



**Grampians Integrated
Cancer Service (GICS)**

www.gics.com.au

2017-18
ANNUAL REPORT



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GICS VISION

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

GICS MISSION

GICS will achieve the vision by:

- › understanding the needs of people affected by cancer;
- › building and supporting collaboration between health professionals, health services and consumers;
- › driving quality improvement in cancer care;
- › supporting the development of cancer workforce;
- › facilitating system-wide engagement in cancer research.

WHO WE ARE

Established in 2004, Grampians Integrated Cancer Service (GICS) is a cancer service improvement organisation covering the Grampians Region, with the primary aim of improving the experiences and outcomes of those affected by cancer.

The Victorian Cancer Plan 2016-2020 (Department Health and Human Services) provides the overall strategic policy direction for Integrated Cancer Service's activities. GICS is funded by the Department of Health and Human Services (DHHS) with Ballarat Health Services (BHS) acting as fund holder.

GICS is not a direct provider of services, but facilitates system development and service improvement by supporting local and regional services. As an independent organisation GICS is governed by a Governance Group comprised of key regional stakeholders. The governance of the organisation is further underpinned by a Memorandum of Understanding between GICS and health service providers across the Grampians Region.

The Grampians Region stretches from the South Australian border in the west to Bacchus Marsh in the east, and from Edenhope to Hopetoun in the north. The area covers almost 50,000 square kilometres and a population of nearly 220,000 people.

ABOUT THIS REPORT

This report is designed to give our stakeholders an insight into the diversity of the activities undertaken by GICS during 2017/18. A summary of the financials is contained within this report.



The Grampians Integrated Cancer Service is supported by the Victorian Government

Front cover image:

Kindly provided by Lynton Brown

OUR MESSAGE

From the Chair, Clinical Director and Strategic Director

It is with pleasure that we present to you the Grampians Integrated Cancer Services (GICS) Annual Report for 2018. After being successful with a number of grant funding opportunities, our team has been busy working with health services and consumers across the Grampians Region and at the statewide level to deliver a range of projects.

This report outlines our progress with implementing the Victorian Cancer Plan (2016-2020), and examples of our work include: our project on building capacity to care for older people with cancer, implementation of optimal care pathways, the small towns health literacy project in the Wimmera, the pilot of My Cancer Care Record, the development of podcasts with consumers, and roll out of the Community Ambassador Program to name but a few. This effort does not however happen without the support and engagement of our stakeholders – at the consumer, community, clinician, and health service level, and we continue to be inspired with their commitment to deliver on the collective vision of “Improving patient experiences and outcomes by connecting cancer care and driving best practice.”

A key focus for the GICS Program Office has been to strengthen our networking and collaboration. It was pleasing to see this hard work pay off with feedback received from the 2018 stakeholder evaluation survey. 85% of respondents agreed that GICS is collaborative, and 87% would recommend to a colleague that GICS is a support (for improving the patient experience and outcomes by connecting cancer care and driving best practice).

However, we won't be resting on our laurels and will continue to refine our engagement strategies with consumers, clinicians and health services across our region.

The GICS Governance Group provides strategic oversight and accountability for the GICS Strategic Plan. Following the conclusion of membership terms, there has been a change in membership to the Governance Group. We sincerely thank Dr Craig Carden, Katherine Gillespie, Catherine Morley, Don McRae and Sean McDermott for their passion and wise counsel over the last three years. We welcome Carmel O'Kane, Anne Scott and Dr Swe Myo Htet as new members to the Governance Group.

As we move into the next year, GICS has taken the important step of relocating to the Ballarat Integrated Cancer Centre (BRICC). The intention is to strengthen the dual roles that BRICC and GICS have for regional engagement and cancer service improvement.

The forthcoming year will see coordinated effort regionally and at the state-wide platform to continue to deliver the outcomes of the Victorian Cancer Plan.



Mr. Dale Fraser
Chair



Mr. David Deutscher
Clinical Director

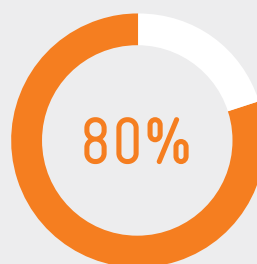


Ms. Joanne Gell
Strategic Director

VICTORIAN CANCER PLAN

An annual workplan guides the activity of the GICS Program Office. This year, it is presented in line with the Victorian Cancer Plan Action Areas of:

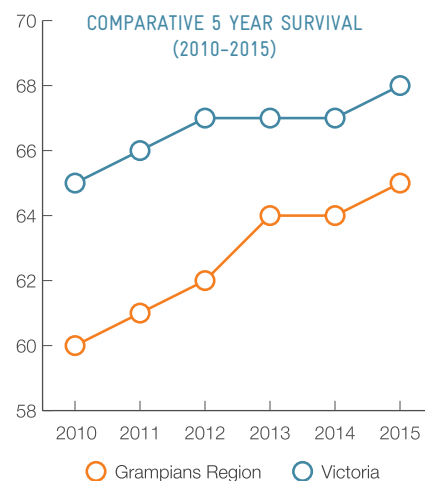
1. Prevention
2. Screening and Early Detection
3. Treatment
4. Wellbeing and support
5. Research



80% of GICS workplan activities were achieved between July 2017 and June 2018.



