forward.

In the coming year, we are looking forward to more collaboration with consumers to create more robust and patient-centred solutions.



Photo: Les Mather - Cancer Survivor,
WCMICS Consumer Representative

Lung cancer diagnostic and treatment pathways: A comparison between Culturally and Linguistically Diverse and Anglo-Australian patients (LEAD)

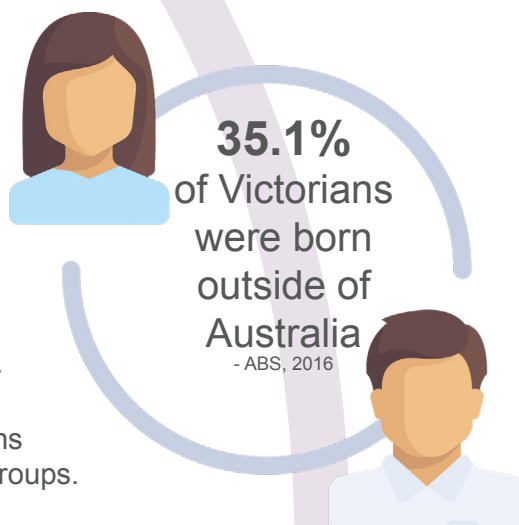
Lung cancer is the leading cause of cancer mortality worldwide. In Australia, lung cancer kills more people than breast, prostate and ovarian cancer combined. Culturally and Linguistically Diverse (CALD) patients are especially vulnerable with higher mortality rates than Anglo-Australian patients.

There is currently a lack of understanding and studies into Australian specific data examining the barriers along the lung cancer pathway from symptom appraisal to treatment in CALD populations.

LEAD aims to address this gap by comparing the diagnostic and treatment pathways between Anglo-Australian and CALD lung cancer patients and by exploring the reasons for differences between these two groups.

The study will help improve understanding of the effect of ethnicity on health outcomes among lung cancer patients and inform future interventions aimed at early diagnosis and treatment for lung cancer particularly patients from CALD backgrounds.

The study is built upon previous cohort studies undertaken in the UK and rural Australia, as well as evidence based guidelines encouraging early diagnosis of lung cancer developed by members of the research team.



On average, **6** people are diagnosed with lung cancer every day in Victoria.

- VAED, 17-18

The LEAD project is endorsed by the Primary Care Collaborative Clinical Trials Group (PC4) and will be the first Australian study to compare the time intervals along the lung cancer diagnostic pathway between Culturally and Linguistically Diverse (CALD) and Anglo-Australian patients.

WCMICS facilitated this project through prospective, observational cohort study using a mixed-method approach to gather and interpret quantitative and qualitative data.

It is conducted in five sites across three states in Australia involving three Integrated Cancer Services, one public hospital in Sydney and one public hospital in Brisbane. Data collected from these health services provide coverage for the metropolitan regions and include significant numbers of lung cancer patients with representation for CALD patients.



Victorian Cancer Patient Experience Survey coordination

The Victorian Government is committed to ensuring that Victorians have the best possible experience of the cancer treatment and care system. This is a goal of the Victorian cancer plan 2016-2020 which provides a framework for improving cancer outcomes for all Victorians.

This has led to the creation of a toolkit and database that can be used by health services and Integrated Cancer Services to understand how Victorian cancer patients experience the care they receive at the local service level.

In March 2018 WCMICS delivered all survey related activities on behalf of three health services; St Vincent's Hospital, Melbourne Health and Western Health. The survey covered the cancer treatment pathway, including diagnosis, treatment planning, treatment and follow-up and captured information on a range of experiences across three treatment modalities - surgery, chemotherapy and radiotherapy.

