

# Annual Report 2018/19



**wcmics**

Western & Central Melbourne Integrated Cancer Service

## Acknowledgement

WCMICS would like to acknowledge the Victorian Department of Health & Human Services for their continued support and funding in the 2018-19 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 workthroughout the year. The WCMICS team looks forward to more collaborations in the coming year.



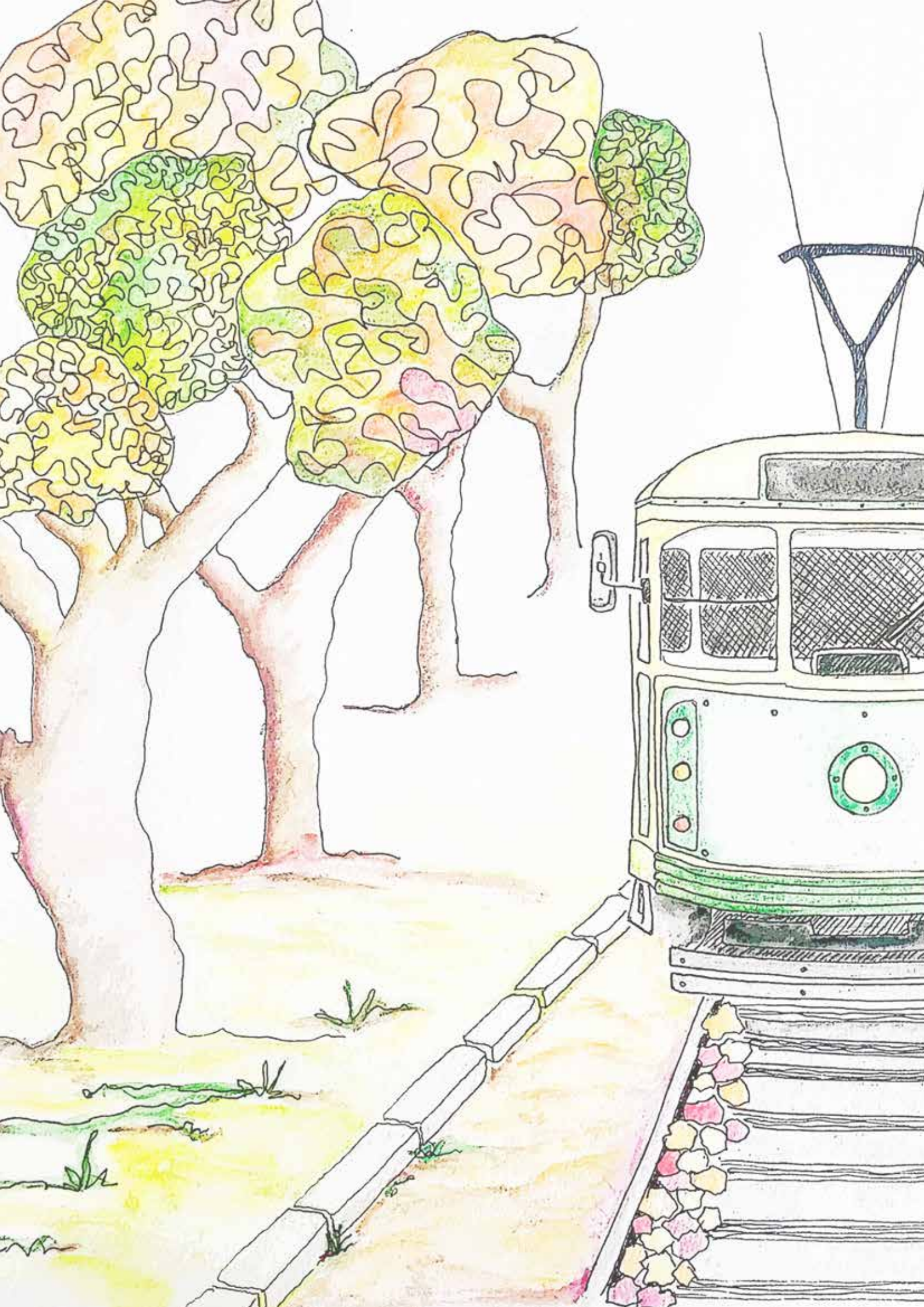
WCMICS acknowledges Australia's Aboriginal and Torres Strait Islander community and their rich culture and pays respect to their Elders past and present. We acknowledge Aboriginal and Torres Strait Islander peoples as Australia's first peoples and as the Traditional Owners and custodians of the land and water on which we rely.



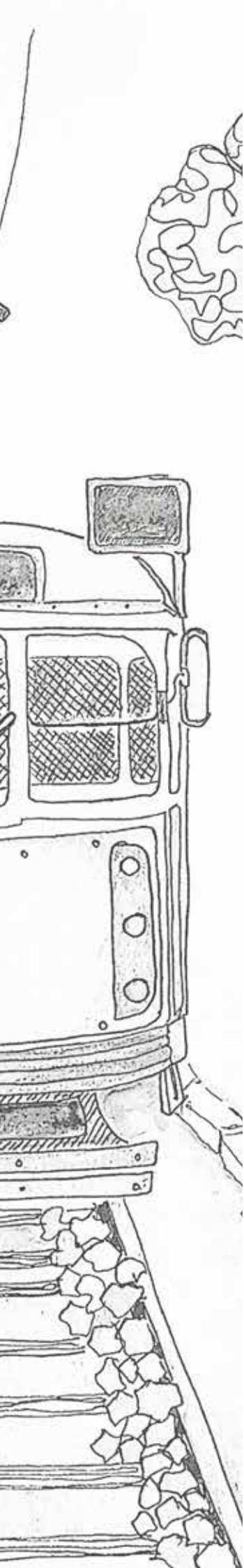
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# Foreword

- Chair's message
- Director notes

# Chair's message

On behalf of the partners of the Western & Central Melbourne Integrated Cancer Service (WCMICS), I am pleased to present our Annual Report for 2018-19. This report highlights the achievements of WCMICS over the past 12 months in “improving patient experiences and outcomes by connecting cancer care and driving best practice.”

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 partner health services, consumers and statewide Integrated Cancer Services (ICS) colleagues.

Through ongoing collaboration, networking, and an innovative grants program, WCMICS

continues to assist partner health services to implement cancer care quality improvements throughout the year. Of note, was the continued roll-out of the national Optimal Care Pathways (OCPs), with a focus on head and neck and pancreatic cancers. Another highlight was WCMICS' leadership in developing patient-centred information tools for use during early conversations around cancer diagnosis. Consumer involvement was invaluable in this process.