For the Grampians Region, our challenge is to reduce the number of preventable cancer related deaths by 50 people each year – which equates to 450 additional lives saved by 2025. Our intention is also to improve one and five year survival rates, across the Region, and our latest 5 year survival rates indicate that, as a system, we are on track.



The quality of cancer care is important for the Grampians community. GICS commenced a cancer patient experience survey this year, with more than 1200 patients receiving cancer treatment across the Region invited to participate. The results of the survey will be used to benchmark the quality of care provided in our region as well as identify service improvement activities.

WE WILL SAVE 100,00 LIVES BY 2025

ACTION AREA: PRIMARY PREVENTION, SCREENING AND EARLY DETECTION

Over the past year, GICS has collaborated with Western Victoria Primary Health Network and the three catchment primary care partnerships to develop and implement locally relevant prevention and early detection strategies. This included successfully advocating for 'healthy eating and active living' to be recognised as priorities for action by Local Government and services across the Region.

Work with the PHN has focussed on implementing the bowel and lung optimal care pathways, with the establishment of Healthpathways to streamline referral processes and provision of education to GPs and primary care teams across the Grampians.

OPHELIA PROJECT SMALL TOWNS CANCER STRATEGY

The Grampians Ophelia Project is focussed on understanding the health literacy needs within the community and developing interventions.

The project team is led by the Wimmera Primary Care Partnership (WPCP) and supported by GICS.

Funded by the Department of Health and Human Services, phase three of the project focussed on developing community-owned local cancer strategies within two small towns in the Grampians region - Nhill and Warracknabeal.

Outcomes for Nhill:

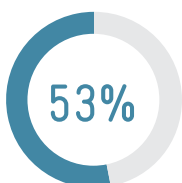
- Two skin check clinics were conducted at West Wimmera Health Service (WWHS) and over 100 people attended.
- A men's health information night was held. Thirty two men attended the presentation on a variety of topics including skin cancer and prostate health. Over twenty men had their blood pressure checked on the night.
- A 12-week fitness program was held for CFA volunteers. Attendees experienced reduced blood pressure, weight loss and improved fitness.
- A travel fact sheet was developed to help people understand travel and accommodation options throughout the region.

Outcomes for Warracknabeal:

- A six-week 'Table for one' program covering healthy eating, exercise and general wellbeing was hosted by Warracknabeal Neighbourhood House to 10 cancer patients/survivors that live alone.
- A campaign to promote awareness of the Cancer Resource Nurse's (CRN's) was conducted.

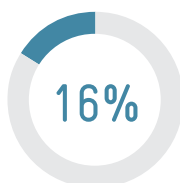
WE ARE AT RISK!

OVERWEIGHT
OR OBESE



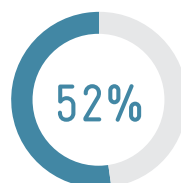
OVERWEIGHT
Being overweight or obese increases risk of developing cancer

CURRENT SMOKERS
18 YRS OR OLDER



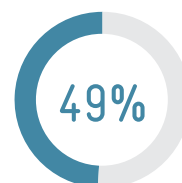
SMOKING
Smoking is a leading cause of cancer and death from cancer

ALCOHOL INTAKE PER DAY
(AVERAGE) MORE THAN 2
STANDARD DRINKS



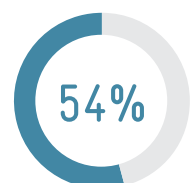
ALCOHOL INTAKE
Drinking alcohol can increase your risk of cancer of the mouth, throat, esophagus, larynx (voice box), liver and breast. The more you drink, the higher your risk

INADEQUATE FRUIT
& VEG INTAKE



INADEQUATE FRUIT & VEG INTAKE
Lack of adequate fruit & vegetable consumption increases cancer risk

NO OR LOW
EXCUSE



INADEQUATE EXCUSE
Lack of adequate exercise increases cancer risk

STATE AVERAGES

50%

13%

50%

49%

52%

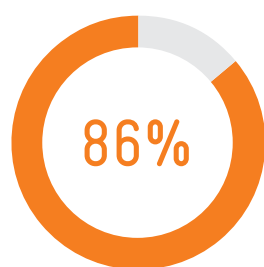


TREATMENT

OPTIMAL CARE PATHWAY IMPLEMENTATION

Optimal Care Pathways provide a standardised pathway and guide the delivery of patient centred, safe, high quality, consistent and coordinated best practice care for people with Cancer.

A key focus of the first year of OCP implementation related to developing overall awareness of the OCP's.



86% of Health service professionals rated their awareness of OCP's as high (Regional staff survey results). 36% above target for year 1.

In 2016 the Victorian Department of Health and Human Services (DHHS) commenced a staged approach to the implementation of Optimal Care Pathways (OCP).

Tranche 1 – October 2016 to November 2017 focused on Lung and Colorectal cancers

Tranche 2 – October 2017 to November 2018 focused on Prostate and Oesophagogastric cancers

The period of 2017 / 2018 subsequently incorporates work to implement four OCPs across Tranche 1 and 2, completion for Lung and Colorectal streams and commencement of Prostate and Oesophagogastric streams.

LUNG OCP

Investigating the provision of treatment and care for Lung Cancer patients in the Grampians Region against the optimal timeframes stipulated within the OCP indicated significant delays to diagnosis and treatment associated with having multiple entry points into the system and clinics working in isolation from each other with little focus on collaboration or coordinated care.

Subsequently, GICS worked in partnership with Ballarat Health Services and the Ballarat Regional Integrated Cancer Centre to create a Rapid Access Lung Lesion Clinic.

