



**Grampians Integrated
Cancer Service (GICS)**

www.gics.com.au

2016-17 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.

GICS works with Grampians public and private health services and providers to improve cancer care systems and services for the community. The Victorian Cancer Action 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. In addition, a Memorandum of Understanding between health service providers across the Grampians Region guides the collaborative effort towards cancer service improvement.

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 services delivered by GICS during 2016/17. A financial summary is also included within this report.



→ OUR MESSAGE

From the Chair, Clinical Director and Strategic Director

Our focus over the past year has centred on engaging with our consumers, clinicians and health services to deliver on the GICS vision of “Improving patient experiences and outcomes by connecting cancer care and driving best practice.”

This Annual Report provides a summary of our work with consumers and health services on projects including; implementation of optimal care pathways for lung and colorectal cancer, quality multi-disciplinary meetings, implementation of the Wimmera Southern Mallee Cancer Care Plan, Ophelia health literacy in small towns, and evaluation of the Oncology Nurse Educator role.

Our passionate consumer advisory group has continued its focus on delivering on projects, driving the piloting of My Cancer Care Record across seven sites in the Grampians, the production of podcasts for cancer patients, and the development of a Community Ambassador program (which supports volunteers to give presentations to community groups). We sincerely thank them for their generosity.

We have supported a number of clinician workshops on optimal cancer care (nursing and allied health), chairing quality multi-disciplinary meetings, patient-doctor communication, and low volume high complexity surgery in regional settings. We value the commitment of clinicians from across the region in attending and participating robustly in discussions about the provision of quality and safe cancer care in the Grampians.

We would like to acknowledge the leadership provided by outgoing Chair Michael Krieg, who in particular supported the enhancement of collaborative relationships between the private and public cancer service providers. We also recognise Neville Moller’s involvement on the Governance Group and his wise counsel on numerous GICS related working groups over the past three years. We wish them both well in their new roles.

Sincere thanks go to the GICS Secretariat for all their hard work and energy over the past twelve months, in supporting health services, clinicians and consumers work collaboratively to improve cancer services in the Grampians Region.

Our focus for the forthcoming year will be on advancing the implementation of the Victorian Cancer Action Plan.

This includes the consolidation of activities for implementing optimal care pathways, and the reconfiguration of Integrated Cancer Services to ensure the best possible structure and mechanisms for cancer services.



Mr. Dale Fraser
Chair



Mr. David Deutscher
Clinical Director



Ms. Joanne Gell
Strategic Director

GRAMPIANS INTEGRATED CANCER SERVICE:



We listen to our stakeholders



Understand their needs



Work with health services



Improve cancer care in our region

→ OPTIMAL CARE PATHWAYS

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

The care pathways align with key National and Victorian Cancer Service policy and activities including access to coordinated multidisciplinary care and supportive care and in reducing unwanted variation in practice.

Three versions of the Optimal Care Pathways (OCPs) exist, a full guide, a quick reference guide for GP's and a 'What to expect' patient version is available for 15 tumour streams.

In December 2016 GICS hosted the Victorian launch of the What to Expect patient guidelines in partnership with Cancer Council Victoria.



What to expect – Lung cancer

What to expect during each stage of treatment and beyond

Lung cancer

This information sheet tells you what you can ask for before, during and after your lung cancer treatment. You can ask your team for more information and support.

Working with your team means you can make sure you are getting the treatment, information and support that is right for you.

1. Symptoms of lung cancer

- Coughing up blood
- A cough or chest infection that doesn't go away
- Chest or shoulder pain
- Hard to breathe
- Change in voice

If these last more than three weeks, go to your doctor.

2. Your doctor visit

Your doctor should do a check up to see if they can find what is making you feel unwell.

Your doctor should work with you to make sure you have the information and help you need. You can ask your doctor about:

- What is happening in your body and why it could be happening
- What will or might happen
- How you are feeling and how to stay emotionally healthy
- Who you can talk to and getting the support you need

Your doctor might send you to get more tests with a specialist. Your specialist is a doctor that is trained in working with people with lung cancer.

Your doctor should give the specialist information on your health in the past, if someone else in your family has cancer and your test results.

You can bring a family member or friend to your visits. You can ask your doctor for more information and support to make sure you have what you need.

3. Tests

The specialist should do tests to see if you have lung cancer. This is called a diagnosis. If you do have lung cancer, the tests will show how the cancer is growing or if it has spread. This is called staging.

You can ask the specialist:

- What tests you are going to have
- What will happen in the tests
- What the tests will tell you

You might have one test or a mix of tests:

Computed tomography scan (CT scan)
Computers and x-rays are used to make a detailed picture of the lungs.

Position emission tomography scan (PET)
A small amount of radioactive material is injected and your whole body is scanned to show where the cancer is.

"It will provide cancer patients with opportunities to have an understanding of what they are about to go through and also treatments, but most of all they will have key questions that they feel comfortable to ask."