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

I would like to thank everyone for their involvement during the year and on behalf of WCMICS I look forward to a rewarding year of working together in 2019/20.

Professor Christine Kilpatrick AO  
**Chair**



# Director's notes

This report highlights the considerable achievements of WCMICS which, together with our partner health services and consumers, is working toward “improving patient experiences and outcomes by connecting cancer care and driving best practice.”

Key highlights from the past 12 months include:

Built on the success of the pilot project to

- lead the statewide adoption of co-designed, patient-centred, information tools to improve patient-clinician communication during early conversations around cancer diagnosis (page 22)
- Showcased a number of achievements at the biennial VICS Conference 2019 (page 26)
- Ongoing implementation of the Optimal Care Pathways across the sector (page 15)
- Continued investment in quality improvement projects and service redesign via our local annual Grants Program (page 17)
- Completion of the Metro/regional engagement collaborative pilot project (page 16)
- Funding support for statewide initiatives in cancer malnutrition (page 21) and survivorship (page 19)

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 across Victoria.

In the year ahead WCMICS has a number of priorities planned, including the administration of another successful local improvement grants round; continued implementation of the OCPs and focusing efforts on the execution of the WCMICS Interim Operational Plan 2019-2020, in line with the Victorian Cancer Plan 2016-2020.

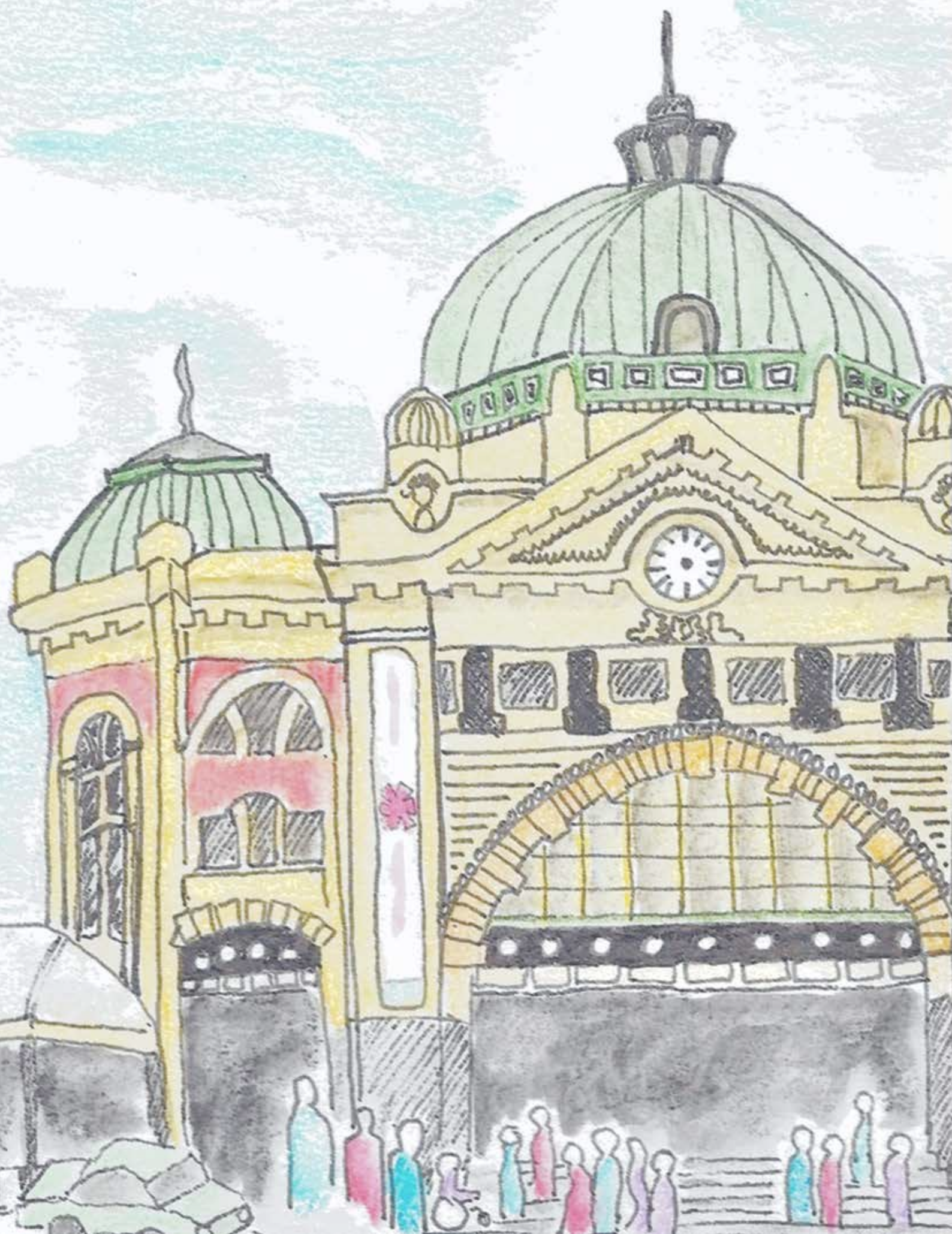
I would like to thank all those involved in our work, including the WCMICS Directorate team and especially our manager, members of the Governance and Clinical Management Advisory Committees, partner health services, clinicians and our consumers.

Thank you for taking the time to look through our Annual Report. I look forward to working with you again in the year ahead.

Professor Jeff Szer AM  
**Director**











# About WCMICS

- Vision & mission
- About us
- Cancer in our region
- Our committees
- Health service partners
- Our team

## Vision

Improving patient experiences and outcomes by connecting cancer care and driving best practice

## Mission

### Collaborate:

We work with cancer care providers and people affected by cancer

### Facilitate:

We create opportunities that improve cancer care and patient experience

### Innovate:

We find ways to take action and support ideas that meet current and future needs



# About us

Established in 2006, the Western and Central Melbourne Integrated Cancer Service (WCMICS) is funded by the Department of Health and Human Services. We are one of nine Integrated Cancer Services in Victoria.

We partner with health services to promote coordinated care planning, systems integration and improvement of cancer services across the western and central regions in Victoria. Our work is overseen by a Governance Committee that is made up of consumers, executive stakeholders from partner hospitals and cancer related organisations.