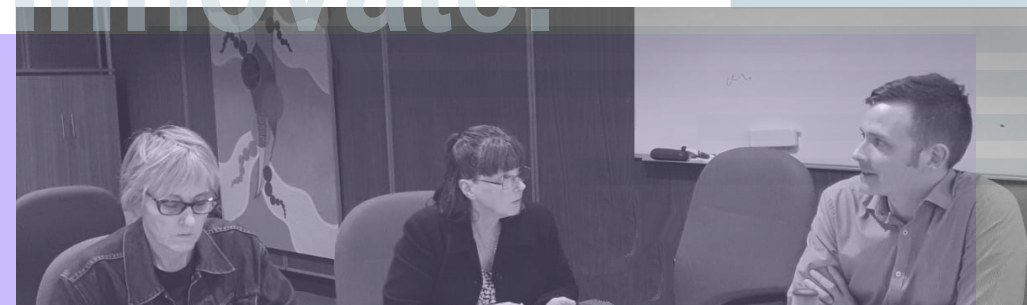
The information gathered from this patient experience survey will be used to inform both individual health service improvements and ongoing reforms on a statewide basis. Analysis and reporting is expected to be completed by October 2018.



WCMICS partnered with PICS to pilot a data cooperative service; where the WCMICS Data and Information Lead is utilised to support the data and information needs of the Victorian Paediatric Integrated Cancer Service (PICS).

Photo:
Belinda Zambello (PICS)
Ani Goswami (WCMICS)

Innovate.



WCMICS' ethos is having a patient-centred approach in everything we do. The communication and engagement of consumers is another critical part of creating effective partners for cancer care.

Photo: Jane McGlashan (consumer),
Jan Whyte (consumer), Michael Barton (WCMICS)

Facilitate.

Funding Program Project Highlights

Western Health

Integrating Primary Care Practitioners in multidisciplinary care

Two primary care representatives were recruited from the local community to participate in a 12 week pilot. Their role included reviewing weekly multidisciplinary meeting (MDM) lists, contacting GPs prior to the meetings, notifying them of upcoming discussions and obtaining relevant information or questions from the GPs. They attended MDMs to relay this information and record the discussion with a focus on the patients' current condition and ongoing cancer treatment. Following the meeting the primary care representatives followed up with GPs to communicate MDM outcomes and treatment plans via fax or phone. Standardised templates were developed and GP information sheets about Western Health services were included with the follow-up communication.

108 GPs were contacted prior to the MDMs. GPs valued the more timely feedback and in 49% of cases the information from the MDM had an impact on the care GPs provided, most commonly they felt more prepared when the patient presented and that they were able to provide emotional support. GPs found this particularly useful for older patients and patients with mental health issues. GPs were unsure of what information would be useful to provide prior to the meeting. The information provided from GPs to the MDM did not influence treatment but did provide the hospital team with background information they may not have normally had and the input was valuable to the team: 82% thought the role was important and 81% wanted the role to continue. The primary care representatives found the experience overwhelmingly positive and felt welcomed in the MDM. They felt the workload was manageable in the allocated time, but did find the face pace of the MDM made it hard to capture all of the information.

The project demonstrated that integration of Primary Care Practitioners into multidisciplinary care can be improved, and that they work well with the hospital team. GP input had little impact on hospital treatment planning and decision making, but GPs found that timely relevant information from the MDM improved their subsequent patient care.

This project was presented as a poster at the IHI BMJ International Forum on Quality & Safety in Healthcare (September 2018) and has been accepted for presentation at the San Antonio Breast Cancer Symposium in December 2018.

Royal Melbourne Hospital

Identifying and implementing Hospital in the Home (HITH) opportunities for the optimal management of patients with haematologic malignancy

This project was a collaboration between the Inpatient Haematology department and the Hospital in the Home (HITH) service at Royal Melbourne Hospital. The project aimed to expand on the care already provided by HITH to include further opportunities for acute leukaemia patients to receive chemotherapy and supportive care whilst at home.

Three chemotherapy protocols and two supportive care protocols were developed for specific patient groups. Chemotherapy regimens developed are a hybrid mode of care where treatment is started as an inpatient but then taken over by HITH to complete. Regular neutropenic monitoring also covered other post chemotherapy complications, including monitoring for fevers, mucositis and electrolyte abnormalities. These were managed with an admission to HITH on day 9-10 post treatment. These patients were managed collaboratively by Haematology and HITH nursing and medical staff at home, unless they developed further complications necessitating an in-hospital admission. A risk stratification tool to determine neutropenic patients who had a fever that could be discharged early via HITH with intravenous antibiotics was also developed.

