



# introduction

This Strategic Plan outlines the major directions and activities for the Grampians Integrated Cancer Service (GICS) over the 3 year period to 2012. As well as responding to regional priorities, it builds on Victoria's Cancer Action Plan 2008- 2011 (VCAP), which was launched in December 2008, and the related Supportive Care Policy, released in May 2009.

While VCAP sets the overall strategy for GICS, other relevant documents to be considered with this plan include.

- ICS DRAFT Governance documents from DH
- ICS Vision, Mission and Strategic Goals endorsed December 2008
- VCAP Summary list of implementation responsibilities
- Patient management frameworks (2007)
- Clinical excellence in cancer care: a model for safety and quality in Victorian cancer services (2007)
- A guide to enhancing consumer and carer participation in Victoria's Integrated Cancer Services (2007)
- Achieving best practice cancer care: A guide for implementing multidisciplinary care (2007)
- Linking cancer care: A guide for implementing coordinated cancer care (2007)
- Victoria's Cancer Action Plan 2008-11
- Providing optimal cancer care: Supportive care policy for Victoria (2009)

In addition, the following GICS plans will form the guidance for GICS staff in the detailed implementation of the plan and will be used to monitor progress against GICS priorities:

- GICS Strategic Plan implementation activities tables
- GICS Quality Plan
- GICS IT Plan 2007
- GICS Supportive Care Strategic Plan

Fig. 1. Illustration from Victoria's Cancer Action Plan December 2008



## context

GICS is one of nine ICS established in Victoria in 2004 - 2005. ICS are a State Health Department Initiative established as a cancer reform initiative out of the Government's Fighting Cancer Policy of 2003.

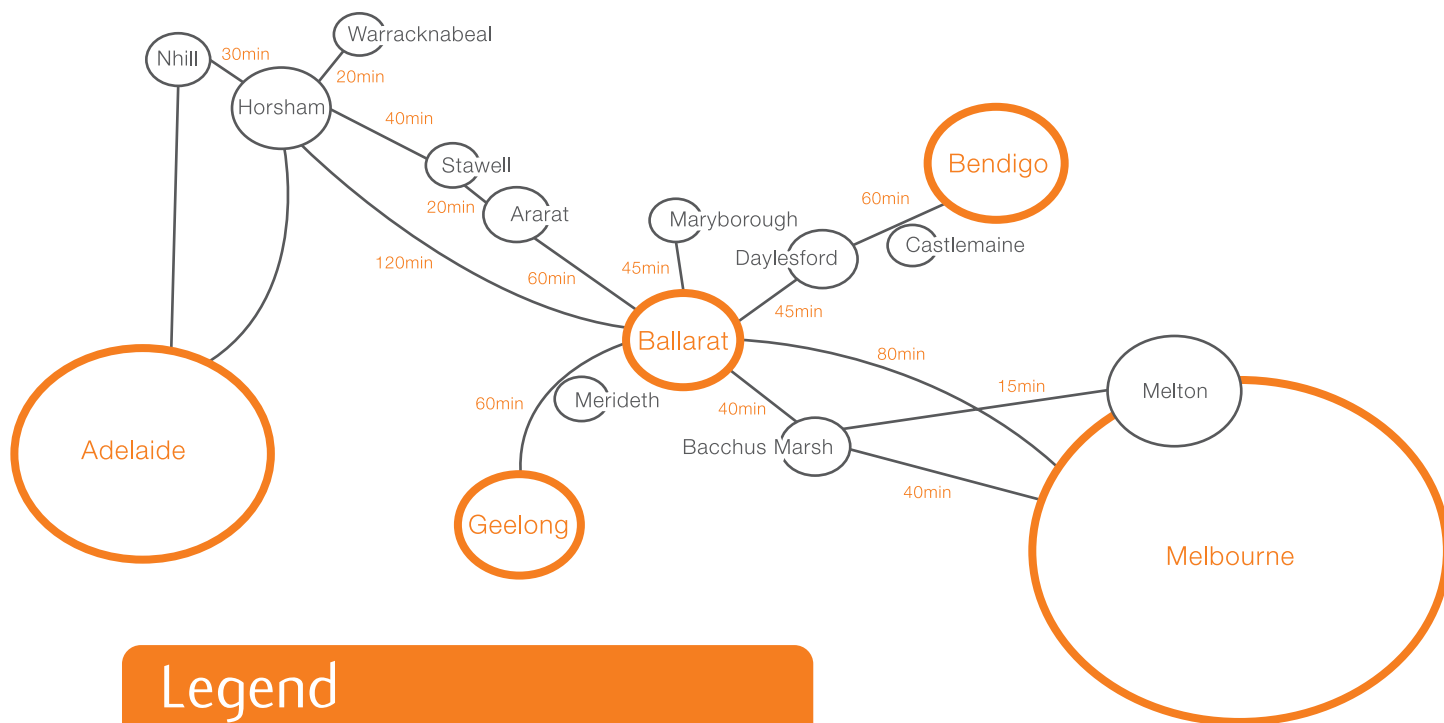
Since 2005, the Integrated Cancer Services (ICS) have been the key platform for cancer services improvement across Victoria. ICS are described in "A Cancer Services Framework for Victoria" as a state-wide service system for the delivery of cancer treatment and care. The aim is to develop a state-wide integrated cancer service system to improve the delivery of cancer services through the development of clear and formal communication processes, referral patterns and relationships between services to meet the needs of people with cancer. Services include public hospitals, community based health entities, general practitioners, private hospitals, psycho-social support services and palliative care services. It was envisaged that the ICS would drive the process with and through these services and include patients, their families and carers in consultations and planning activities.