GRAMPIANS RESIDENTS COMPARED TO MELBOURNE AND OTHER VICTORIAN REGIONS:



Less visits to GP



More visits to ED



Stay in hospital longer



Have more advanced cancer at diagnosis

→ IMPLEMENTING SOLUTIONS

In the Grampians region the cancer care pathways implementation focus is on raising awareness of the Lung and Colorectal care pathways within Health Services; Primary Health Care (PHC) in collaboration with the Western Victoria Primary Health Network (PHN); among health professionals, consumers, and the broader community.

The rate of new malignancy diagnosis for Colorectal cancer is approximately **200 per year** in the Grampians Region.*

The Grampians Region has the **poorest 5 year survival rate** for lung cancer (11%) when compared to all regions in Victoria (14%).

In the Grampians Region there are approximately **125 patients diagnosed** with Lung Cancer each year.

A number of focus areas were selected with service redesign and continuous quality improvement (CQI) activities identified for each seeking to improve the experience of people with cancer across the region, enabling access to timely diagnosis and consistent high quality care.

AWARENESS RAISING

A range of activities have been implemented across the Region and Health sector aimed at increasing awareness of cancer care pathways and imbedding these as part of everyday practice. As such a series of presentations and educational events have been provided to a range of audiences including community groups, clinical teams, student groups and executive teams. Print, digital and social media have also focussed on raising general cancer pathway awareness and highlighting examples of implementation activities.

LUNG CANCER RAPID ACCESS

Variation in timeliness of lung cancer care remains a significant problem across Victoria and specifically within the Grampians Region. Adhoc, fragmented and uncoordinated processes for triage and management of lung cancer patients has significantly contributed to this problem. GICS have worked in partnership with Ballarat Health Services and the Ballarat Regional Integrated Cancer Centre to create a Rapid Access Lung Lesion Clinic. The clinic commenced operation in July 2017, it aims to expedite the assessment process and provide streamlined and timely care, as recommended by the Lung Cancer OCP, reducing time and anxiety for patients awaiting diagnosis.

PARTNERSHIP WITH PRIMARY HEALTH

GICS have worked with their Primary Health partners at Western Victoria Primary Health Network to develop localised HealthPathways to centralise and streamline patient referrals when Lung or Colorectal Cancer is suspected.

Primary Care Consultants attended the Implementing Pathways for Cancer Early Diagnosis (I-PACED) train the trainer module, enabling them to deliver targeted training to GP's across the region with respect to Lung and Colorectal OCP's and their implementation. The importance of biannual Bowel Cancer Screening for at risk populations is promoted as is the recognition of the incidence of familial bowel cancer risk in line with cancer pathways recommendations for the prevention and early detection of Colorectal cancer.

Whilst people living in the Grampians region have greater take up of the National Bowel Screening Program (NBSP) they experience an increased incidence of colorectal cancer and increased incidence of later diagnosis.

OPTIMAL CARE PATHWAYS IMPLEMENTATION - ACHIEVEMENTS:



Awareness of raising of OCPs



GP engagement by working with PHN



Streamlined referrals for lung patients



Consultation and engagement for rapid access lung lesion clinic (RALLC)

→ IMPROVING CANCER CARE IN THE WIMMERA SOUTHERN MALLEE REGION

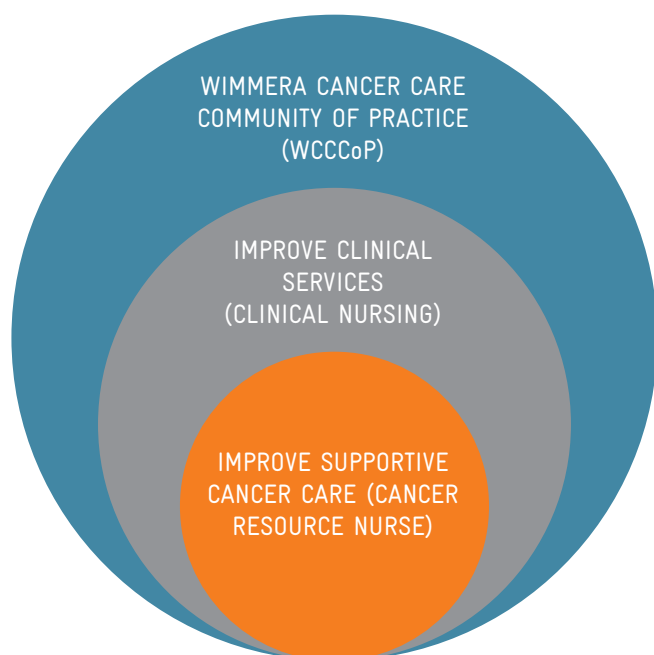
Cancer rates and the incidence of co-morbidities are increasing with the ageing rural population in the Wimmera. These factors create a critical need for accurate information, support and appropriate referrals to allied and community health services in the right place at the right time more than ever before for those affected by cancer and their carers.