To date it is estimated at least 233 inpatient bed days have been saved by the project protocols. With ever increasing demand for inpatient beds the need to be innovative in providing timely care to patients is paramount. Economically this allows for an increase in service provision without added costs of inpatient beds and services.

This project was presented as a poster at the Blood 2018 conference in Brisbane in October 2018.

Peter MacCallum Cancer Centre

A multidisciplinary optimisation clinic for cancer patients with complex needs

This project developed and piloted a multidisciplinary model of care providing nutritional counselling, an exercise program, fatigue management, energy conservation and psychological support within an 8-week program. The clinicians, including a dietitian, occupational therapist, physiotherapist and psychologist were co-located in the same clinic, and met to discuss patient care at the end of the clinic each week. Patients were eligible for the clinic if referral criteria were met for two or more disciplines.

After completing treatment in the optimisation clinic, patients were invited to participate in an interview about their experiences. Patients felt the clinic helped to integrate their care through partnerships with community-based health programs. They reported that access to a team of clinicians provided more individualised care, and combining appointments saved time and provided them with a broader perspective. The multidisciplinary clinic allowed patients to conveniently discuss their needs with a group of clinicians simultaneously, avoiding constant repetition, resulting in effective and productive consultations.

The multidisciplinary structure of this clinic is its greatest difference in comparison to usual care and patients emphasised benefits of this feature. Following the pilot the clinic is now resourced within existing staffing resources and has been opened to patients from all tumour streams

"The clinic was really great...You lose 99% of your control when you have cancer and this clinic gave me information so that I was able to take back some of that control. It was the support I needed and really helped me to cope with my diagnosis."

- consumer participant at the optimisation clinic



The Optimisation Clinic team:
From left - Jenelle Loeliger, Anna Beaumont, Lynette Baker,
Máiré Fitzgerald, Anya Trail, Maria Ftanou, Celia Marston
Not in photo: Nicole Kiss, Hannah Ray

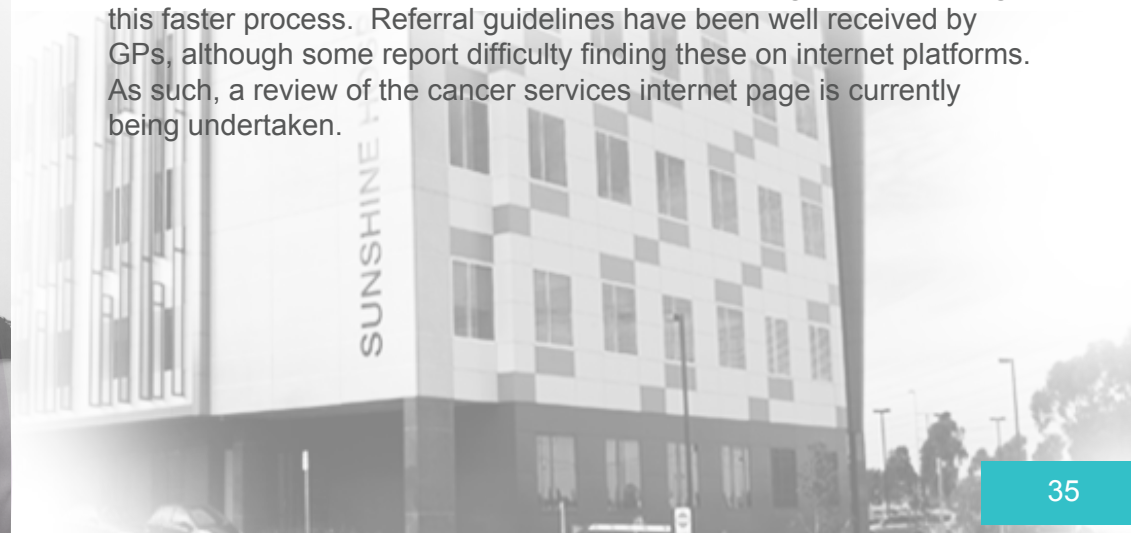
Western Health

Improving Access to Cancer Care in the West: from Suspicion to Diagnosis

Prior to this project GPs had reported frustration with the difficulties in facilitating urgent cancer-related outpatient appointments for patients with new or suspected cancer. A previous WCMICS-funded analysis project showed this resulted in an average of one patient per week with new or suspected cancer attending the Emergency Department instead of being referred to outpatients.