For more information about us, visit our website: [www.wcmics.org](http://www.wcmics.org)

## Health service partners

Djerriwarrh Health Services

Melbourne Health

Peter MacCallum Cancer Centre

Royal Women's Hospital

St Vincent's Hospital Melbourne

Werribee Mercy Hospital

Western Health

Royal Victorian Eye & Ear Hospital

## Our team

Kathy Quade	Manager
Jeff Szer	Clinical Director
Michael Barton	Quality and Performance Manager
Alexandra Doherty	Cancer Service Improvement Manager
Dilu Rupassara	Project Lead - Optimal Care Pathways
Sylvia Yeo	Communications & Engagement Lead
Tara Gannon	Project Officer - Optimal Care Pathways
Sachi Bajaj	Project Officer - Optimal Care Pathways (parental leave)
Mayuri Ghatpande	Project Officer - Optimal Care Pathways (parental leave)
Chris Caudle	Project Manager - Metropolitan/Regional Engagement
Trish Calder	Project Manager - Metropolitan/Regional Engagement

# Our region

Western and Central regions of Melbourne is an area of great contrasts – in geography, economy, demographics and cultural diversity. It stretches from the suburbs of Yarra; up to the city of Hume; out through to Melton, and down to the surrounding suburbs of Werribee. This covers a total area of 2,035 square kilometres. The local geographical areas are:

- Melton
- Brimbank
- Wyndham
- Moonee Valley
- Maribyrong
- Hobsons Bay
- Melbourne
- Yarra
- Hume
- Moreland

The region's population is approximately 1.4 million and is rapidly growing. For example, Wyndham is a designated growth area of Melbourne, currently ranked as the third fastest growing local government area in Victoria (Source: ABS, 2016). The median age is 33 years old.

There are an additional 200,000 people expected to call western and/or central Melbourne home by 2021 taking the population up to approximately 1.6 million (Source: Victoria in Future 2016 - Population and Household Projections to 2031).

WCMICS is one of the most culturally and linguistically diverse regions in Victoria, with 41% of its residents born outside of Australia. Nearly half of its residents speak a language other than English at home, with more than 160 languages represented. The top 3 languages spoken other than English are Vietnamese, Italian and Arabic.

Apart from Australia, the main countries of birth of residents are India, Vietnam and New Zealand along with the traditional migrant groups from Europe, such as Italy and the United Kingdom (Source: ABS, 2016).



# Understanding cancer in Victoria

Cancer is the leading cause of disease burden in Victoria. In 2018 alone, 33,037 Victorians were diagnosed with cancer and 11,111 dying from the disease. That equates to around 90 people diagnosed with cancer and 30 dying from it every day in Victoria. This number is projected to increase the average incidence of cancer by 38% across Victoria by 2027-2031.

The most common cancers in Victoria are:

- Prostate
- Breast
- Bowel
- Lung
- Melanoma

## Understanding cancer in our region

In 2018, 16,296 cancer patients were admitted to our partner health services. Cancer patients are often admitted multiple times into the health services, which resulted a total of 60,901 cancer related admissions.

In our region, 2,270 patients were newly diagnosed with primary tumours, with around 55% of them being male and 45% female. The average age of newly diagnosed cancer patients was 68 years old.

The most common cancers for men in our region:

- Genitourinary 39%
- Colorectal 12%
- Haematological 12%

The most common cancers for women in our region:

- Breast 32%
- Colorectal 15%
- Haematological 12%



# Clinical Management Advisory Committee

Chairperson	Tony Dowling	Medical Oncologist St Vincent's Hospital Melbourne
Members	Dish Herath	Director of Cancer Services & Medical Oncologist Western Health
	Ilana Hornung	Cancer Services Manager Western Health
	Fran Gore	Deputy Director Nursing / Manager Mercy Palliative Care Services Werribee Mercy
	Anthony O'Donnell	Director Nursing – Cancer and Infection Medicine Services Melbourne Health
	Lesa Stewart	Group Manager Cancer and Palliative Care Services St Vincent's Hospital Melbourne
	Ruth Griffiths	Director of Operations – Inpatient Services Peter MacCallum Cancer Centre
	Senthil Lingaratnam	Director of Pharmacy Peter MacCallum Cancer Centre
	Ben Teh	Infectious Diseases Physician Peter MacCallum Cancer Centre
	Debra Wilson	General Practitioner
	Jane Bostock	Operations Director Ambulatory Services - Deputy Director Nursing Djerriwarrh Health Services
	Bianca Bell	Director Primary Health Care Improvement North Western Melbourne Primary Health Network
	Melissa Culka	Director of Women's Health Services The Women's



# Governance Committee

Chairperson	Christine Kilpatrick	Chief Executive Officer Melbourne Health
Members	Maree Pane	Divisional Director - Emergency, Medicine and Cancer Services Western Health
	Geraldine McDonald	Director - Prevention and Wellbeing Peter MacCallum Cancer Centre
	Angela Nolan	Chief Executive Officer St Vincent's Hospital Melbourne
	Fiona Gray	Program Director Medical - Sub-acute and Palliative Care Services Werribee Mercy
	Anna Boltong	Associate Director Victorian Comprehensive Cancer Centre
	Mark Petty	Chief Executive Officer Royal Victorian Eye and Ear Hospital
	Belinda Scott	Chief Executive Officer Djerriwarrh Health Services
	Lisa Lynch	Chief Operating Officer The Women's
	Janet Phillips	Strategy and Operations Manager North and West Metropolitan Region Palliative Care Consortia
	Janelle Devereux	Executive Director Health Systems Integration North Western Melbourne Primary Health Network
	John Preston	Consumer



# A year in review

## ● Financial report

## ● Local work

Optimal cancer care pathways

Metro/regional engagement project

Ocular melanoma pathway

## ● Funding program highlight

Online survivorship care plan

Malnutrition Screening Tool cultural adaptation project

WCMICS Annual Forum 2018

## ● Statewide initiatives

Cancer malnutrition point of prevalence study

Cancer diagnosis summary

Multidisciplinary meeting quality framework

Victorian Tumour Summits program

Geriatric oncology scoping project

VICS Conference



# Financial report

Description	Amount (\$)
Brought forward from previous years	1,042,409
Revenue	
DHHS	1,858,561
Other grants received in year	81,540
Total revenue	1,940,101
Expenditure	
Salaries	1,303,816
General Administration	84,569
Corporate Management Charge (host fees)	60,00
Capital	1,760
Local grants program	513,890
Contribution to statewide projects	99,260
Total expenditure	2,003,295
Surplus/(Deficit)	979,215
Committed funds 2019-20	751,450



# Optimal cancer care pathways

***Optimal cancer care pathways aim to improve patient outcomes by facilitating consistent, safe, high quality and evidence-based care. They can be used by health services and professionals as a tool to identify gaps in current cancer services and inform quality improvement initiatives across all aspects of the care pathway.***

Optimal care pathways (OCPs) describe the key steps in a patient's cancer journey and expected standards of care at each stage. They aim to improve patient outcomes by promoting quality cancer care and ensuring that all people diagnosed with cancer receive the best care, regardless of where they live or receive cancer treatment. The pathways also ensure that those providing care understand how to coordinate the patient care between each stage.