### **GICS Background**

Grampians Integrated Cancer Service (GICS) commenced operations in 2004-2005. The Integrated Cancer Services' primary objective is to drive change at the local level and improve cancer services for those whose lives are impacted by this disease. GICS is therefore not a direct provider of services, but facilitates system development and service improvement by supporting local and regional services. While Department of Health policies guide the overall direction of the Integrated Cancer Services, GICS is also engaged in a range of initiatives related to its mission which are relevant in the Grampians Region and may not be specifically described in Health Department policy documents.

GICS serves the Grampians Region as indicated in the diagram on page 7, all towns in grey plus Ballarat are counted as within the Grampians Region. The Grampians population is approx 220,000, which is 4.3% of the total Victorian population of approx 5.1million.

Fig. 2. Shows distances between metropolitan and regional centres.



## Legend

Melbourne	3,900,000	Daylesford	14,000
Adelaide	1,200,000	Ararat	11,700
Geelong	211,000	Stawell	10,000
Bendigo	100,000	Castlemaine	7,000
Melton	92,000	Meredith	7,000
Ballarat	92,000	Maryborough	7,000
Bacchus Marsh	27,000	Nhill	6,800
Horsham	19,700	Warracknabeal	3,000

## Governance and Relationships

All Integrated Cancer Services are funded by, and report to, the Victorian Department of Health through the Cancer and Palliative Care Unit. Ballarat Health Services is the Host Agency for GICS.

Over time governance has become formalised to align with the growth and expectations of the program.

Key components of GICS Governance are:

- GICS member health services including its host agency
- GICS Executive Group
- Local Collaborative Tumour Groups
- GICS Director, Manager, Care Service Improvement Coordinators and Support Staff

The Integrated Cancer Services' Chairpersons, Directors and Managers meet regularly at several strategic levels to ensure collaboration between the ICS regions and sharing of resources to implement a cost-effective solution in the fight against cancer in Victoria.

The GICS chair and senior staff are members of various state wide ad hoc or standing committees addressing various issues. The GICS Director is a member of the ministerial implementation committee for VCAP in his individual capacity.

GICS' main relationships are with the service providers in the region and with referral points, which are mainly in metropolitan Melbourne but which currently include Geelong for supplementary radiotherapy services. In developing referral options, the appropriateness of the service and ease of geographic access for the patient must be the major considerations.