The project aimed to remedy this by establishing clear and consistent referral pathways and triage systems into cancer-specific outpatient clinics, ensuring patients are seen in the right place and within acceptable time frames. Service gaps and areas for improvement were identified through audits, qualitative interviews and mapping of referral processing. This data identified that medical triage was a point of significant delay and that GPs require greater information about the referral process.

As a result, a fast stream triage process for clearly defined urgent referrals was developed, referral guidelines were written, and information was disseminated to GPs. This project focused on breast and lung cancer with the aim to roll out successful improvements to other cancer streams. Referrals accessing fast stream triage are processed 6-7 days faster than referrals with usual medical triage. Over 90% of referrals appropriate for fast stream triage are accessing this faster process. Referral guidelines have been well received by GPs, although some report difficulty finding these on internet platforms. As such, a review of the cancer services internet page is currently being undertaken.



WCMICS Funding Program 2017-18 Funded Projects

Project Title	Lead Health Service	Organisations Involved
Medicinal Cannabis: information, advice and outcomes for patients with cancer and clinicians.	PMCC	MH / PMCC / SVHM / WH / DHHS
Implementation of a Cancer Treatment Related Bowel Dysfunction Clinic for patients receiving care at Peter MacCallum Cancer Centre, Melbourne Health and The Women's Hospital.	PMCC	MH / PMCC / RWH
Pregnancy and cancer: Do our cancer services meet the mental health and supportive care needs of women with gestational cancer?	RWH	MH / RWH / PMCC / WH
Implementation of a Diabetes Nurse Practitioner led inpatient clinic at St Vincent's Cancer Centre: Medication review and diabetes management for patients having chemotherapy	SVHM	SVHM
Co-PreP: Co-designing Rehabilitation Program for patients with prostate cancer at Western Health	WH	PMCC / WH
Road to Recovery: Nutrition Care Pathway for Upper GI Surgical Oncology Patients	WH	MH / PMCC / SVHM / WH

PMCC: Peter MacCallum Cancer Centre
 RWH: Royal Women's Hospital
 WH: Western Health
 SVHM: St Vincent's Hospital Melbourne
 MH: Melbourne Health

Financial Report

For the year ending 30 June 2018	
Total brought forward from previous year	542,087.00
Revenue	
Net DHHS Integrated Cancer Services grant	1,846,157.00
Other DHHS grants received in year	330,000.00
Revenue Total	2,176,157.00
Expenditure	
Directorate Salary and Wages	839,902.00
Hospital based staff*	112,111.00
Administration (general)	28,538.00
Host facilities and infrastructure fees	60,900.00
Rent	42,120.00
Local projects grant round	555,109.51
Other project funding contribution (including statewide)	569,269.48
Total Expenditure	2,207,949.99
Surplus/(Deficit)	510,294.01
Committed Project Funds 2018-19	788,432.50



| FUTURE

DIRECTION



A Word From Our Manager

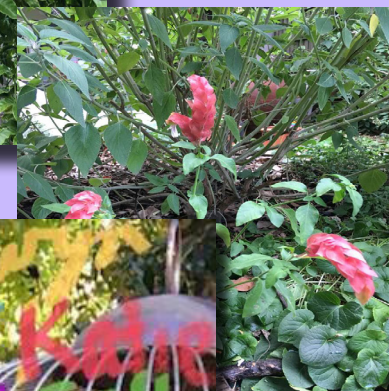
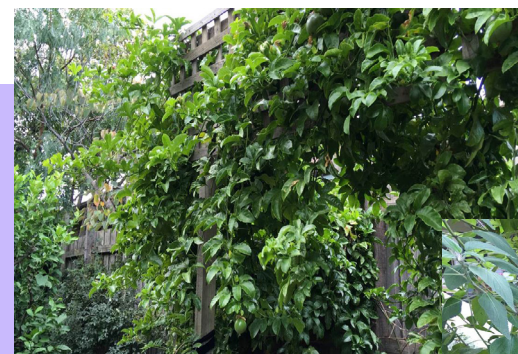
It has been a productive for us in 2017/18. What makes me really proud to work with the team here in WCMICS is our active engagement and partnership with our health services and our consumers. We get to work hand in hand in bringing safe, quality and accessible care to patients and people who are affected by cancer.