The OCPs were developed through consultation with a wide range of expert multidisciplinary teams, peak health organisations, consumers and carers. They provide a framework for consistent, safe, high-quality and evidence based care for people with cancer and include a set of evidence based recommendations for each step of the tumour specific pathways, from prevention and early detection, through to survivorship and end-of-life care.

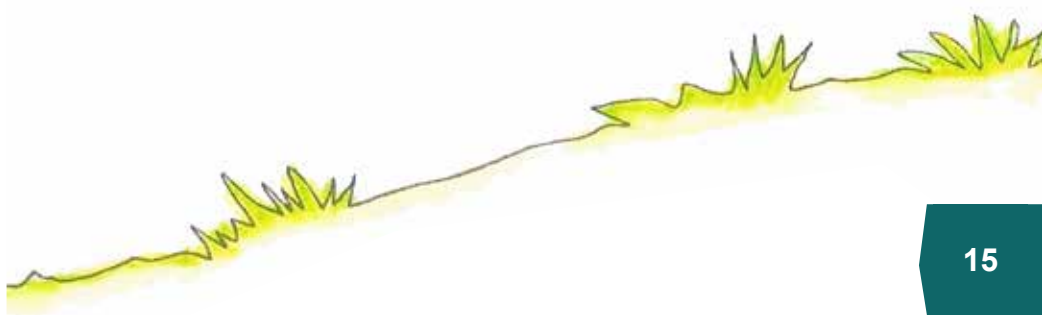
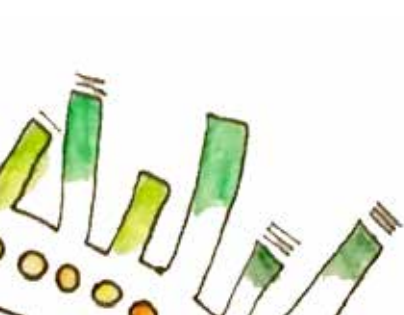
A statewide approach to OCP implementation is being undertaken across Victoria. Over the past 12 months, WCMICS has worked collaboratively with clinical stakeholders on a range of initiatives to support the prostate and oesophagogastric (OG) cancer OCPs.

The result of these quality initiatives and redesign projects saw:

- Men diagnosed with prostate cancer gain access to an educational video series to address their supportive care needs. Videos are available via [www.wcmics.org/downloads](http://www.wcmics.org/downloads)
- Improvements in the timeliness to treatment from referrals for patients diagnosed with OG cancer across WCMICS health services.

Work has commenced on two new OCP projects in the areas of pancreatic and head and neck cancers. The following activities have been a key focus of the pancreatic and head and neck projects this year:

- Facilitating access to self-care information for patients and carers affected by pancreatic cancer.
- Working with health services to increase awareness of and utilisation of supportive care resources and screening.
- Exploring opportunities to establish a peerled support group for patients and carers affected by head and neck cancer.



# Metro/Regional engagement project

***The metro/regional engagement project is a collaboration between the Loddon Mallee Integrated Cancer Service (LMICS) and WCMICS. It aims to improve cancer services to patients who travel between regional and metropolitan Victoria for treatment.***

The program of work for this collaboration was the development and implementation of a range of initiatives to build stronger metropolitan and regional clinician and service relationships.

A large number of Loddon Mallee residents, travel down to WCMICS hospitals for cancer treatment. The project identified there was a need to improve transfer of patient information at key care transition points between hospitals.

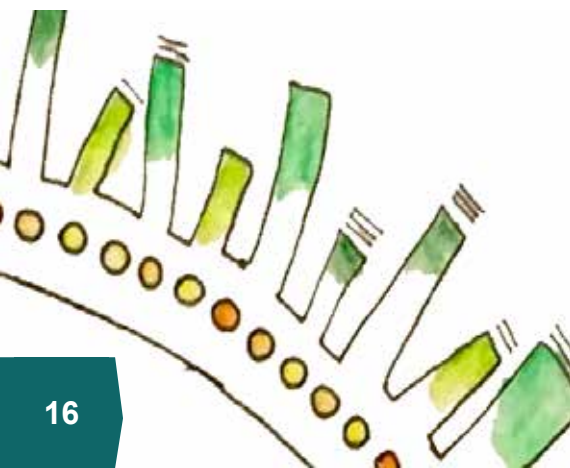
Improvements include:

- changing practice arising from new/enhanced working relationships of haematology staff between hospitals
- new initiatives to address identified issues and gaps associated with transfer for treatment into the metropolitan hospitals
- improving communication of patient information

- improving accessibility of information for WCMICS clinicians to refer Loddon Mallee patients for acute, sub-acute and primary care
- improving accessibility of information for metropolitan hospitals on Loddon Mallee residents with a cancer diagnosis
- increasing metropolitan clinicians and executives' awareness of regional patient travel issues



Pictured: Project lead Trish, patient Rhonda and her husband Keith





# Ocular melanoma pathway

***The Royal Victorian Eye and Ear Hospital (RVEEH) joined WCMICS in late 2017 and work began in 2018 to investigate how we could help to improve the care received by their ocular cancer patients.***

Ocular cancer is a rare tumour type (around 80 new diagnoses per year in Victoria) and to date has not been taken forward into an optimal cancer care pathway. However, to enable the RVEEH to examine the quality of the care received by patients, WCMICS and RVEEH worked together to develop an ideal pathway based on currently available literature and expert opinion from across the country.

In the early stages of development it became clear that ocular melanoma had very specific care requirements that would not be directly transferable to other ocular cancer types. As the most commonly occurring ocular cancer (around 85% of cases) ocular melanoma became the subject of the pathway.