ICS Governance arrangements are being strengthened by the issuing of a new Memorandum of Understanding for 2009-12 which documents a shared understanding of the principles, objectives and governance framework of the ICS. In the period of this strategic plan the GICS secretariat will work with the stakeholders to ensure adoption and implementation of the recommended governance arrangements in this MOU, including the overhaul and adoption of the updated Terms of Reference and the setting up of Executive Sub-committees for the following:

- Review and recommendations regarding grant proposals received from within the ICS or partnering with other ICS
- Supportive care activity planning
- Consumer engagement activity planning.

## Vision, Mission and Strategic Goals

The **Vision Statement** developed for the Integrated Cancer Services (ICS) in Victoria is:

- Connecting cancer care, driving best practice and improving patient outcomes.

**GICS Mission is:** To improve the experience and outcomes for those with cancer and their carers and families by:

- Improving access to high quality, integrated, patient centred services close to home.

The ICS **Strategic Goals** are:

### 1. Implement best practice models of care

- 1.1 Enhance the provision of multidisciplinary care by facilitating delivery of evidence-based care that meets the treatment and supportive care needs of people affected by cancer.
- 1.2 Enhance the delivery of supportive care by facilitating the identification of supportive care needs and promoting access to resources and/or services that meet the needs of people affected by cancer.
- 1.3 Develop innovative models for follow up care that allows people affected by cancer to receive optimal care in a range of settings through a multidisciplinary and multi-sector approach.

### 2. Improve the effectiveness of care through system coordination and integration

- 2.1 Develop an effective service system configuration by creating formal linkages within and across ICS.
- 2.2 Develop partnerships and implement referral pathways that foster networking at the regional and inter-regional levels.

### 3. Systematically monitor processes and outcomes of care to improve system-wide performance

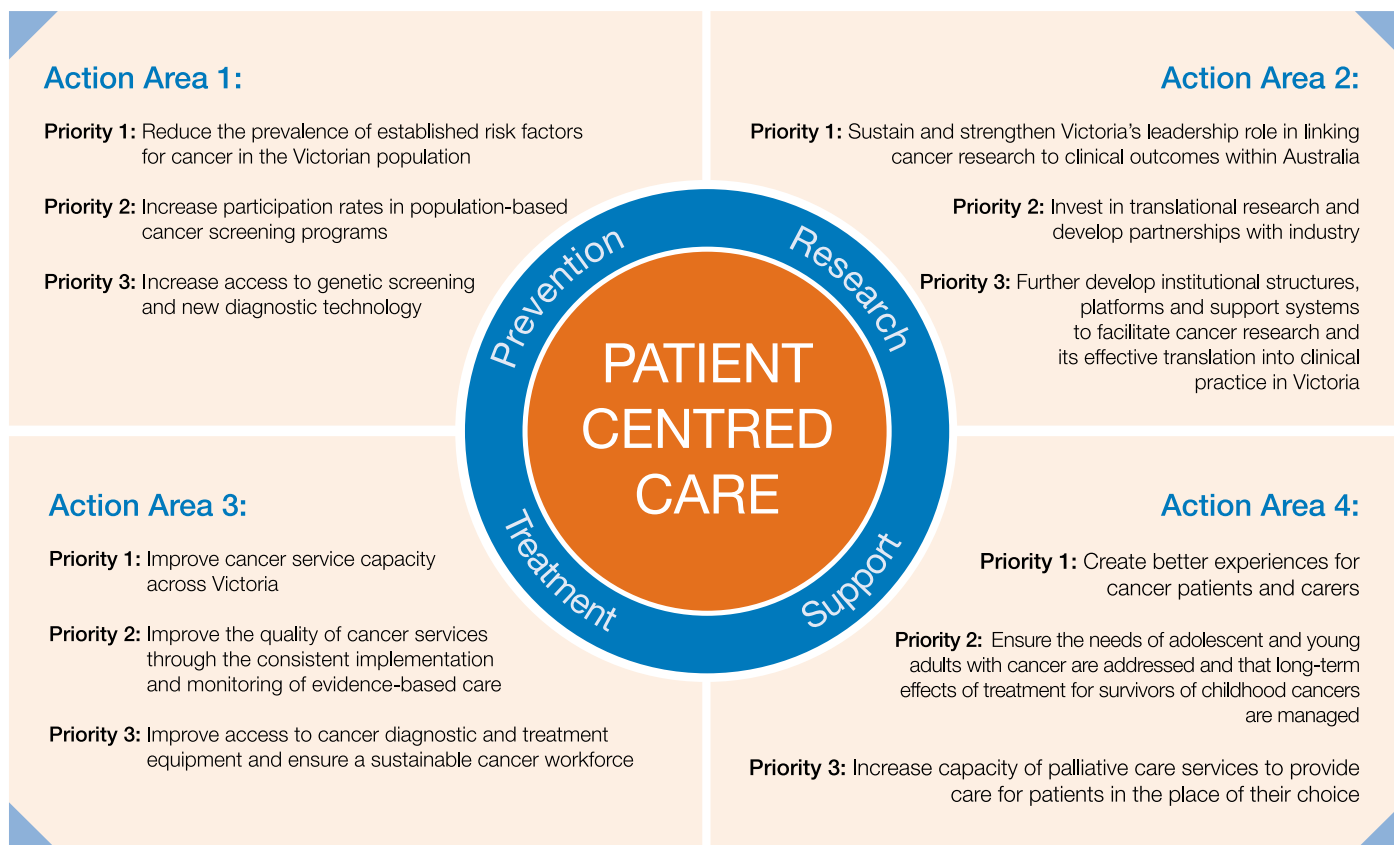
- 3.1 Routinely measure, monitor and improve performance and inform providers and the Department of performance.
- 3.2 Support clinical governance in health services delivering cancer care.