The Wimmera Southern Mallee Health Alliance (WSMHA) and the Grampians Integrated Cancer Service (GICS) developed an 18-month Wimmera Cancer Care Coordination Service Model (WCCC) Implementation Plan to improve the cancer experience of people in the Wimmera. The project concluded in June 2017.

Plans are well underway to ensure sustainability of the service model. (see Figure 1.)

FIGURE 1. Wimmera Cancer Care Coordination (WCCC) Service Model

GOAL: That every patient experiencing cancer in the Wimmera area feels supported and receives the best care at the right time as close to home as possible.



IMPROVE SUPPORTIVE CANCER CARE

- Establish Cancer Resource Nurse Position in 4 Wimmera Southern Mallee health services

IMPROVE CLINICAL SERVICES TO PEOPLE WITH CANCER

- Audit clinical services and investigate capacity to deliver close to home by extending skills of existing nursing staff
- Identify and support opportunities for increased clinical cancer care across the Wimmera

WIMMERA CANCER CARE COMMUNITY OF PRACTICE

- Supports the development of the Cancer Resource Nurse role and embed within each health service
- Support nurses in each health service to maintain and build skills in providing clinical services to people with cancer
- Ensure robust evaluation underpins the Wimmera Cancer Care Coordination Service Model



Evaluation feedback indicates the role has been accepted and supported by patients and health care professionals alike.

"It is very comforting to have the service of our Cancer Resource Nurse available to us at all times."
"The CRN was very professional and very helpful."

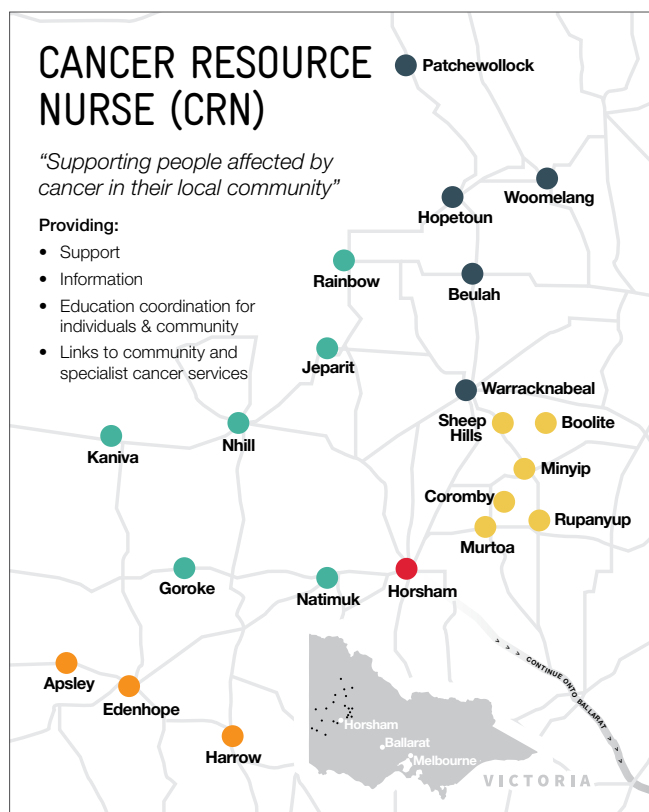
IMPROVE SUPPORTIVE CANCER CARE:



The role of the Cancer Resource Nurse (CRN) was a keystone of the project. A Cancer Resource Nurse is a local generalist nurse who is trained to offer supportive care to people, families and carers affected by cancer in their area.

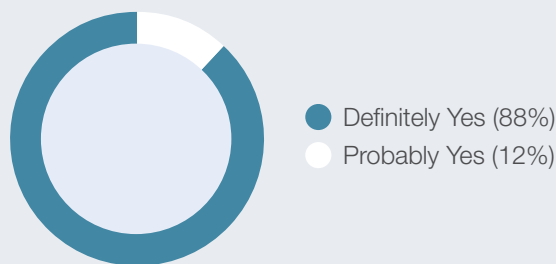
They refer people with cancer to the right services as close to home as possible. They also offer support, information and links to community and specialist cancer services.

This role is now embedded in three Wimmera Southern Mallee Services across 6 sites.



The most common reasons given for using cancer resource nurses were to 'Understand practical support', 'Understand emotional support' and 'Helped connect to local service'. (see Figure 2).