Following evaluation of the pathway development process, this approach may be used as a framework for developing pathways for other ocular cancers and rare tumour types.

The ocular melanoma pathway will be used to identify improvement opportunities in ocular cancer care at RVEEH and partner health services. It is hoped that the ideal pathway can be used as a basis for a nationally endorsed standard of care through collaboration with the Royal Australian and New Zealand College of Ophthalmologists (RANZCO).



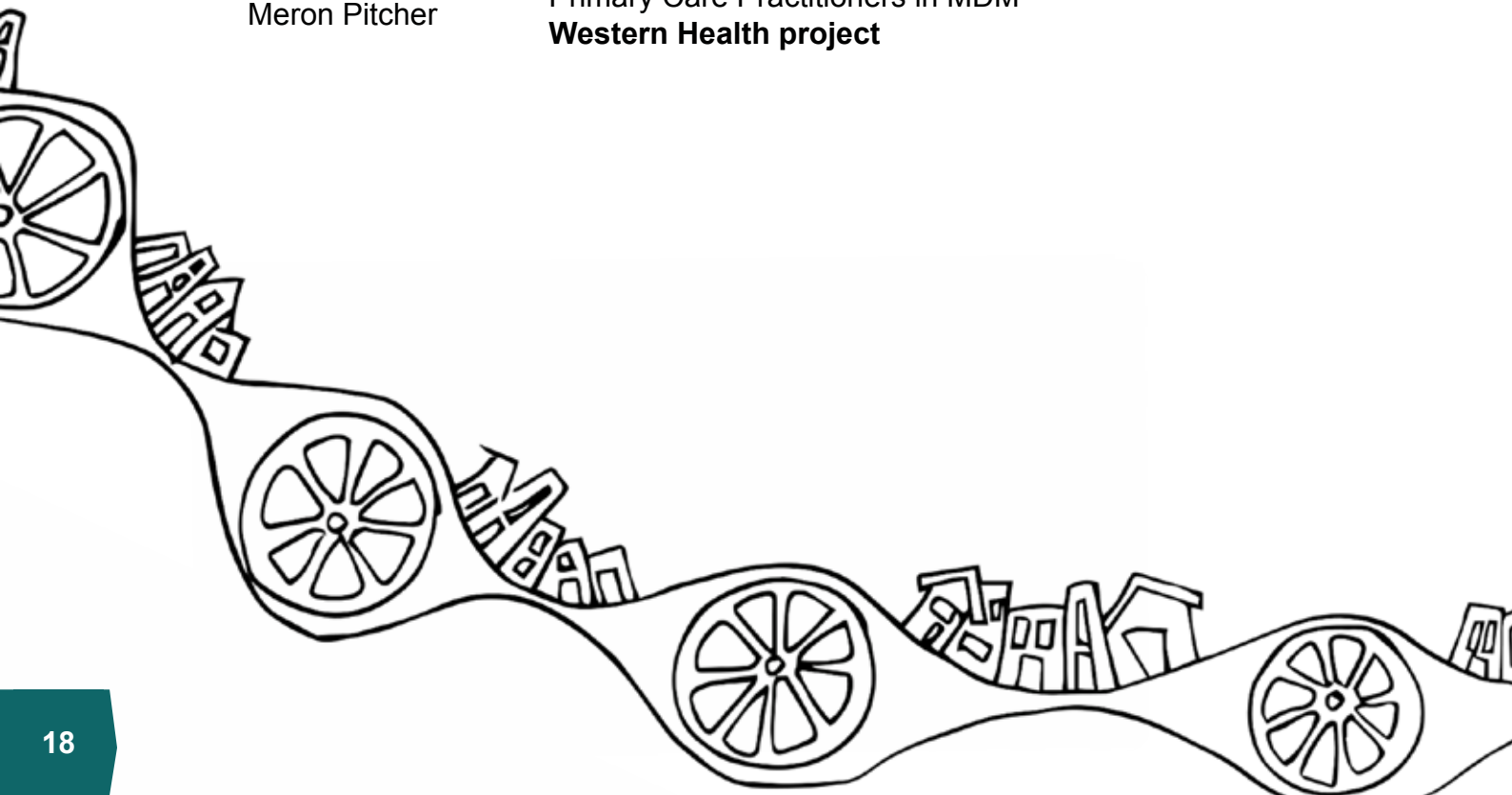
# WCMICS Annual Forum 2018

***“Together, bringing innovative and sustainable patient-centred solutions across the sector”***

The WCMICS Annual Forum is an engaging forum that showcases just some of the great work that WCMICS funds and delivers across our partner health services.

This year we celebrated the following projects:

A/Prof. Brian Le	Medicinal Cannabis: Fact Vs. Fiction – How to decide <b>Peter MacCallum Cancer Centre project</b>
Cameron Grant	Hospital in the Home service for leukemia patients <b>Royal Melbourne Health project</b>
Genni Newnham	Because cancer affects everyone: Identifying gaps in cancer care for Victorian prisoners <b>St Vincents Health Melbourne project</b>
Anna Beaumont	“One stop Clinic” for patients with complex needs <b>Peter MacCallum Cancer Centre project</b>
Prof. Martha Hickey	Knowledge Is Power: Educational resources for risk reducing bilateral salpingo-oophorectomy <b>Royal Womens Hospital project</b>
Meron Pitcher	Primary Care Practitioners in MDM <b>Western Health project</b>



# Online survivorship care plan

***“Cancer treatment is different for everyone. Having a personalised care plan to share with health professionals makes things easier.” - Australian Cancer Survivorship Centre***

Cancer survivors are increasing in number yet evidence shows cancer survivors who have completed treatment experience a range of unmet needs.

With growing numbers of survivors, and demands on an already stretched cancer workforce increasing with advances in cancer treatment, more efficient and effective ways of managing follow-up care of survivors are needed.

Survivorship care plans (SCPs) are emerging as one element of an improved and more coordinated approach to survivor care. SCPs are formal, written documents that provide

details of a person’s cancer diagnosis and treatment, potential late and long-term effects arising from the cancer and its treatment, recommended follow-up, surveillance, and strategies to remain well.

In August 2018, WCMICS partnered with the Australian Cancer Survivorship Centre and funded the development of [mycareplan.org.au](http://mycareplan.org.au); an online tool that can be used to create a survivorship care plan after treatment for early-stage breast, prostate or bowel cancer. The website is quick and easy to use, and freely available to health professionals and patients. The website can be accessed at [www.mycareplan.org.au](http://www.mycareplan.org.au).