The clinic provides rapid assessment for patients referred with suspected or confirmed lung cancer. Medical Oncology, Surgery and Respiratory medicine participate in the clinic supported by a Lung Care Coordinator with oversight of the patient journey acting as a single point of contact. During its first year of operation the clinic has achieved streamlined and timely care through an expedited assessment process.

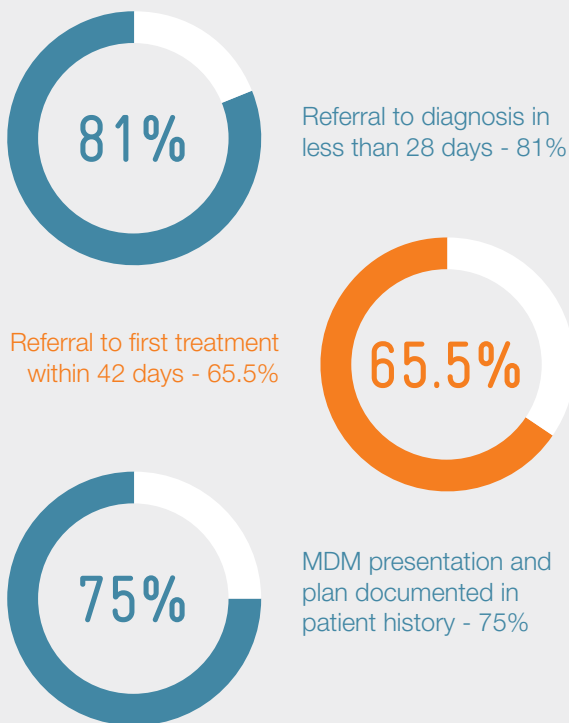
COLORECTAL OCP

Implementation of the Colorectal Optimal Care Pathway incorporated a focus on delayed access to Colonoscopy, including the addition of CT Colonography as an alternative diagnostic activity for low risk patients.

Work on improving access to Colonoscopy at Ballarat Health Services continues to be supported by GICS.



LUNG OCP OUTCOMES



Patients have reported positively of their experience of the clinic:

"They kept me well informed. Understanding what was happening was just amazing. The fear of the unknown wasn't there."

"She didn't leave you hanging or anything like that. If you wanted to know something and she didn't know it off hand well she'd find out & let you know"

"I think you need someone like [the care Coordinator] in each team it easier for the patient but I think it would make it much easier for the medical team to because there's a contact point for everybody and there's somebody orchestrating the chorus- what's happening, when, how and what. I think having someone like that is almost invaluable"

OESOPHAGOGASTRIC (OG) CANCER

Approximately 58 people across the Grampians are diagnosed with OG cancer each year.

OESOPHAGOGASTRIC (OG) CANCER IN THE GRAMPIANS

119
LIVING WITH
OG CANCER



32
DEATHS
PER YEAR



31%
5 YEAR SURVIVAL
GASTRIC CANCER



11%
5 YEAR SURVIVAL
OESOPHAGEAL CANCER



Fortunately, once diagnosed, audits have identified that patients receive timely access to treatment in the Grampians. OCP implementation work this year has concentrated on timeliness and coordination of dietetics care. This is in acknowledgement that significant weight loss is frequently associated with a diagnosis of OG cancer and that early referral to dietetics can improve treatment outcomes.

Patients are frequently required to travel from rural areas to have treatment in Ballarat. The identification of patient supportive care needs and the coordination and delivery of after treatment care and support closer to home is a further focus area for implementation.

TREATMENT

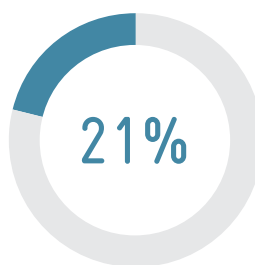
PROSTATE OCP

Two Prostate Cancer Regional Networking events and a Regional Prostate Cancer Patient experience study have identified areas for further focus in enhancing the quality of care received by patients having their treatment in the Region.

Implementation of the Prostate OCP has identified a model of care in the Grampians characterised by high levels of patient supported decision making with regard to available treatment options. Information delivery and support is tailored to the information to the needs of the individual enabling patients to understand and decide which of the available treatment options they may wish to pursue. The Prostate OCP describes these practices as providing optimal care.

Implementation work aims to strengthen opportunities for shared care across the care continuum and to provide a more comprehensive approach to information giving and management of patients prescribed Androgen Deprivation Therapy (ADT).

Further areas of focus are associated with reducing unmet supportive care needs for patients in the period following cancer treatment for people living in rural areas. Patients identified high quality patient care during diagnosis and treatment, however, reported concerns in relation to the late effects of treatment and their ability to access appropriate support.



21% of patients reported having unmet supportive care needs in the period up to 24 months post the end of treatment.

(Grampians Region Prostate Cancer Experience Study Feb 2018).

"On one hand I sort of knew what to expect but it wasn't very nice. Often I am just wringing wet with perspiration. The weight gain is the worst. I went from 84 I think before to nearly 100 when I was last weighed. I'm still fat and hot, every decision comes with a cost".

"This after affects thing.....it needs to be expanded a bit to explain what can happen or what is going to happen".



MULTI-DISCIPLINARY MEETINGS

Multidisciplinary care is an integrated team approach to health care in which medical and allied health care professionals consider all relevant treatment options and develop collaboratively an individual treatment plan for each patient.