HEALTH CARE PROFESSIONALS WILL CONTINUE TO REFER TO CANCER RESOURCE NURSE (%)



PATIENTS WILLING TO GO BACK TO CANCER RESOURCE NURSE (%)

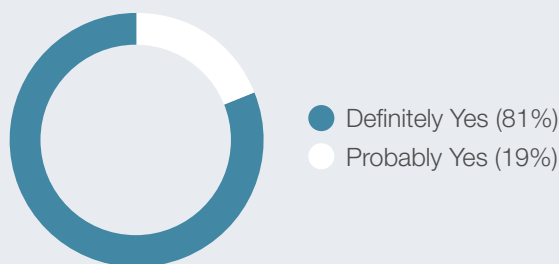


FIGURE 2. Cancer Resource Nurse referral reasons:

Referral Reasons	% referrals
general support	100%
information on cancer	54%
referral to local services	62%
travel and accommodation	54%
financial support	38%
emotional support	62%
to arrange psychological support	23%
physical issues	23%
advance care planning	31%
cancer treatment follow up	46%

Extrapolated over twelve months CRNs reduced the travel burden for patients and their carers by 67,020 kms (see Figure 3). The original goal to receive the best care at the right time as close to home as possible is well demonstrated in travel saved.

FIGURE 3. CRN interventions and travel saved by patients and carers extrapolated over 12 months



Cost saving to patients = \$44,233

Calculated on the post code of residence and return distance from Horsham at 0.66c per km ATO.

IMPROVING CLINICAL CANCER SERVICE DELIVERY:



Since 2015, The Grampians Oncology Clinical Nurse Educator, has planned and delivered 26 education skills training and simulation opportunities across the Wimmera Southern Mallee region as part of the Grampians Continuing Nurse & Midwifery Education - Highway Model. This has attracted over 435 participants. The Highway Model ensures that high quality education is provided throughout the greater Grampians Region. This has increased the capacity and capability of health service staff to deliver clinical care.

DEVELOP A WIMMERA CANCER CARE COMMUNITY OF PRACTICE:



Quarterly Community of Practice events were conducted where everyone would gather at the nominated site for discussion, lunch and educational session. Education sessions included Look Good Feel Better program, Radiation Therapy Toxicity, and 'Patient information you can trust'.

In between, a monthly telehealth link was established to share experiences and to keep updated on project progress.

My Cancer Care Record



In November 2016 the My Cancer Care Record (My CCR) was launched at Ballarat Regional Integrated Cancer Centre.

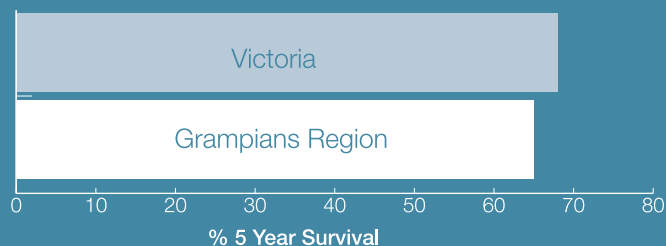
My CCR is a folder designed for people affected by cancer and seeks to help them store, record and organise their cancer and other related health information. Inside the folder are eight sections including Health Summary, Medication, Contacts and Appointments.

Speakers included Craig Carden, Medical Oncologist at Ballarat Cancer Care, Geoff Howard, State Labor Member for Buninyong, Ray Kelly, NEMICS Consumer Representative and Ian Kemp, GICS consumer representative.

Partnering with North Eastern Melbourne Integrated Cancer Service, 2000 folders are being distributed across the Grampians and Eastern Melbourne regions as part of a trial.

Nine Service providers within the Grampians are participating in the project and an independent consultant has been engaged to evaluate the folder effectiveness. Patient recipients and staff within participating service providers will be asked to fill in a survey and participate in a workshop. Folders will be distributed throughout 2017 and early 2018 with a final report expected in the second half of 2018.

ALL CANCER 5 YEAR SURVIVAL:



Grampians 1% increase in 5 Year Survival from 2014 to 2015



WORKFORCE DEVELOPMENT

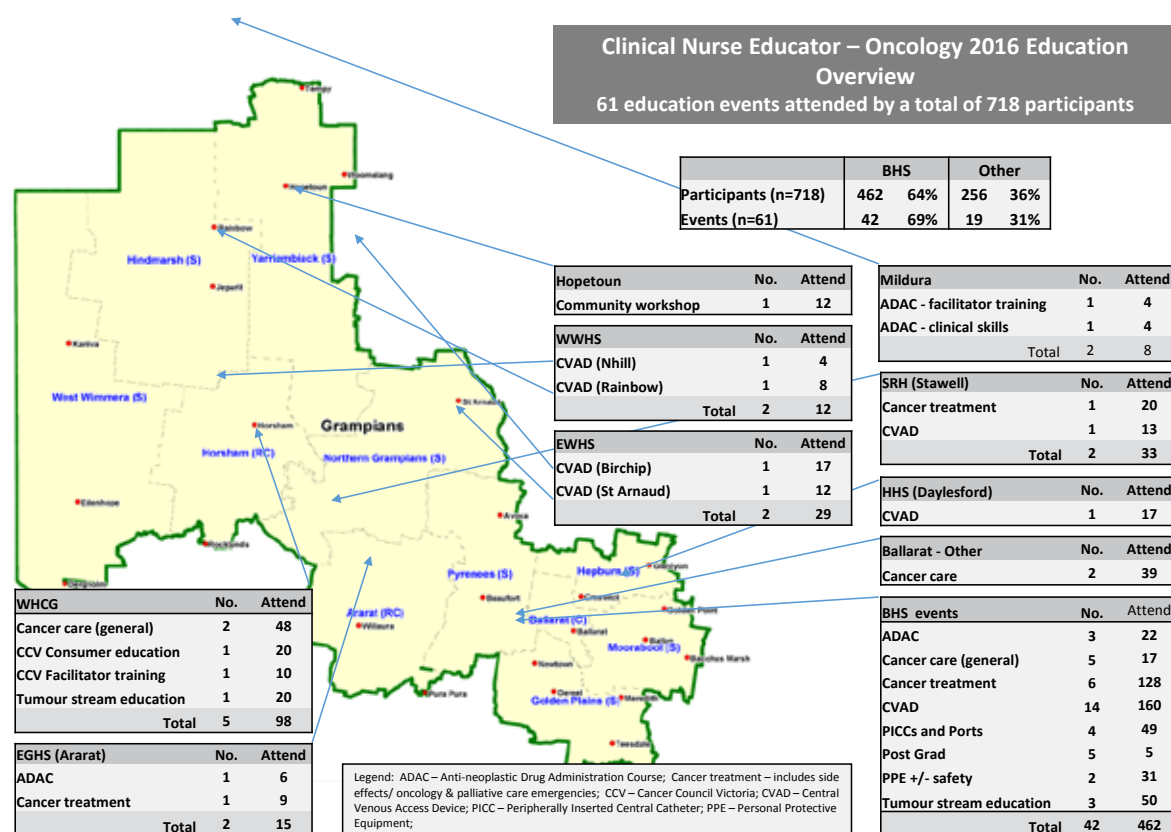
The Clinical Nurse Educator (CNE) Oncology position has been created to support workforce development in the delivery of evidenced based cancer care throughout the Grampians region.

The 'Best Practice Clinical Learning Environment Framework' (BPCLE) supports the education delivered and evidence-based programs such as the 'Antineoplastic Drug Administration Course' (ADAC) have been included to support staff workforce requirements in specialty cancer services.

An evaluation of the CNE Oncology role was undertaken in 2017. Overall, the education delivered (both structured and non-structured programs), has been highly valued by participants and health services, both in the breadth of topics and quality of content delivered.

Based on the evaluation outcomes, the CNE role will continue (with joint funding by GICS and Ballarat Health Services) and be delivered regionally through the Highway Model of Nursing Education.

THE MAP BELOW ILLUSTRATES THE EDUCATION DELIVERED THROUGHOUT THE GRAMPIANS REGION IN THE 2016-2017 FINANCIAL YEAR.



WORKFORCE DEVELOPMENT THROUGH EDUCATION:



60 Cancer
Education Events



80% in
Ballarat



686
Participants



Improved knowledge,
better patient care

GICS ANNUAL FORUM

AN EVENING WITH DR RANJANA SRIVASTAVA OAM

Dr Ranjana Srivastava, an oncologist who this year was awarded an OAM for her contribution to medicine, was sponsored by BHS, GICS and St John of God Ballarat hospital to visit Ballarat and talk about patient doctor communication.

Held at the Ballarat Yacht Club, a wide ranging audience (community members, specialists, GP's, nurses, allied health, trainee doctors, palliative care professionals and administrators) of 104 attended.



CLINICIAN ENGAGEMENT ACTIVITIES

Nursing and allied health professionals provide cancer care in generalist and specialist areas across acute, primary and community services. Providing an opportunity for them to network and plan initiatives to enhance cancer care for people in the Grampians region was offered in August 2016.

Thirty-eight people from 15 Grampians region health services attended.

Five priority projects - mapping services, streamlined referral processes, telehealth processes, developing a network of cancer coordinators and improving allied health representation on decision-making groups were identified and work plans were generated. Three of the five priorities have progressed well.

Cancer survivorship is an area of cancer care where several nursing and allied health professionals are involved in a Victorian Cancer Survivorship Program partnership project with Cancer Council Victoria, Hume RICS and GICS. Exercise physiologist, physiotherapists and some nursing staff across the regions have been upskilled in cancer-specific exercise care. This group, and other regional health professionals, are now trained as Wellness and Life After Cancer facilitators. In time this will increase access to the program across the region.