In addition GICS has the following Strategic Goal

### 4. Strengthen organisational capacity

- 4.1 Optimise communications and planning activities between GICS and stakeholders.
- 4.2 Build office capabilities for running meetings and workshops in-house.
- 4.3 Develop staff skill sets to ensure delivery of the strategic plan.

These strategic goals are related to the Action areas in VCAP and fall mainly in Action Areas 3 and 4, see VCAP diagram below at Fig 3.



# principles of service delivery

The principles which guide the activities and practice of GICS are as follows:

- To facilitate and support high quality patient care by maintaining a patient centred approach: the right people, right place, right information and right time leading to the right treatment.
- To achieve service improvement in the region through facilitation, support and capacity building.
- To build and support linkages and referral networks across the system using multidisciplinary meetings as a key action.
- To use resources efficiently and effectively to meet regional needs.
- To provide up to date information to patients, carers and service providers to support appropriate decision making.
- To advocate for the needs of patients, carers and service providers in the region.

“The actions we are taking are intended to ensure that **every person has access to high-quality health services** at every point of the cancer pathway”

– Victoria’s Cancer Action Plan December 2008

## key areas of action

The GICS team works with health services to improve cancer services for patients and their families and carers in a variety of ways. The emphasis is on Patient Centred Care as articulated in VCAP. In the multidisciplinary care setting, GICS facilitates and hosts multidisciplinary meetings for breast, lung, colorectal, upper GI and head and neck cancer tumour streams. Linkage of clinicians into metropolitan based multidisciplinary meetings for lymphoma and gynaecological cancers is also facilitated.

GICS funds and facilitates cancer service quality improvement projects within the region which are carried out both internally by GICS staff, and externally by varied workforce members who deliver cancer treatment and care. GICS facilitates the generation and/or delivery of cancer education programs for regional staff who are otherwise unable to easily access courses on new or updated cancer treatments and data.

As well as service improvement, research is a key focus for GICS. GICS has maintained a regional focus in this area, fostering relationships and encouraging regional institutions to develop their research interest in cancer. In particular this has included working with Ballarat University in supportive care.

## key challenges

The key challenges facing GICS in the successful implementation of the strategic plan are:

- Relationships with stakeholders; these require strengthening and focus through greater understanding of GICS' role in supporting and assisting stakeholders in the delivery of VCAP targets and milestones which will be facilitated through more regular shared planning activities - a key message is that it is not GICS' sole responsibility to deliver on the targets.
- Sustainability; in particular with respect to MDMs, but also with regards to the outcomes of all GICS funded projects.
- Human resources; Matching of locally available staff, with relevant skill sets, to projects in a timely manner: balancing the proportion of FTE with project funding, and the challenge of allocating time to regional or central processes when participating in statewide policy and program issues involves considerable travel time to and from Melbourne.
- Research; achieving a balance between initiating and facilitating research, and reviewing practice guidelines which emerge from cancer research and assisting implementation as appropriate in the region.