In Ballarat, multidisciplinary meetings are a collaborative initiative of Ballarat Health Service and St. John of God Healthcare, Ballarat. Six meetings, spanning seven tumour streams, are supported by GICS. Wimmera Healthcare Group (WHCG) run a combined MDM in Horsham. Ballarat Urology also coordinate a regional Urology MDM.

In the 2017-2018 financial year, 112 meetings were held in Ballarat incorporating 726 discussions of 572 individuals.

This represents a 6% average increase over the previous year. Improvements in timeliness of care were made by enabling fortnightly neuro-oncology meetings commencing January 2018.

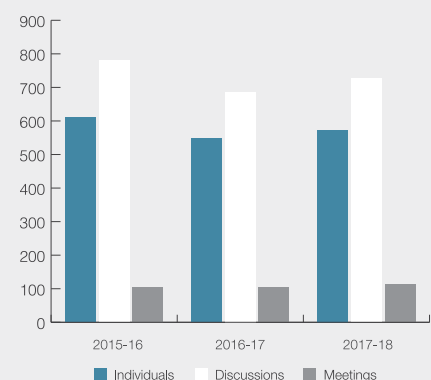
In the table below, figures for the previous year are shown in parentheses ().

Meeting stream	# Meetings	# discussions	# individuals	Average Incidence (CCV)
Breast	23	163 (153)	139 (132)	-
Invasive Primaries	-	-	110	172
GI – ALL - Includes:	23	227 (222)	177 (179)	-
Colorectal			100*	205
Upper GI			63	123
Head & Neck	23	126 (141)	88 (104)	-
Primary H&N	-	-	42	50
Endocrine	-	-	12	21
Neuro-oncology	9	25 (17)	21* (16)	CNS 26
Thoracic	19	147 (124)	119 (99)	-
Lung Primary	-	-	91	135
Gynae (link to MMC)	11	38 (30)	33 (25)	73
Wimmera Jan-Jun 2018	5	29	26	-

Notes:

- Average incidence incorporates the entire Grampians health region.
- Colorectal includes 7 cases for ongoing management with original dates of diagnosis back to 2015 and 4 cases for discussion of metastases from primary colorectal cancer.
- Neuro-oncology discusses both primary CNS cases and metastatic cases from other primary sites.
- In the 6 months January – June 2018, WHCG MDM discussed 6 Breast, 8 Skin (6 melanoma), 7 colorectal (2 Rectum), 3 upper GI and 2 Other sites.

MDM BY YEAR



The transition of the Ballarat meetings to management by BHS is expected to occur in 2019.

WORKFORCE DEVELOPMENT

The Cancer Nurse Educator (CNE) Oncology role delivers evidenced based cancer care education throughout the Grampians region.

The 'Best Practice Clinical Learning Environment Framework' (BPCLE) supports the education delivered.

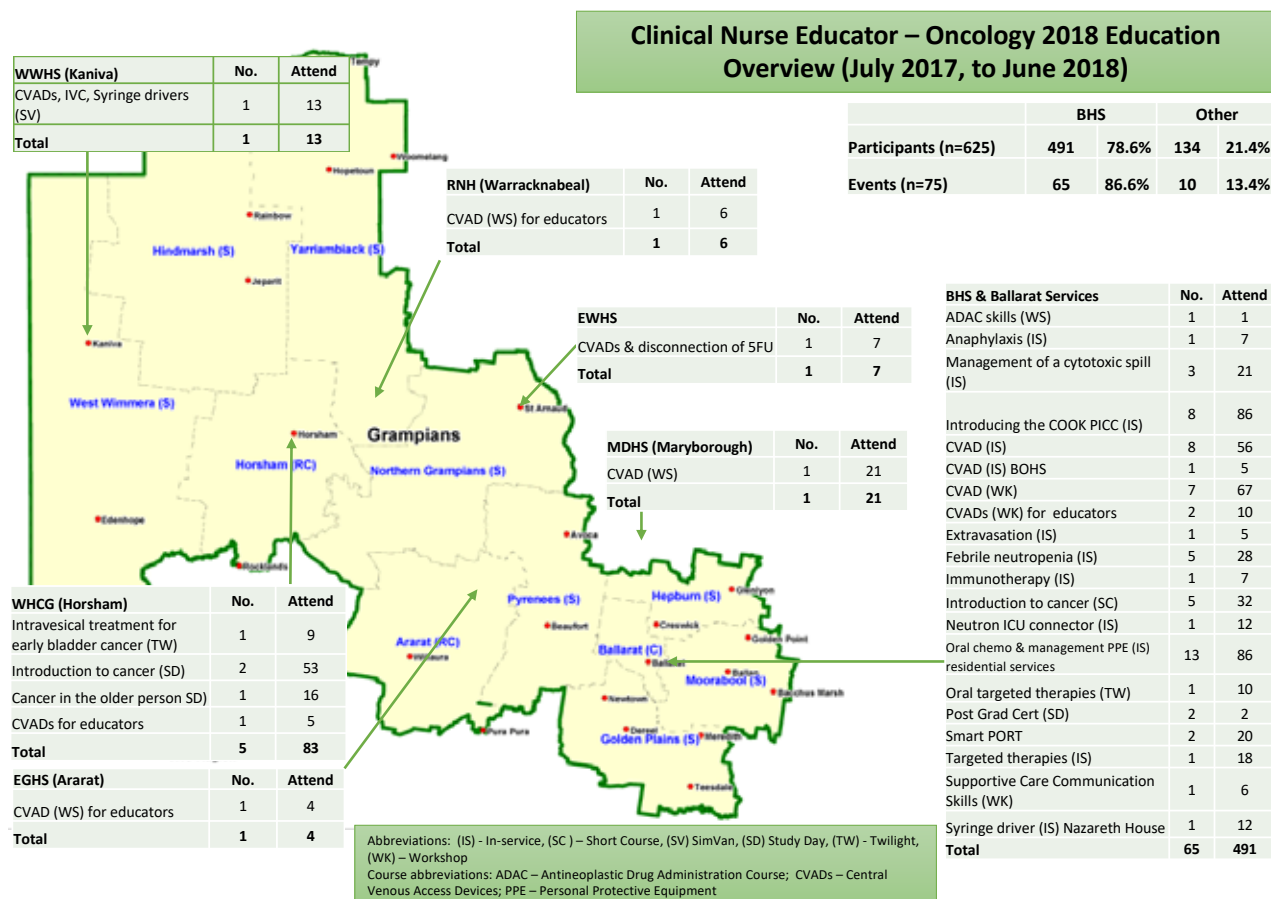
Overall, the education delivered (both structured and non-structured programs), have been highly valued by participants, both in the breadth of topics and quality of content delivered.