Pictured: The Australian Cancer Survivorship Centre team





# MST cultural adaptation project

***The Victorian Cancer Malnutrition Collaborative (VCMC) program of work is a statewide collaboration that aims to increase understanding and knowledge, and promote strategies for action in order to address cancer malnutrition.***

As part of the wider VCMC program of work; in July 2018 WCMICS collaborated with VCMC and funded a project to translate the commonly used Malnutrition Screening Tool (MST), and associated fact sheet for consumers, into Victoria's top 10 preferred languages other than English. These resources will be available as an electronic version with links to audio files.

This work will help to support more resources being available that are culturally appropriate and easily understood by cancer patients from culturally and linguistically diverse backgrounds. The resources will be applicable for use across a variety clinical settings.



Pictured: The VCMC team



# Cancer malnutrition point of prevalence study

## *Investigating practices relating to malnutrition in Victorian cancer services*

Malnutrition in people with cancer occurs when they are eating less energy and protein than the amount their body needs. This can lead to unplanned weight loss and a reduction in body fat and muscle.

Compared to the rest of the population, people with cancer are at a higher risk of malnutrition. It is important to prevent malnutrition or identify it early, as malnutrition can affect how the body responds to cancer treatment and how the patient recovers.

A point of prevalence study (PPS) has been conducted every 2 years since 2012, and in mid-2018 WCMICS joined the project sponsor, Peter MacCallum Cancer Centre to provide data analysis and reporting support.

The results of these PPS are important to help monitor changes over time, as well as to identify gaps both locally and at a state level so that further work can be targeted to areas of most need. The results from each of these studies indicates that the prevalence of malnutrition in Victorian cancer services is trending downwards, from 31% in 2012 to 15% in 2018.



# Cancer diagnosis summary

***“My cancer diagnosis explained”: a statewide WCMICS led project that will co-design cancer diagnosis information tools that is specific to individual patients***

My cancer diagnosis explained is a WCMICS led statewide project that commenced in February 2019. It follows on from the successful pilot project also led by WCMICS in 2017. The pilot was conducted in partnership with Southern Melbourne Integrated Cancer Service (SMICS) and Hume Regional Integrated Cancer Service (HRICS).

The pilot project concluded that cancer patients consistently reported wanting more specific and written information about their cancer diagnosis, possible treatment options and what happens next.

In response to these findings, WCMICS is leading a statewide piece of work to develop new diagnosis summaries for patients (and their carers) with pancreatic and head and neck cancers.

The content and design of the new diagnosis summaries will be of a standard that takes into consideration the health literacy needs of patients and carers.

Use the following link to download the pilot project report: [www.wcmics.org/downloads](http://www.wcmics.org/downloads)





# Multidisciplinary meeting quality framework

***Multidisciplinary care describes a collaborative approach to cancer treatment planning and ongoing care.***

Cancer multidisciplinary team meetings (MDM) are regular meetings involving a range of health professionals with expertise in the diagnosis and management of cancer with the purpose of developing a recommended treatment plan for individual patients.

In 2014 statewide survey of cancer MDMs highlighted the increasing maturity of MDMs across Victoria and variation in how they were operating. It resulted in a recommendation that a quality framework be developed to support health services to measure their MDMs against statewide quality standards.

The development of a MDM Quality Framework has been undertaken by the Victorian Integrated Cancer Services (led by Loddon Mallee ICS).

The framework outlines an agreed set of standards, indicators and measures for all cancer MDMs in Victoria and provides a set of tools for monitoring their quality. It references relevant peer reviewed MDM literature, DHHS policy and statewide consultation including clinician interviews, surveys and peer review and has been tested with several MDMs.

WCMICS is now assisting partner health services with implementation. Once implemented, the framework will enable greater consistency in the way cancer MDMs are conducted and monitored. It will facilitate greater awareness of the minimum requirements for MDMs within the host health service and identification of variances in practice, enabling prioritisation of quality improvement activities relating to MDM inputs, processes and outputs.



# Victorian Tumour Summits program

***To complement the optimal care pathways, statewide Tumour Summits are held to better understand the opportunities for improvements in cancer care.***

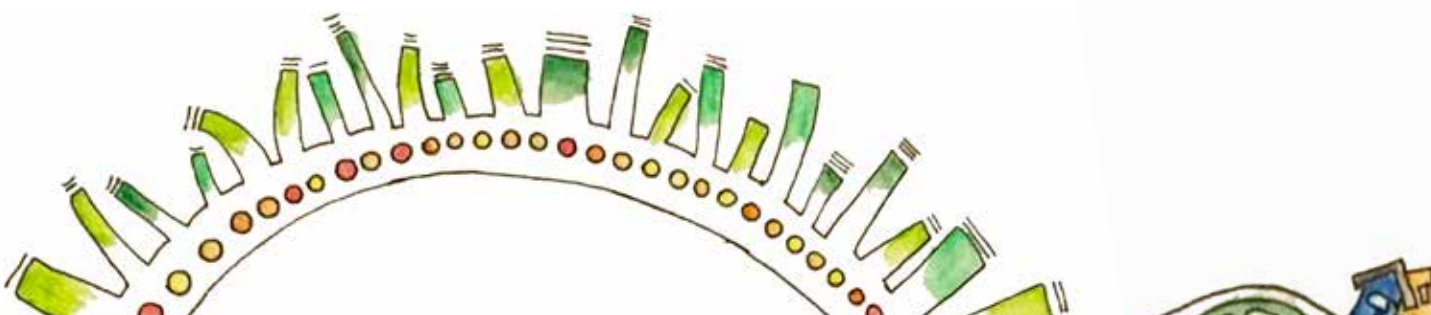
The statewide Tumour Summits program is being undertaken by the Victorian Integrated Cancer Services in conjunction with the Department of Health and Human Services (Cancer Strategy and Development) to facilitate clinician-led discussions around pathways of care.

The summits are clinician-led forums to identify unwarranted variations in tumour-based clinical practice and cancer outcomes that could be addressed through statewide action.

In 2018/19 tumour summits for head and neck and lung cancers were held with future summits focusing on; brain and melanoma cancers.

Recommendations from the pancreatic summit held in 2017 and the recent head and neck summit were prioritised into optimal care pathways work undertaken by the Integrated Cancer Services.