CLINICIANS

Lead Clinicians Group

Mr Michael Condous
Mr Mark Guirguis (Chair)
Dr Stephen Brown
Dr Lee Na Teo
Dr Ashley Hayes
Ms Lydia Johns-Putra
Dr Deepika Monga
Dr Jonathan Tomaszewski
Dr Sharon Wallace
Dr Simon Ussher
Dr Penny Cotton
Dr Stefan Khosh
Dr Craig Carden
Prof George Kannourakis
Mr Bruce Stewart
Mr Damien Tange

Grampians Cancer Clinical Network

Sue Bartlett (Chair)
Cathy Bushell
Bree Cain
(on maternity leave)
Jade Cleary
Sarah Corfe
Gay Corbett
Wendy Crafter
Tracey Daffy
Cath Healy
Shelley Halfhide
(on maternity leave)
Kerry Davidson
Rachel Hodges
Julia Mc Alpine
Mervin Quai-Hoi
Jarrod Hunter
Majella Hunter
Emma Leehane
Erica Lidgett
Robyn McIntyre
Carmel O'Kane
Deb Rizzo
Andrea Simpson
Kellie McMaster
Carol Starkey
Donna Bridge

BETTER MDMS - ADDRESSING NOISE IN MDM PROCESSES

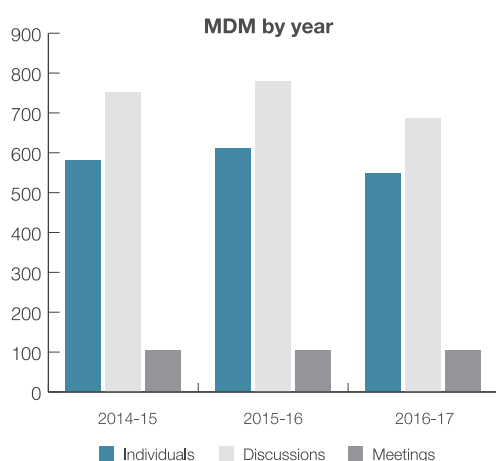


MULTI-DISCIPLINARY MEETINGS (MDMs)

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. In the 2016-2017 financial year, 104 meetings were held incorporating 687 discussions of 548 individuals. This represents a 12% average decrease over the previous year and is similar to the number of discussion in 2014-15. In the table below, figures for the previous year are shown in parentheses.

Meeting stream	# Meetings	# discussions	# diagnoses	# individuals	Average Incidence (CCV)
Breast	21	153 (180)	108	132 (151)	172
GI – ALL - Includes:	23	222 (237)	186	179 (192)	338
Colorectal			116	101	205
Upper GI/Other			70	66	123
Head & Neck (inc. Endocrine)	23	141 (166)	-	104 (116)	50 21
Neuro-oncology	6	17 (21)	-	16 (18)	CNS 26
Thoracic	19	124 (147)	-	99 (113)	Lung 135
Gynae (link to MMC)	11	30 (29)	-	25 (25)	73



In 2016-2017, GICS conducted the “Better MDM for Grampians” project, utilising Lean Thinking. Processes for preparation and performance of MDM were analysed which identified 37.6% “noise” or time-wasting activity in the MDM process. Clinicians and clerical staff were canvassed for ideas, workshops allowed broad discussion of barriers to effective MDM and the discussion itself was useful in promoting engagement and behavioural change. A further workshop addressed a key challenge - effective chairing of meetings. MDM were audited pre and post workshops to assess change.

Improvements were made to the following key “noise” drivers (classified as relating to Personnel (P), Software (S) or Administration (A))

- Meetings starting late (P)
- Ineffective chairing – chair guidelines updated, workshop held (P)
- Time taken to submit cases (S)
- Discussion focus – radiology and pathology questions introduced (S)
- Submission deadlines reviewed / Late case procedure streamlined (A)

This review will support the transition of MDM management to BHS in 2017 – 2018. A search for an alternative meeting venue to accommodate all tumour stream meetings in Ballarat is also underway.

MULTIDISCIPLINARY MEETINGS – PROVEN BENEFIT TO PATIENT CARE



Grampians:
Declining numbers
of MDM discussions



GICS CANCER CONVERSATIONS

SERVICE IMPROVEMENT GRANTS

In 2016 GICS established a grants program to fund projects focussed on improving cancer services in the Grampians region. A unique aspect of the grants program was the strength of the consumer / community voice during the evaluation and shortlisting process.

The Grampians community had the opportunity to have a say on which projects they would like to see funded, and over 650 votes were cast online. More than half the members on the grants evaluation panel were consumers.

EIGHT PROJECTS RECEIVED FUNDING AND FOUR ARE NOW COMPLETE.

Lymphoedema Surveillance Program – Ballarat Health Services

Led by Sue Eaton, Senior Clinician Physiotherapist/ Lymphoedema therapist, this project trialled a new program in the Breast Cancer Clinic focussed on early detection of lymphoedema. This included education and taking patient limb measurements.

The trial was a great success with both patient and clinical staff overwhelmingly supportive. Funding has been secured to continue the service ongoing.