75 professional development events were conducted across the Grampians Region during the year, attracting over 487 participants.

13% of events were held in regional settings, which is a reduction of 18% compared with last year. While more events were conducted in Ballarat, there was a greater reach of services supported (other than BHS).

New programs such as the Introduction to Cancer Short Course for Health Care Professionals encourages nurses to consider applying for credit towards the Post Graduate Certificate in Clinical Nursing Oncology and other clinical and contemporary study days have been delivered regionally such as the Intravesical Treatment for Early Bladder Cancer and Cancer in the Older Person.

THE MAP BELOW ILLUSTRATES THE EDUCATION DELIVERED THROUGHOUT THE GRAMPIANS REGION IN THE 2018-2018 FINANCIAL YEAR.





CANCER RESOURCE PRACTITIONER TOOLKIT

A project undertaken in Victoria's Wimmera region successfully trialled the role of Cancer Resource Nurses, or Practitioners as a strategy to ensure 'every patient experiencing cancer in the Wimmera area is supported and receives the best care at the right time as close to home as possible'. The role is now embedded in three services across six sites in the Wimmera, as well as Maryborough District Health Service.

There is an opportunity for other rural health services to similarly incorporate the Cancer Resource Practitioner role as part of their service offerings.

A Cancer Resource Practitioner Toolkit, has been developed to support rural health services establish and support Cancer Resource Practitioner roles, building on the lessons learnt in the Wimmera.

The toolkit provides resources for adaption by health services, to support recruitment, training, service promotion, and evaluation/quality improvement associated with the Cancer Resource Practitioner role.

Please go to: www.gics.com.au to access the toolkit

WHAT IS A CANCER RESOURCE PRACTITIONER?

A Cancer Resource Practitioner is a local generalist nurse or allied health professional who is trained to offer supportive care to people, families and carers affected by cancer in their area. They refer people with cancer to the right services as close to home as possible. They also offer support, information and links to community and specialist cancer services.

Main activities conducted with in this role include:

- Screening and assessing for supportive care needs
- Timely referral to relevant health care providers
- Timely communication; liaison among patients/carers, family members and the health care team
- Supporting telehealth with specialists
- Education and provision of information to patients/carers and family members
- Promoting patient and family participation in care
- Promoting a team approach to the delivery of physical and emotional support to patients/carers and family members
- Assisting patients/carers and family members to navigate the health care system by coordinating appointments to reduce time and travel, explaining services and advocating for them when appropriate

WHAT ARE THE BENEFITS TO HAVING A CANCER RESOURCE PRACTITIONER AS PART OF A RURAL MODEL OF CARE?

Evaluation of the Cancer Resource Nurse/ Practitioner role in health services in the Wimmera identified:

- A high level of support and acceptance by patients, community members and health professionals
- Streamlined referral process to ensure that referrals happen and are appropriate
- Improved patient experience, including patient and carer/family satisfaction
- Provision of a single and consistent point of contact for the patient with a cancer diagnosis and their carer/family
- Reduced duplication of service delivery during the active treatment, recovery and survivorship phases
- Patients travelled less distance for appointments, and saved money on travel costs
- When Cancer Resource Practitioners have protected time to their role to undertake pro-active identification, up to 90% of eligible cancer patients in their local area can be supported

WELLBEING AND SUPPORT

GICS CANCER CONVERSATIONS SERVICE IMPROVEMENT GRANTS

In 2016 GICS established a cancer service improvement grants program. A unique aspect of the grants program was the collaboration with consumers and communities during the evaluation and shortlisting process. Eight projects received funding, with the final projects completed this year.

WELLNESS ON WHEELS – BALLARAT HEALTH SERVICES

Led by Simone Noelker, Wellness Centre Co-ordinator, the project trialled the provision of complementary therapies (available in the BRICC wellness centre) to the town of Stawell.

The trial was a great success:

- A Stawell based massage therapist has been trained and continues to offer oncology massage to the residents of Stawell.
- View to expand the program to Horsham in the future.