Looking ahead, WCMICS will continue to facilitate active clinical involvement in this program and endorse broader participation from all our member organisations.



# Geriatric oncology scoping project

***Treatment of cancer in older adults is more complex because of comorbidities, competing risks of death, potentially altered treatment tolerance, and variable patient preferences. Cancer in elderly patients may exist or occur with one or more co-morbidities.***

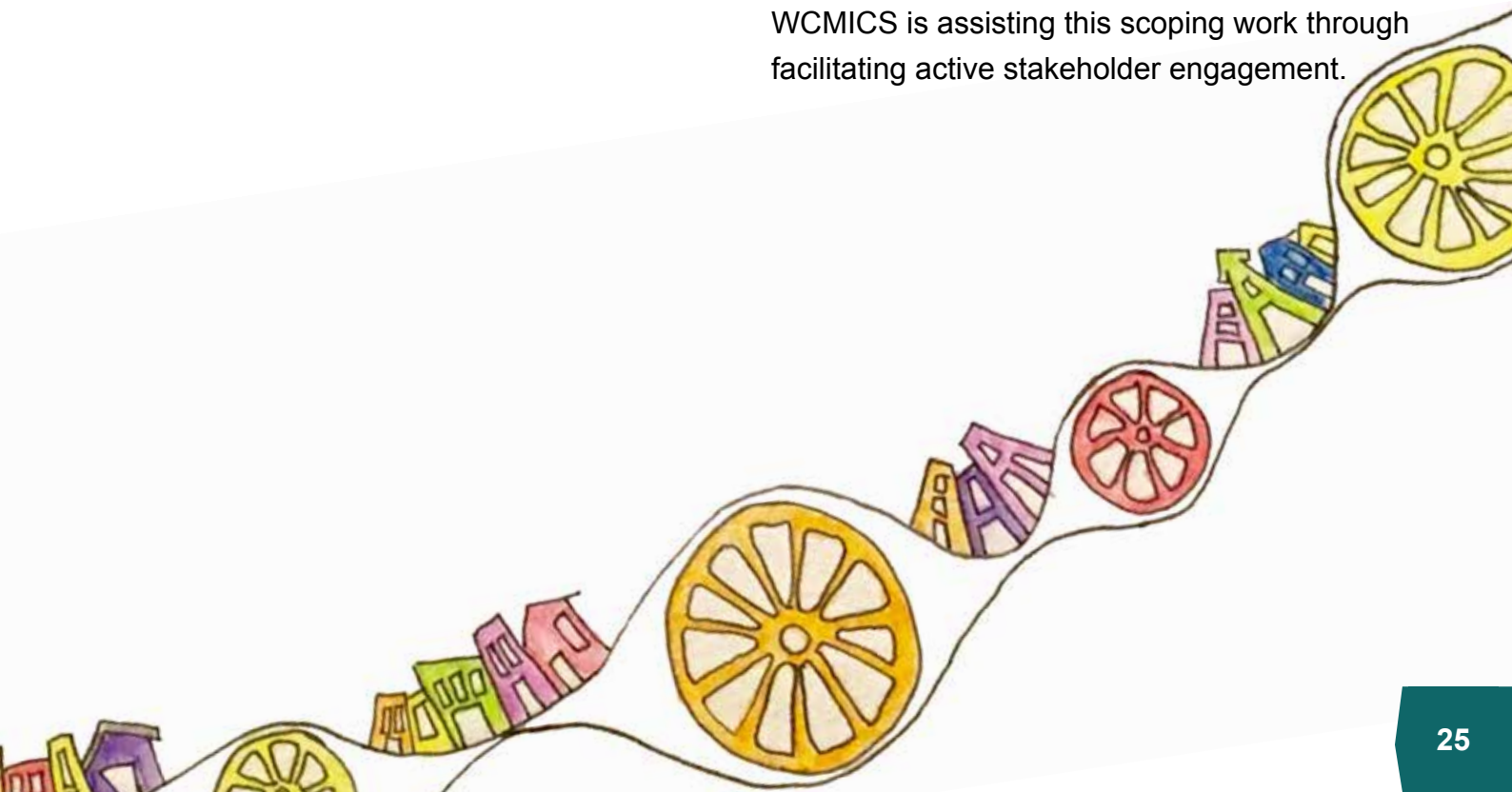
The Australian National Health Survey estimates that 80% of elderly patients have three or more chronic comorbidities that require active management and impact health outcomes and mortality. This can influence the elderly oncology patient's physical and psychological ability to cope with treatment.

Currently the Integrated Cancer Services do not have a comprehensive understanding of geriatric oncology guidelines, the services available to elderly patients, or the various screening and assessment tools available for use. Scoping is required to inform a planned proposal for statewide project funding, to ensure that existing efforts and activities are not duplicated and that learnings from previous work undertaken in this area are not overlooked.

As such the project aims to:

- Bring together clinicians and consumers who have an interest in the management of older patients with a cancer diagnosis to develop and drive a statewide initiative to provide best practice in treatment and care of the elderly in the oncology setting.
- Scope existing geriatric oncology guidelines, services and resources.
- Engage with key stakeholders, including GPs, community health, aged care and consumers to explore existing and possible new referral pathways between sectors.
- Identify education opportunities for oncology clinicians, GPs, community health and aged care staff.

With the project commencing in May 2019, WCMICS is assisting this scoping work through facilitating active stakeholder engagement.





# Victorian Integrated Cancer Services Conference

***The VICS Conference is held biennially. It is a collaborative forum that brings people affected by cancer, clinicians, health services, and researchers together to learn about current and emerging work being undertaken in the cancer sector and build connections across the cancer community.***