*"Thank you Sue and Karen for the difference that you are making to patients with this condition. Much appreciated".
Dale Fraser, CEO Ballarat Health Services*

The Grampians who, what and where of cancer care services – Grampians Pyrenees Primary Care Partnership

Led by Anna Greene, Project Coordinator, this project created a new online cancer services directory for consumers and health care professionals. The directory leverages the National Health Services Directory and is constantly growing with over 1300 services listed. The tool is available on the GICS website.

"The experience of patients is greatly improved when they have reliable and accurate information easily accessible", Anna Greene.

Expanded Cancer Resource Nurse Support – Rural Northwest Health

Led by Natalie Ladner, Hopetoun Campus Manager, this project trialled the employment of a new Cancer Resource Nurse (CRN) to service the Woomelang region.

The trial was a great success:

1. The new CRN has gained ongoing employment to continue her services under a new model of care.
2. A new support group has been established.

"The CRN being a local has helped her connect with the community and increase the number of clients using the service". Natalie Ladner

Stawell Oncology Transport Connections Program – Stawell Regional Health

Led by Katrina Toomey, Health Promotion Coordinator, this project focussed on assessing the current transport landscape and the needs of consumers with regards to transport in Stawell. The final report made three recommendations:

1. Advocate for a new bus route with Public Transport Victoria (PTV).
2. Development of a "Stawell transport options" brochure.
3. Create a local volunteer driver program.

Lobbying the PTV continues, a brochure has been created and funding is being sought to manage the development of a local volunteer driver program.

*"The consumer voice was invaluable on the working group at all stages of the project".
Katrina Toomey*



→ 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 Deakin University and supported by both Grampians Integrated Cancer Service (GICS) and Grampians Pyrenees Primary Care Partnership (GPPCP).

Definition: Health literacy refers to the personal characteristics and social resources needed for individuals and communities to access, understand, appraise and use information and services to make decisions about health.

Funded by the Western Alliance, phase two of the project focussed on developing community-owned local cancer plans within two small towns in the Grampians region. Avoca and Beaufort, each with a population of around 1000, were selected as pilot towns.

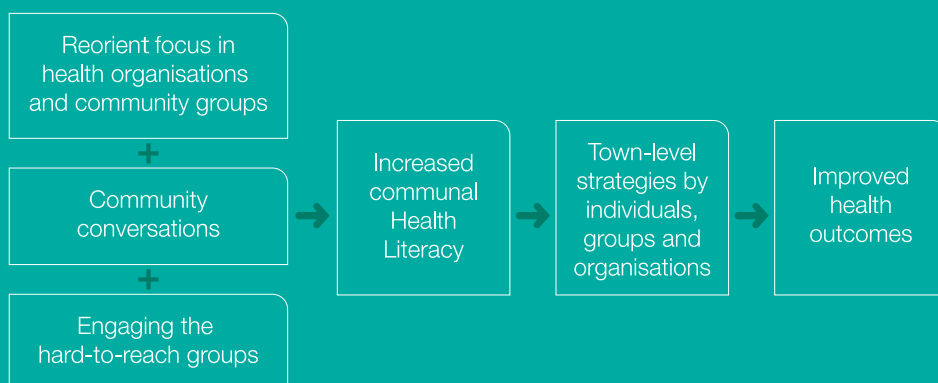
Utilising quantitative data collected in 2015 during phase one and qualitative data gathered during surveys, interviews and workshops with the local communities local interventions were developed.

In Beaufort, a community event was held to promote cancer awareness among men. The intervention was organised by several community groups who sponsored and organised the event. Health professionals facilitated conversations with the men and provided health checks.

In Avoca, a health week was staged focussing on prevention of skin cancer. Health professionals were available to provide health checks and a farmer supplies company provided free hats. Primary schools were also engaged to bring their significant male family member to the event. Both events were well attended and well-received.

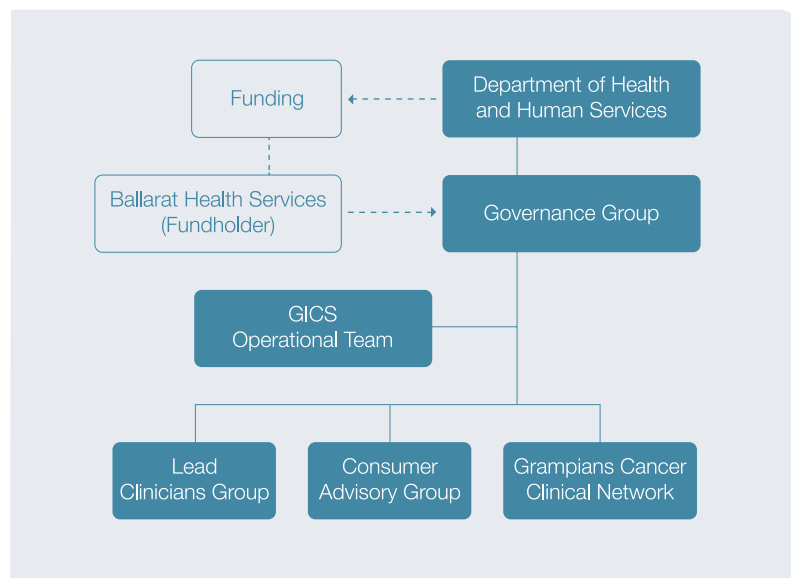
PROGRAM LOGIC MODEL OF SMALL TOWNS CANCER STRATEGY

GICS recently received funding from the Department of Health to partner with the Wimmera Primary Care Partnership to adopt the Ophelia methodology to develop Local Cancer Plans in the small towns of Nhill and Warracknabeal.