## 2009 - 2012 priorities

To support the ICS Strategic Goals and effective implementation of the Victorian Cancer Action Plan and the Supportive Care Policy in achieving patient centred care, the priorities for GICS for the period of this plan are as follows:

1. Implementing the Supportive Care Policy, with a priority on screening for supportive care needs and mapping the referral patterns and gaps. (VCAP Action Area 4, Priorities 1, 2, 3)
2. Continuing development of the multidisciplinary meetings (MDMs) with a focus on increasing the frequency of MDMs to make more decision making prospective, and extending MDMs to cover all top ten tumour streams. (VCAP Action Area 3, Priority 2)
3. Ensuring the use of best available technology to facilitate multidisciplinary decision making within geographically dispersed groups. (VCAP Action Area 3, Priority 2)
4. Improving data collection with an emphasis on cancer outcome data. (VCAP Action Area 3, Priority 2)
5. Improving care coordination by: agreeing with clinical governance groups and MDT leading clinicians a set of internationally accepted cancer guidelines for the major tumour streams treated in the region; entering into a partnership with metropolitan centres, to agree a protocol for inter-service patient transfers. (VCAP Action Area 3, Priorities 1,2)
6. Increasing cancer research in the Grampians Region, including in non clinical areas, by identifying priorities and increasing alliances with Centres of Excellence and other appropriate researchers. (VCAP Action Area 2, Priority 1, 2, 3)
7. Investigating appropriate new workforce models to build capacity, including introducing the nurse practitioner role. (VCAP Action Area 2, Priority 1; Action Area 3, Priority 3; Action Area 4, Priority 2)
8. Identifying strategies to improve the health of vulnerable and disadvantaged communities. (VCAP Action Area 1, Priority 1)
9. Engaging with all stakeholder signatories to the MOU and any other bodies involved in cancer care or advocacy, - by improving the effectiveness of communication and partnerships, GICS seeks to work with, and through, regional bodies to ensure GICS priorities are agreed with other bodies and written into their Strategic Plans where appropriate.
10. Strengthen GICS organisational capacity by installing technologies allowing multi-media connectivity, ongoing staff training and development and improving communications with all stakeholders and across relationships.

These priorities were developed from the session at the Strategic Planning workshop held for GICS staff.

See Appendix 1 for tables linking the ICS Strategic Goals, VCAP priorities, targets and milestones with the GICS priorities

# organisational change

The GICS role in effecting change in the treatment and care of people with cancer is particularly challenging.

**Firstly**, change is required at many levels: the individual clinician or carer, teams within organisations, and interactions between organisations. Successful change in this environment occurs only when participants recognise that they are operating within a complex system. Participants can then progress from a narrow “cause and effect” perspective within the boundary of their organisation to recognition that system-wide change is required to improve outcomes for people with cancer.

**Secondly**, the GICS team operates exclusively through influence and has no power to compel change. The Integrated Cancer Services have a mandate to generate change in the private and public sector and their associated organisations that deliver care to people with cancer. However, organisations are typically focused on providing the best possible services with limited resources, so interventions from the Integrated Cancer Service may be seen as a distraction.

GICS can deliver results precisely because it is working through influence, and thus developing models for working across organisational boundaries. These models can then be used by organisations within the network that are struggling to work successfully with others and gain commitment to shared goals.

**Thirdly**, the required changes are overwhelmingly behavioural, and behavioural change is difficult to initiate and measure. It is essential that the change program includes measurement of results. Proposals for change should incorporate valid and reliable measures of change, including behavioural change, recognising that coordinated behavioural change may be required simultaneously in different organisations.

**Finally**, there is little evidence of the application of academic research on the management of change directly relevant to networking approaches in complex health systems, such as ours. Success of the GICS program will be enhanced by developing the understanding by participating organisations of models of systems change.