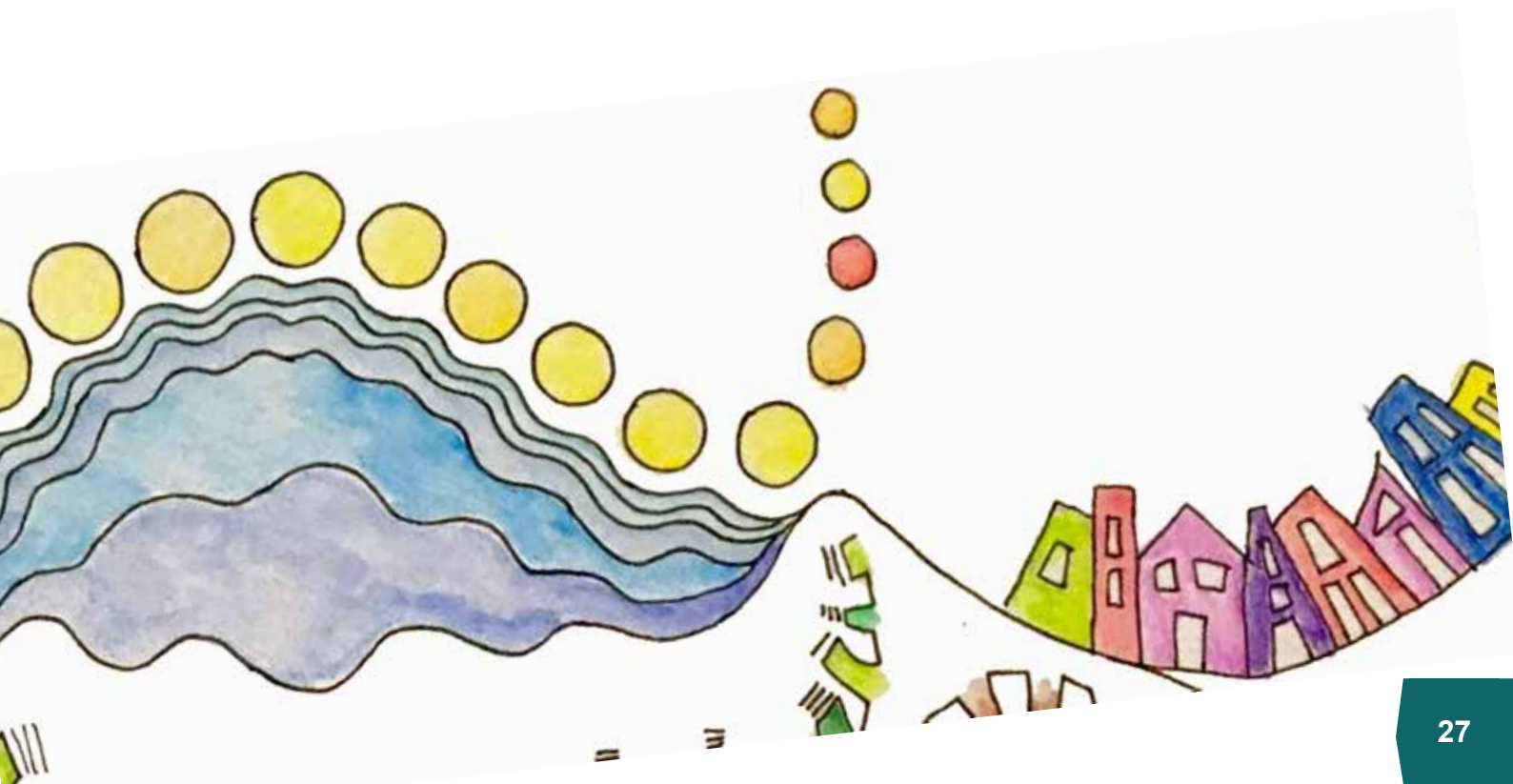
The overarching theme for the Conference was “Partnering to optimise patient outcomes in cancer”. Amongst the poster and oral presentations, 10 WCMICS funded projects and initiatives were showcased:

- Road to Recovery - Supporting patients undergoing curative upper gastrointestinal surgery with an optimal nutrition care pathway: A feasibility pilot study  
– Irene Deftereos, Western Health
- Improving access to cancer care in the west: from suspicion to diagnosis  
– Dr Sally Greenberg, Western Health
- Medicinal Cannabis: what do patient and clinicians want to know?  
– Stacey Panozzo, Peter Mac
- Parkville precinct Aboriginal and Torres Strait Islander cancer health directorate: A scoping project  
– Christine Quek, WCMICS
- Integrating primary care practitioners into multidisciplinary care  
– Sally Butzkueven, Western Health
- A collaborative approach to haematology, bone marrow transplant and hospital in the home  
– Cameron Grant, Royal Melbourne Hospital
- Development and implementation of a suite of individualised patient information tools : a pilot project  
– Dilu Rupassara, WCMICS
- Management of male sexual dysfunction following treatment for colorectal and prostate cancer survivors at Western Health  
– Cindy Ogluszko, Western Health
- CoPrep study: co-designing a prehabilitation program to improve the experiences for men with prostate cancer  
– Clarice Tang, Western Health
- Improving supportive care for prostate cancer patients through self-directed education media  
– Mayuri Ghatpande, WCMICS



# Future directions

● Operational priorities  
2019/20











## Operational priorities for 2019-20

### **Victorian cancer plan 2020-24**

Work has started on the next Victorian cancer plan. The new plan will review progress and establish renewed priorities for the medium and long-term goals set out in the Victorian Cancer Plan 2016–20. The long term goals by 2040 are to:

- halve the proportion of Victorian diagnosed with preventable cancers
- double the improvement in one and five-year survival
- ensure Victorians have the best possible experience of cancer treatment and the care system
- achieve equitable outcomes for all Victorians

### **WCMICS operational plan 2019-20**

Our current operational plan concluded mid-2019. In January 2019, we commenced work with our stakeholders to develop the next operational plan which will guide

our planned work from July 2019 through to December 2020.

Through wide consultation from our stakeholders; the following priority areas underpinning our planned work are:

- Better understand and address social and cultural barriers that may affect access to services
- Monitor and assess patients' experiences of care, both locally and statewide, and include quality of life and other patient-reported outcome measures to better understand treatment impacts, and
- Continue to improve our service system through approaches that engage both public and private providers, and improve accessibility, coordination across the care pathway and outcomes of care.

## Special thanks:



thanks Robyn Wilson is a Ballarat based artist who is enjoying playing with ink, pencil and water colour. Whimsical, colourful and naïve, Robyn artwork reflects her love of nature and humanity. Currently, Robyn is a health professional working for the Department of Health and Human Services, designing a toolkit for Victorian health services to deliver cancer treatment to people at home.

All illustrations used in this annual report is copyrighted unless otherwise noted and remain the exclusive property of the artist, Robyn Wilson. No reproduction may be made of any of the illustrations from this website for commercial use for any reason without first receiving written permission from the artist.









collaborate•facilitate•innovate

Find out more about WCMICS:  
[www.wcmics.org](http://www.wcmics.org)

WCMICS Health Services Partners:



the royal victorian  
eye and ear  
hospital



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Please consider the environment before printing.