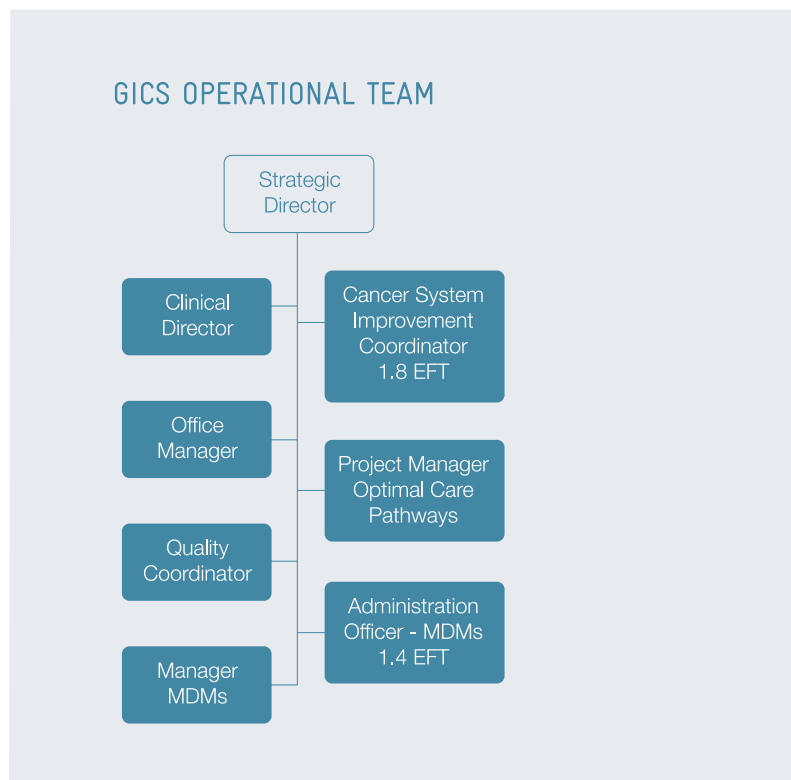
GOVERNANCE GROUP

Ms Donna Fahie
 Mr Andrew Kinnersly
 Mr Dale Fraser (Chair)
 Ms Catherine Morley
 Mr Don McRae
 Ms Carmel O’Kane
 Dr Craig Carden
 Mr Steve Medwell
 Mr Ian Kemp
 Dr Louise Gorman
 Dr Simone Reeves
 Mr Michael Krieg (Chair)
 Ms Maria Noonan
 Mr Neville Moller
 Ms Katherine Gillespie
 Ms Jenny Tunbridge
 Prof George Kannourakis



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),
- Grampians Cancer Clinical Network (gathers perspectives from nursing and allied health professionals).



GRAMPIANS REGION CANCER FACTS:



Population
236,739



1,409 New Cancer
Cases Every year



55% are Male
45% are Female



553 Deaths from
Cancer every year



FINANCIAL SUMMARY

Revenue and Expenditure (July 1 2016 to June 30 2017)

INCOME

Integrated Cancer Services	\$1,436,809
DHHS grant	
Income Other	\$61,410

Income total	\$1,498,219
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EXPENDITURE

Salaries & wages (inc oncosts)	\$1,004,964
Project funds	\$222,102
General expenses	\$196,636

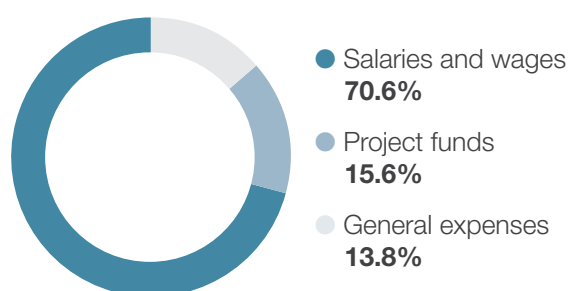
Expenditure total	\$1,423,702
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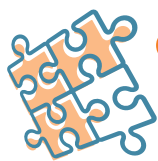
Current surplus/(deficit)	\$74,517
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Accumulated surplus/(deficit)	\$261,527
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Total equity	\$336,044
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Expenditure Percentage Break Down





**Grampians Integrated
Cancer Service (GICS)**

www.gics.com.au

804 Sturt St, Ballarat 3350

P: (03) 5320 4782

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