"It's great that popular wellness programs available in Ballarat are now available to patients in Stawell"

– Simone Noelker

THE ROLE OF THE PRIVATE NURSE IN A PRIVATE ONCOLOGY PRACTICE – BALLARAT CANCER CARE

Led by Angela Meaney and Chrystal Fitzgerald, Practice Nurses, the project trialled the role of a Cancer Co-ordinator to provide emotional and practical support and information to patients.

The role highlighted the need for a nurse to help patients navigate appointments, procedures and treatments, particularly to oral chemotherapy patients.

"This grant has supported Ballarat Cancer Care establish the role of a practice nurse and has highlighted the need for a central person to assist the consumer navigate their way through their cancer treatment"

– Angela Meaney

ACUPUNCTURE PROGRAM IN BRICC WELLNESS CENTRE

Led by Simone Reeves, Radiation Oncologist, Campus Director (BAROC), the project succeeded in piloting a program that provided patients an alternative to medications for managing hot flushes induced by breast cancer treatments.

Successful completion of this Pilot Program has confirmed that acupuncture can be safely delivered within the Wellness Centre in the BRICC with a high level of satisfaction for both consumers and medical staff.

"Development of this important program, aimed at reducing symptoms and thus improving quality of life for breast cancer survivors, would not have been possible without the generous assistance of the GICS Cancer Conversations Service Improvement Grants Program"

– Simone Reeves

AMBASSADOR PROGRAM

Currently being rolled out by The Victorian Integrated Cancer Services, the Ambassador Program is designed by consumers, with the purpose of reaching out to community groups and sharing with them what they need to know as an individual likely to be affected by cancer (as a patient, a family member or friend). In the Grampians region, the Ambassador Program offers a 30 minute presentation to community groups detailing the range of cancer support services and resources available and how you can find reliable information and support. All Community Ambassadors delivering the presentation have had a cancer diagnosis themselves or have cared for someone who has.



CANCER SURVIVOR GUIDE PODCAST



Early cancer detection rates in Australia are on the rise and there are more people living and surviving a cancer diagnosis. However, the first few months of treatment can be really hard. This is the reason why cancer survivor, ABC broadcaster and Grampians Integrated Cancer Service Consumer Advisory Group (CAG) member Penny Johnston decided a podcast could really help.

Funded by the Health Issues Centre, the Cancer Survivor Guide is a series of five podcasts covering information the CAG thought people newly diagnosed with cancer would most need to know.

Surgery, Radiation and Chemotherapy are the three most common ways people are treated for cancer and each has a podcast dedicated to the subject.

There is also a podcast for Aboriginal and Torres Strait Islander communities who might be dealing with cancer and another podcast dedicated to the Cancer Council's **13 11 20 helpline**.

The podcasts have interviews with medical specialists, as well as cancer consumers and take you through what might be involved in the common treatment paths.

The podcasts can be found on the Cancer Survivor Guide website, iTunes, Google Play and Spotify.

More information:
cancersurvivorguide.com





WELLBEING AND SUPPORT

OLDER PERSONS' PROJECT

Older people aged 70 and over, represent 45% of Grampian's cancer diagnoses every year. This group also account for 52% of Victoria's cancer survivors. They are recognised as a special needs group. Longer recovery times and access to more community care may be required due to additional needs such as pre-existing conditions. Therefore, adequate assessment is an international recommendation for appropriate cancer care.

Older people were a focus of a 12-month Victorian Cancer Survivorship Program capacity-building grant. A regional symposium, seeking health professional understanding on appropriate cancer care, provision of accessible education, introducing foot health into patient education and developing a specific model of care were key features of the project.

In particular, the use of a patient-completed screening tool forms the centre of the model of care development in the Wimmera region. Successful implementation of the supportive care multidisciplinary meeting to discuss supportive care recommendations based on patient feedback continues to evolve.

All nursing and allied health professionals attending the symposium are understanding more about their contribution in the care of older people.

The proportion of older people will continue to increase with the ageing population. Appropriate cancer care for older people will need to continue to evolve and adequately respond to their needs.

For more information or to access the full report, please go to www.gics.com.au



RESEARCH

GICS supports health services apply for grants and research funding, and this year supported a number of applications processes:

- VCA Aboriginal Health Grant
- Australian Cancer Survivorship Centre: Cancer and Older Persons Grant
- Western Alliance: Cancer and Exercise Fellowship (Partners with Federation University)

GICS has also been working with MDMs to encourage access to clinical trials as a consideration in patient discussions and treatment planning.





A NETWORKED CANCER SYSTEM

STATE-WIDE INITIATIVES

GICS, as part of the Victorian Integrated Cancer Services, supports the implementation of state-wide projects which are resourced through pooled funds.

MULTIDISCIPLINARY MEETING QUALITY FRAMEWORK

A statewide survey undertaken in 2014 identified that while MDMs had grown in maturity, there was significant variation in how they were operating. Following the recommendation that a quality framework be developed to support health services measure their MDMs against statewide quality standards, the Victorian Integrated Cancer Services have been working collaboratively with clinicians to provide this resource.

The quality framework outlines a set of standards, indicators and measures for all cancer MDMs in Victoria, including a set of tools for monitoring quality. The quality framework has been informed by literature review, DHHS policy, clinician consultation, and testing of the resources with several MDMS. The framework will be implemented later in 2018.