Together, we are a team that is focused on facilitating better patient outcomes and is committed towards ensuring a better patient experience.

The approach we will be taking to achieve this goal will be through collaboration, facilitation and innovation with our key stakeholders and ensuring we keep the patients at the very centre of everything we do.

**“We keep the patients
at the very centre of
everything we do.”**

Kathy Quade
Manager



“Something for the eyes to rest on” - These photos are taken from a moving and insightful presentation at the WCMICS Sharing Event in April 2018, given by WCMICS consumer Jane McGlashan.

The main photo is a tribute to the people Jane met during her cancer journey who have since passed away, and celebrates her garden as an important place for reflection.

A Reflection On The People In Our Region: Socio-Economic Status And Cancer Outcomes

Socio-economic Status (SES) refers to people's access to material and social resources, and their ability to participate in society, including both relative advantage and disadvantage measures according to the Index of Relative Socio-Economic Advantage and Disadvantage (IRSAD) in Australia. A low score indicates relatively greater disadvantage and a lack of advantage in general (ABS, 2011).

Generally, people from lower socioeconomic status (SES) groups tend to have higher rates of illness, greater risk of poor health and live shorter lives than people from higher SES groups (Mackenbach 2017; WHO Social Determinants of Health 2003).

Australians from the most disadvantaged groups are 60% more likely to die from cancer.

-NCCI, Cancer Australia 2018

Our region makes up around 21% of Victoria's total population and is characterised by its relatively high levels of socioeconomic disadvantage, multicultural diversity and five of the state's fastest growing council areas (ABS, 2016). 4 of our Statistical Local Areas (SLAs) are in the 10 most disadvantaged in the Greater Melbourne region of Victoria.

Although more research is required to understand the correlation of socio-economic status and cancer outcomes, it has highlighted the diversity we have in our catchment areas beyond the general demographics. It also provides context and direction in our future approach in developing sustainable solutions that is more comprehensive and appropriate for our region.

Diversity in the WCMICS Region

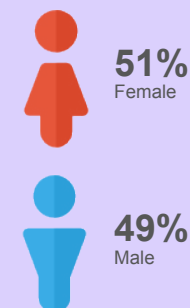
Top 3
Language Spoken
Other Than English