## Strategic Planning Process

Margaret Hansford from Partnership Solutions facilitated a workshop in July 2009 for GICS secretariat staff, some of whom were new to Strategic Planning.

Following the workshop, staff worked with Margaret on implementation planning to guide them with team and individual objectives over the next 3 years. These tables were originally part of the larger plan when presented to the GICS Executive. They have subsequently been removed to form a separate document as they include a high level of operational detail.

GICS Executive input, received at a special Strategic Plan meeting on 2nd September, has been incorporated into the plan. The GICS Executive comprises members who represent many of the main stakeholder agencies and services across the region and thus their input was a surrogate for wider process participation. The excerpt in the adjacent box from the GICS Executive Terms of Reference amplifies this point.

GICS is working on its consumer engagement strategy for 2009 to 2012 as part of the Supportive Care planning and will include focus group work towards the Supportive Care Strategic Plan which will sit within this overall plan. GICS will seek an evaluation of the overall Strategic Plan via the Annual Forum to be held in February 2010. Input from attendees, who will include health service Chief Executives, senior managers, clinicians and consumers will be used to update the plan.

## Membership Criteria

These are based on representing all cancer services providers and consumers within the Grampians Region and may include the following:-

- a) Consumers
- b) Geographical representation across the region
- c) Sectors
  - I. Public
  - II. Private
- d) Major specialist professional providers of cancer services
  - I. Surgeons
  - II. Medical Oncologists
  - III. Radiation Oncologists
  - IV. Palliative Care
  - V. Oncology Nursing
- e) Fundholding agency
- f) Management of health agencies
- g) Department of Health
- h) Community based services:
  - I. Nursing (Hospice and Community)
  - II. Medical (GPs)
  - III. Allied Health
- i) Research and Diagnostics

# appendix 1

## ICS Strategic Goals linked with GICS Priorities

This section sets forth GICS' highest priorities for the next three years linking them into the ICS Strategic Goals endorsed in December 2008 and indicating relevant VCAP Action areas and targets and/or GICS timing and responsibilities. Please note that where the VCAP targets nominate dates, GICS' plan adheres to those dates. GICS timing reflects the fact that many of the activities have been ongoing for some time and will continue even beyond the VCAP targets, where these are not 100% complete. GICS staff have scheduled Strategic Planning Update meetings where they review achievements against the plan but also check against the detailed tasks contributing to the strategic goals which are listed in the implementation tables allowing for closer monitoring of progress. *(please refer to legend below)*

	VCAP target ref	GICS timing and responsibility
<b>1. Implement best practice models of care</b>		
<b>1.1 Enhance the provision of multidisciplinary care by facilitating delivery of evidence-based care that meets the treatment and supportive care needs of people affected by cancer.</b>		
<ul style="list-style-type: none"> <li>Continue development of MDMs with a focus on increasing the frequency of MDMs to ensure prospective decision making; extending MDMs to cover top ten tumour streams (GICS priority 2)</li> </ul>	A3,P2,3.07	Ongoing, D,MDMC
<ul style="list-style-type: none"> <li>Use best available technology to facilitate MDMs within geographically dispersed group (GICS priority 3)</li> </ul>	A3,P2,3.07	Q1 2010 D,M,QC
<b>1.2 Enhance the delivery of supportive care by facilitating the identification of supportive care needs and promoting access to resources and/or services that meet the needs of people affected by cancer.</b>		
<ul style="list-style-type: none"> <li>Implement Supportive care screening following mapping of existing services, identify gaps (GICS priority1)</li> </ul>	A4,P1, 4.04	Pilot starting Q4 2009, M,SCPO
<ul style="list-style-type: none"> <li>Train Supportive Care workforce in screening processes and survivorship awareness (GICS priority 1)</li> </ul>	A4,P1,4.03	Q1 2010 and ongoing, M,SCPO
<b>1.3 Develop innovative models for follow up care that allow people affected by cancer to receive optimal care in a range of settings through a multidisciplinary and multi-sector approach.</b>		
<ul style="list-style-type: none"> <li>Introduce Nurse Practitioner role (GICS priority 7)</li> </ul>	A3,P3	Q1 2010 to Q4 2011

**Legend:**  
 A=Action area in VCAP, P=priority in VCAP, 1.00= target/milestone in VCAP per roles and responsibilities document from DoH D=Director,M=Program manager, QC= Quality, CSIC= Cancer service Improvement officer Co-ordinator, MDMC= Multidisciplinary Co-ordinator, SCPO=Supportive Care Project Officer, PM=Project Manager

## 2. Improve the effectiveness of care through system coordination and integration

VCAP  
target ref

GICS timing and  
responsibility

2.1 Develop an effective service system configuration by creating formal linkages within and across ICS.

- Partner with metro ICS for patient transfer optimization – care co-ordination (GICS priority 5)

A3,P1

Q1 2010, D,M,PM

2.2 Develop partnerships and implement referral pathways that foster networking at the regional and inter-regional levels.

- Facilitate the increase of cancer research, both clinical and non-clinical by identifying priorities with stakeholders and increasing alliances with research centres of excellence such as the Cancer Care Research Centre at Stirling University (GICS priority 6)
- Support bodies in the region seeking to improve the health of vulnerable and disadvantaged communities to facilitate data collection and development of health improvement strategies (GICS priority 8)

A2,P1,2,3

Q4 2009 D,M,QC

A1,P1 and 2,  
Targets 1.03,  
1.08,1.09,  
1.10

Q3 2009, submit  
to EXEC Q4 then  
ongoing D,SCPO

## 3. Systematically monitor processes and outcomes of care to improve system-wide performance

3.1 Routinely measure, monitor and improve performance and inform providers and the Department of performance.

- Improve cancer outcome data collection and utilisation (GICS priority 4)

A3,P2,3.10

Ongoing D,QC

3.2 Support clinical governance in health services delivering cancer care.

- Agree with clinical governance groups and MDT leading clinicians a set of internationally accepted cancer guidelines for the major tumour streams treated in the region (GICS priority 5)

A3,P2, 3.07

Ongoing complete  
by Q4 2010  
D,MDMC

4. GICS additional strategic goal - strengthen GICS organisational capacity	Timing / responsibility
4.1 Optimise communications and planning activities between GICS and stakeholders	
<ul style="list-style-type: none"> <li>• Prepare communications plan, including utilization of GICS website to communicate GICS purpose and activities to all stakeholders in the region (GICS priority 9)</li> </ul>	End February 2010, M and QC
<ul style="list-style-type: none"> <li>• Establish joint planning sessions with major stakeholders and ensure shared strategic plan objectives are written into their strategic plans where appropriate</li> </ul>	From October 2009 and ongoing, D,M
4.2 Build office capabilities for running meetings and workshops in house	
<ul style="list-style-type: none"> <li>• Obtain technologies which enable and enhance communication and collaboration with stakeholders, other ICS and various external bodies(GICS priority 4)</li> </ul>	End December 2009, D and M
<ul style="list-style-type: none"> <li>• Train GICS staff in optimal use of the technologies, use the technologies to encourage efficient use of staff time and enable regional working patterns (GICS priority 10)</li> </ul>	End February 2010, QC
4.3 Develop staff skill sets to ensure delivery of the strategic plan	
<ul style="list-style-type: none"> <li>• Review staff skills, identify development opportunities (GICS priority 10)</li> </ul>	End December 2009, M
<ul style="list-style-type: none"> <li>• Map skill or FTE deficits to make business case for any additional FTE required to deliver on this plan (GICS priority 10)</li> </ul>	End January 2010, M

“The Integrated Cancer Services.... are central to the implementation of the plan and will play an important part in **ensuring that the actions and initiatives implemented through the Plan maintain a strong focus** on improving patient care.”

– Victoria’s Cancer Action Plan December 2008



**Grampians Integrated  
Cancer Service (GICS)**

804 Sturt St, Ballarat 3350  
PO Box 577, Ballarat 3353  
P: (03) 5320 4782  
F: (03) 5320 4076  
[www.gics.com.au](http://www.gics.com.au)