VICTORIAN CANCER PERFORMANCE MONITORING FRAMEWORK

Victorian Integrated Cancer Service, together with the Department of Health and Human Services (Cancer Strategy and Development) are committed to developing a state-wide cancer performance monitoring framework, and in 2015 commenced development of a conceptual schema, operational model and process for progressing indicators.

This year saw data from 2014 and 2015 collated against 7 performance indicators. This was disseminated to services and clinicians for local analysis and use for cancer service improvement activities. Additional performance indicators have been developed, and DHHS are developing an interactive web based tool, to enable local access to performance indicator information. This work has transitioned to DHHS (Cancer Strategy and Development) as an ongoing program of work.



Victorian Tumour Summits

TUMOUR SUMMITS PROGRAM

A series of Tumour Summits are being coordinated by the Victorian Integrated Cancer Services to facilitate clinician led discussions to identify and discuss unwarranted variation in clinical practice and cancer outcomes that could be addressed at the state-wide level.

This year tumour summits were held for Pancreatic and Colorectal cancer, with Head and Neck and Lung Cancer summits to follow.

The Grampians Region was well represented on the Summits Working Groups as well as at the Summit events, ensuring that the regional context was considered in discussions.



A NETWORKED CANCER SYSTEM

ENGAGEMENT ACTIVITIES

GICS is more than the GICS Program Office – GICS includes over 25 health services who have collectively agreed to collaborate on a vision to “Improve patient experiences and outcomes by connecting cancer care and driving best practice”. This year, GICS has supported a range of events bringing together service providers and community members covering topics such as cancer survivorship and older people, considering low volume high complexity cancer surgery in regional settings, promoting optimal care pathways for prostate cancer, tackling the challenges for Victorian Regional Cancer Centres and networking for allied health and nursing staff.

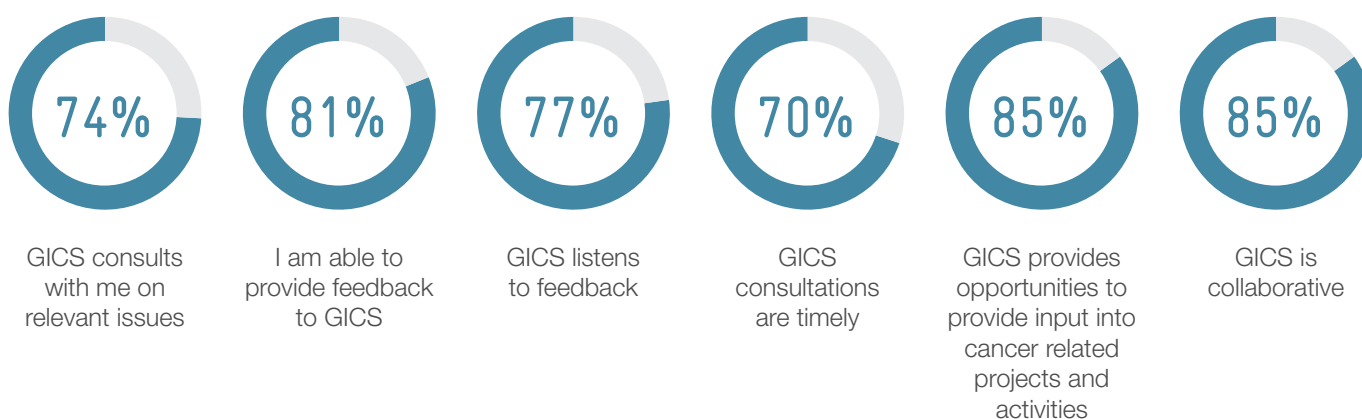
In order to be effective, GICS needs strong and effective engagement across a large regional and rural area with multiple stakeholders.

The intention of the GICS Program office is to build reputation and strengthen communication and engagement in order to become better known, valued and understood within the Grampians cancer care network and by the wider community.

This year, GICS conducted an online survey, to assist in analysing the effectiveness of our stakeholder engagement and communication strategies. The results were very positive. 85% of respondents agreed or strongly agreed with the statement that GICS provides opportunities to provide input into cancer related projects and activities (a 5% improvement on the previous year). 87% of respondents indicated they would recommend GICS as a support (for improving the patient experience and outcomes) to a colleague. This is an increase from 84% in the previous year.

THE QUALITY OF GICS COLLABORATION

Strongly Agree/Agree N=61





CONSUMER ENGAGEMENT

The GICS Consumer Advisory Group (CAG) has continued to inspire through their support of a number of consumer led projects:

- Piloting of My Cancer Care Record
- Talking to community groups about the cancer system
- Creating podcasts about the patient experience
- Developing a flyer on chemotherapy provision across the region.
- Co-design of patient information provided by BAROC

The CAG also provide consumer input on a range of issues to health care providers from across the region, and sit on a number of working groups, including at the statewide level.



GICS COLLABORATING HEALTH SERVICES

Ballan District Health and Care
 Ballarat Austin Radiation Oncology Centre
 Ballarat Cancer Care
 Ballarat Community Health
 Ballarat District Nursing and HealthCare Group (Integrated Living)
 Ballarat Health Services
 Ballarat Hospice Care
 Ballarat Oncology & Haematology Services
 Beaufort and Skipton Health Service
 Central Highlands Primary Care Partnership
 East Grampians Health Service
 East Wimmera Health Service
 Edenhope and District Memorial Hospital
 Federation University
 Grampians Pyrenees Primary Care Partnership
 Hepburn Health Service
 Lake Imaging
 Maryborough District Health Service
 Rural Northwest Health
 St John of God Health Care
 Stawell Regional Health
 West Wimmera Health Service
 Western Victoria Primary Health Network
 Wimmera Health Care Group
 Wimmera Primary Care Partnership
 Women's Health Grampians

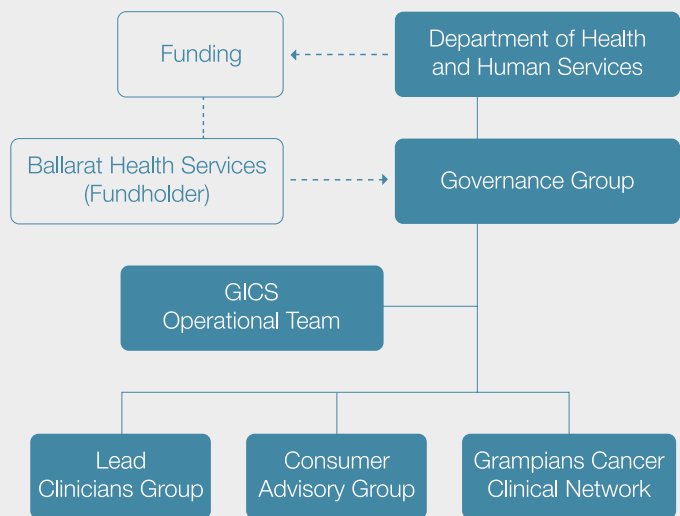
GOVERNANCE

The GICS Advisory Network provides timely advice and input in relation to cancer system reform.

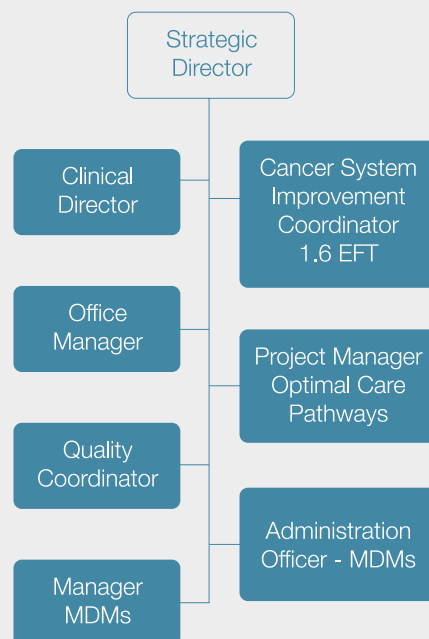
This network comprises the:

- Consumer Advisory Group (advising on the design and implementation of engagement activities, and leading the delivery of consumer driven projects)
- Lead Clinicians Group (providing specialist advice and input on clinical matters, and supporting effective MDM),
- Grampians Cancer Clinical Network (provides advice and input on nursing and allied health matters, and supportive care).

ORGANISATIONAL STRUCTURE



GICS OPERATIONAL TEAM





GROUP MEMBERS

Mr Dale Fraser (Chair)	Ballarat Health Services
Ms Catherine Morley	Rural Northwest Health
Mr Don McRae	Wimmera Health Care Group
Ms Carmel O'Kane	Wimmera Health Care Group
Dr Craig Carden	Ballarat Cancer Care
Prof George Kannourakis	Ballarat Oncology & Haematology Services
Mr Steve Medwell	Ballarat Regional Integrated Cancer Service
Dr Simone Reeves	Ballarat Austin Radiation Oncology Centre
Dr Jonathan Tomaszewski	Ballarat Austin Radiation Oncology Centre
Mr Alex Demidov	St John of God Healthcare Ballarat
Ms Jacqui White	Western Victoria Primary Health Network
Dr Diane Sartori	Western Victoria Primary Health Network
Ms Katherine Gillespie	Central Highlands Primary Care Partnership
Mr Ian Kemp	GICS Consumer Advisory Group
Dr Sean MacDermott	GICS Consumer Advisory Group
Ms Jenny Tunbridge	Department of Health and Human Services
Ms Judy Perkins	Department of Health and Human Services

FINANCIAL SUMMARY

Revenue and Expenditure (July 1 2017 to June 30 2018)

INCOME

Integrated Cancer Services DHHS grant	\$1,311,299
Income Other	\$64,162

Income total	\$1,375,461
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EXPENDITURE

Salaries & wages (inc oncosts)	\$963,672
Project funds	\$332,214
General expenses	\$216,655

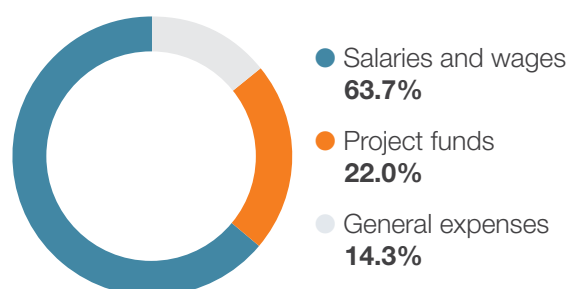
Expenditure total	\$1,512,541
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Current surplus/(deficit)	-\$137,080
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Accumulated surplus/(deficit)	\$336,044
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Total equity	\$198,964
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Expenditure Percentage Break Down





**Grampians Integrated
Cancer Service (GICS)**

www.gics.com.au

Level 2, BRICC Building
Ballarat Health Services

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