Top 3
Country Of Birth
Outside Australia

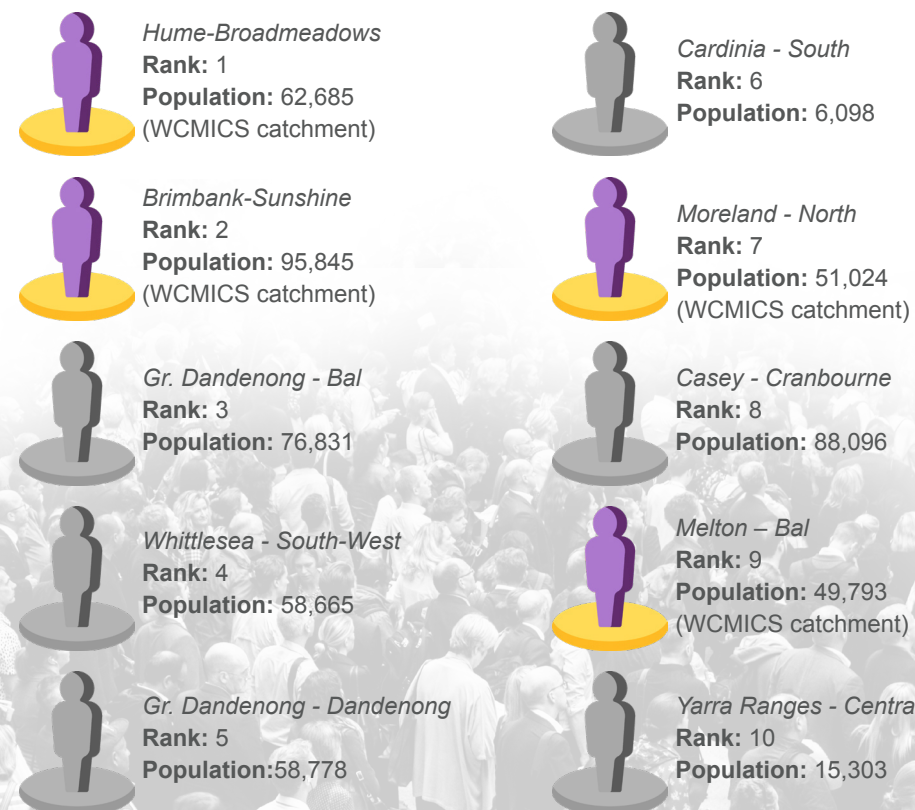


Gender Profile



Source: ABS, 2016

Most Disadvantaged SLAs In Greater Melbourne



Source: ABS, 2011

Future Directions: Priorities for 2018-19

OPTIMAL CARE PATHWAYS

We consolidate our OCP implementation approach as we focus on delivering sustainable solutions for Prostate and Oesophagogastric tumours streams and set our sights on commencing Pancreatic and Head and Neck towards the end of 2018. We will continue to review practice against the optimal care pathways and where required, work with the health services to implement service improvements and re-design in the year ahead.

SUITE OF INDIVIDUALISED PATIENT INFORMATION TOOL (SIPI)

Building on the successful work that came from leading a bespoke OCP multi-site initiative; we look forward to taking this co-design approach to patient information delivery project, statewide. This statewide project will deliver co-designed resources for Indigenous Australians; Head and Neck and Pancreatic patients in addition to a toolkit for development and evaluation to assist local ICS adaptation and roll-out.

STRATEGIC PLAN

Our current strategic plan will conclude in 2019. In January 2019, we will commence work with our stakeholders to develop the next strategic plan, which will guide activities from July 2019. We will continue to build on our current strategic goals, aligning with Victorian Government cancer reform, and our partner health services' strategic plans. We also look forward to the development of reporting templates and dashboard for monitoring and evaluation.

FUNDING PROGRAM

WCMICS remains committed to supporting our health services in sustainable quality improvement and service redesign activities that improve the lives of and quality of care delivered to cancer patients. We encourage 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. As such, we are pleased to be in the position to again deliver the funding program in the year ahead.

INTER-ICS COLLABORATION

Working towards efficient and effective access into and transition out of WCMICS health services for cancer care remains a key focus priority. We very much welcomed the opportunity to partner and collaborate with our colleagues Loddon Mallee Integrated Cancer Service (LMICS) to work in the space of enhancing links between our constituent regional and metropolitan health services. Very promising and sound work is underway and in the year ahead we look forward supporting and implementing this pilot project's deliverables.



collaborate·facilitate·innovate

Committees

WCMICS Governance Committee

Chair:

Christine Kilpatrick Melbourne Health

Committee members:

Russell Harrison	Western Health
Maree Pane	Western Health
Angela Nolan	St Vincent's Hospital Melbourne
Martin Smith	St Vincent's Hospital Melbourne
Geraldine McDonald	Peter MacCallum Cancer Centre
Mark Petty	The Royal Victorian Eye & Ear Hospital
Fiona Gray	Werribee Mercy
Damian Gibney	Royal Women Hospital
Belinda Scott	Djerriwarrh Health Services
Janelle Devereux	North Western Melbourne Primary Health Network
John Preston	Consumer

*Committee members as as 13 November 2018

WCMICS Clinical Management Advisory Committee

Chair:

Anthony Dowling Werribee Mercy/St Vincent's Hospital Melbourne

Committee members:

Ilana Hornung	Western Health
Senthil Lingaratnum	Peter MacCallum Cancer Centre
Prof. Sandy Heriot	Peter MacCallum Cancer Centre
Dish Herath	Western Health/Melbourne Health
Ben Teh	Peter MacCallum Cancer Centre/Melbourne Health
Anthony O'Donnell	Melbourne Health
Cvetka Sedmak	Royal Women Hospital
Lesa Stewart	St Vincent's Hospital Melbourne
Deb Wilson	North Western Melbourne Primary Health Network
Fran Gore	Werribee Mercy

*Committee members as as 19 June 2018



Supported by:



WCMICS Health Services Partners:

