



annual report 2008–2009



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message from chair and director of nemics

Welcome to the annual report for 2008-09. This is an abbreviated report (the second produced within this calendar year) and presents a summary of the achievements of the past year and brings us in line with a revised annual reporting cycle.

Building on the work already commenced by the Integrated Cancer Services, December 2008 saw the release of Victoria's Cancer Action Plan. Of particular interest to the Integrated Cancer Services are the targets aimed at improving multidisciplinary care and supportive care. Within NEMICS it is pleasing to see that we are making good progress towards these targets. 2008-09 saw the release of the Supportive Care Directory to assist clinicians and consumers to find services in the north-east. We also introduced our supportive care grants program with its aim to achieve a more systematic approach to supportive care screening and referral.

The CanNET program challenged us to develop a cancer clinical network with our regional partner – Hume Regional Integrated Cancer Service. A number of

important outcomes were achieved. These included a consumer participation strategy that reached deep into regional and rural communities, and our ground breaking work in demonstrating that rural clinicians can be linked into multidisciplinary teams through the use of desktop communications technology.

We have considerable work ahead of us if we are to achieve some of the aspirational targets set by the Victorian Government. Without doubt this will continue to challenge us, but we are already seeing the benefits of incremental change and increasing commitment by members of our governance groups to continue the work that has been started.

On behalf of the Governance Committee we extend our thanks to all those who have contributed to the work of NEMICS. This includes many dedicated consumers and clinicians, along with the team at the NEMICS Directorate.

David Allen
Chair

Paul Mitchell
Director



A/Professor David Allen



A/Professor Paul Mitchell

governance

Governance committee

A/Prof David Allen (Chair)

Mr Kieron Martin

Dr Brendan Murphy

Ms Rhyl Gould

Prof. Chris Hamilton

Dr Tracey Batten
– retired Dec 2008

Mr Alan Lilly
– commenced Apr 2009

A/Prof Joe McKendrick

Dr Andrew Perrignon
– retired Sep 2008

Mr Greg Pullen
– commenced Nov 2008

Dr Shane White

Dr Ian Roos

A/Prof Andrew Smith

Mr Martin Wilkinson

Ms Maree Glynn

Mr Stephen Cornelissen
– retired Sep 2008

Reference group

A/Prof Andrew Smith (Chair)
Head & Neck Tumour
Group

Dr Jacquie Chirgwin
Breast Tumour Group

Mr Gavin Davis
CNS Tumour group
– retired Dec 2008

Dr Lawrence Cher
CNS Tumour group
– commenced Feb 2009

Ms Lesley Turner
CRC Tumour Group
– retired Dec 2008

Mr Andrew Bui
CRC Tumour Group
– commenced Apr 2009

Mr Tom Manolitsas
Gynaecology Tumour Group

Dr Geoff Chong
Haematology Tumour
Group

Dr Paul Fogarty
Lung Tumour Group

Dr Phillip Parente
Skin Tumour Group

Mr Ahmad Aly
UGI Tumour Group

Ms Helen Longton
Allied Health

Ms Rhyl Gould
Austin Health

Dr Shane White
Northern Health

Ms Gillian Dickman
Northern Health

A/Prof Joe McKendrick
Eastern Health

Ms Allison Harle
Eastern Health

Dr Ian Roos
Consumer

Mr Phillip Bain
Northern Division of
General Practice

A/Prof Paul Mitchell
NEMICS Director

Ms Christine Scott
NEMICS Manager

NEMICS profile

Approximately 1.23 million people live in the NEMICS region in the local government areas of: Banyule, Boroondara, Darebin, Knox, Manningham, Maroondah, Nillumbik, Whittlesea and Yarra Ranges. Public health services are provided by Northern Health, Austin Health, Eastern Health and Mercy Health.

In an average year:

- 6004 people will find out they have cancer
- 8934 people will be admitted to a public hospital for cancer care
- 2207 people will have chemotherapy.



ICS purpose

Promote a service system configuration within and between regions that facilitates access to appropriate services by people affected by cancer

Support health services and clinicians (via tumour streams) to improve the delivery of care in accordance with accepted standards for service quality and outcomes

Monitor and report on outcomes of cancer treatment and care

Support the cancer workforce through education

Support health services to respond to research and to undertake research

Victoria's Cancer Action Plan

Victoria's Cancer Action Plan 2008-2011 was released in December 2008.

The overall aim of the Plan is to accelerate the increase in 5-year survival rates by 10 per cent by 2015. Targets have been set and investments made across the four key action areas of prevention, research, treatment and support as follows:

1. Reducing major cancer risk factors in the population and maximising effective screening.
2. Ensuring rapid translation of research into effective treatments and clinical care.
3. Investing in innovative treatments and technologies and sustainable integrated care systems.
4. Supporting and empowering patients and their carers throughout their cancer journey.

A number of numeric targets have been set. These include:

- an increase in the number of newly diagnosed cancer patients with a documented multidisciplinary care treatment plan with the aim of achieving 80% documentation by 2012
- a documented supportive care screening for 50% of newly diagnosed patients by 2012.

The implementation of VCAP is an important responsibility of the Integrated Cancer Services and was the focus of the annual executive planning day.

Executive Planning Day 2009

Held on 30 April 2009 at Heidelberg Golf Club, the forum opened with a presentation from Professor Robert Thomas, Chief Clinical Advisor for Cancer, to the Department of Health. This provided the policy context for the day, and re-stated the purpose of the Integrated Cancer Services.

The meeting focused on NEMICS' role in the four key action areas of the VCAP and challenged participants to consider the key principles of the reform agenda in Victoria. These included:

- providing the right care in the right place at the right time
- improving clinical leadership and reducing unwanted variations in practice
- achieving key numeric targets in multidisciplinary care.

The key messages from the workshop were:

- success is built on networking, breaking down barriers and building strong relationships between NEMICS partners
- the need to stay focused on our role in NEMICS of patient centred care.

It was acknowledged that NEMICS' strategic plan will require revisions to reflect the targets now included in VCAP.

Conference presentations 2008–09

Clinical Oncological Society of Australia 2008

- Pathways of cancer care that involve public and private services: the consumer experience.
- Is my care coordinated?
- Capturing the 'Capture Rate'
- Evaluation of Advanced Breast Cancer Multidisciplinary Team Meetings.
- The development of a consumer network to inform cancer service improvement – CanNET Victoria.
- A best practice pathway for the care of newly diagnosed patients with advanced breast cancer.

Australian Lung Cancer Conference

Newly diagnosed lung cancer-charting the patient's journey.

CanNET Victoria Lung Cancer workshop

Lung Cancer Data: what do we know about the status in Hume?

Western & Central Melbourne Integrated Cancer Services Multidisciplinary Care Workshop

Using online meeting technology for multidisciplinary team meetings.

Department of Human Services Innovations in Healthcare Showcase Conference

Multidisciplinary team linkage between a metropolitan and regional integrated cancer service.

Professional development grants

To facilitate the development of our cancer workforce, NEMICS again offered PD grants to health professionals and consumers. The grants, ranging from \$300 to \$4000, support educational activities and conference attendance. This year 39 grants were distributed. Recipients' reports have appeared in our newsletter.

Consumer participation

NEMICS continues to benefit from consumers participating at all levels. Five of the tumour stream groups have consumer members who inform and drive improvement work. Dr Ian Roos continues to provide consumer leadership on both the Governance and Reference groups and Dr Nicola Bruce is a member of the committee overseeing the Supportive Care grants program. NEMICS gratefully acknowledges the level of commitment and support given by all participating consumers.

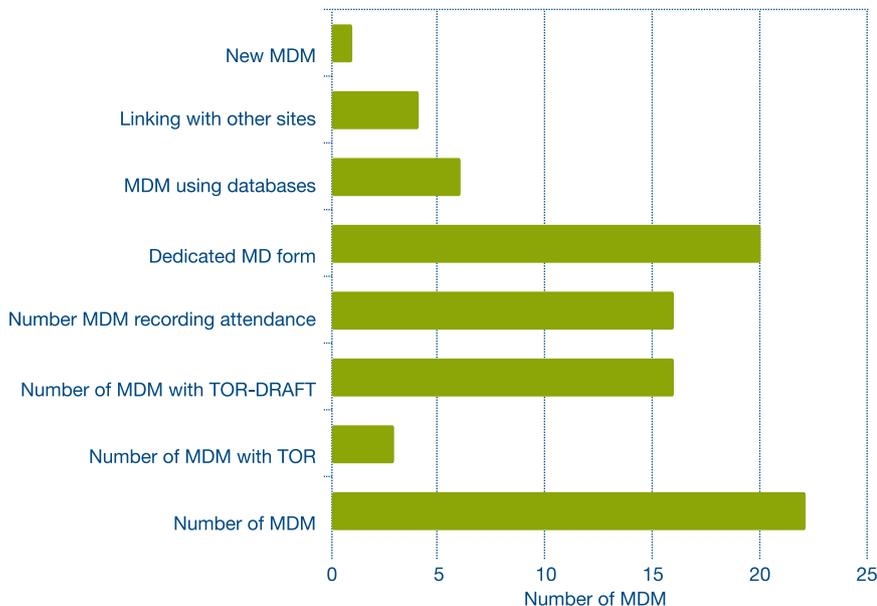
Implementation of our consumer participation plan is underway, including building on the consumer network commenced under the CanNET project.

A peer support network for women with gynaecological cancers has been developed in collaboration with BreaCan. Outreach education and support are planned within the region. This project was funded by Cancer Australia, under its CanSupport program.

In an average year 6004 people in the NEMICS region will find out they have cancer

Multidisciplinary Care

This year we continued to work on improving cancer multidisciplinary meetings (MDM) across all health services and tumour streams, with a particular focus on improving performance towards the target in the VCAP. This included improving access to MDM by linking clinicians and sites, improved documentation, increased administrative support and starting new meetings. There are 22 cancer MDM that meet either weekly, fortnightly or monthly. In an average week, there will be 13 meetings held, 650 per year.



Supportive Care

Directory

The NEMICS Supportive Care Directory was launched in April 2009. Providing contact details and service information for a range of supportive care services available both within health services and the community, the directory was distributed to GP practices, health services and clinicians throughout the region. A pdf version is available on the NEMICS website.

Grants Program

NEMICS offered a series of grants to health services to support the change management associated with implementing supportive care screening for cancer patients. Each health service was invited to develop a proposal to meet the following objectives:

- establish a model for supportive care screening and identification of needs in the routine management of people affected by cancer
- build capacity within organisations to identify and respond to the needs of people affected by cancer
- identify referral pathways for supportive care services in the hospitals and the community so that those people with needs are responded to in an appropriate and timely fashion.

The implementation projects are due for completion at the end 2010.

Care Coordination

Acute Primary Care Interface

To support GPs to provide care to cancer patients, a prostate cancer education program was developed.

Two sessions were held, one in Heidelberg and one in Wantirna. Each session included a multidisciplinary panel with a GP, consumer, urologist, urology nurse consultant, radiologist, medical and radiation oncologists, from the local area.

The session covered:

- incidence, mortality and survival rates of prostate cancer
- early detection and diagnostic options
- management of treatment related side effects
- supportive care needs of prostate cancer patients and local services and resources to assist with these needs.

A handout informing GPs of the relevant prostate cancer services within the NEMICS region was included in the information packs.

GPs reported the most valuable messages gained from the session included learning about the value of multidisciplinary care; current modalities of treatment; role for GPs in detection and follow-up; and the importance of communication.

GP forum on referral pathways

As part of the referral pathway strategy, a forum to explore this issue between GPs and hospital cancer services was held at The Ivanhoe Centre on Wednesday 17 June 2009. The evening, opened by Professor Moyez Jiwa, provided an opportunity for discussion between local GPs and oncology clinicians about the referral process between primary care and multidisciplinary cancer care teams. Improvements that could positively impact on the referral process were suggested. These included:

- acknowledging and enabling the GPs contribution to multidisciplinary team management of the patient particularly in the area of psychosocial issues
- improving notification of receipt of a GP referral in the out patient clinic
- providing timely information to GPs on patient treatment and any expected side effects.

These suggestions and others are now being acted on by the Directorate team and members of the tumour groups.



Left to right – Shane White (Northern Health), Moyez Jiwa, Phillip Bain (Northern Division of General Practice), Wendy Fisher (North East Valley Division of GP and Austin Health)

Improvements that could positively impact on the referral process are now being acted on by the Directorate team and members of the tumour groups



CanNET

Cancer Service Networks
National Demonstration Program
Linking regional and metropolitan
cancer services for better
cancer outcomes

CanNET Victoria

The CanNET project continued through its second year in 2008-09, further developing the consumer participation network and using information communication technology to facilitate multidisciplinary team linkages.

Development of the consumer network

Building on the consumer consultations done at the start of the CanNET project, a consumer network with over 100 members was developed across NEMICS and Hume RICS. This resulted in a number of training and participation opportunities being made available. 21 people attended cancer advocacy training conducted by Cancer Voices and the Health Issues Centre. Consumer networks in NEMICS and Hume RICS are now established and will ensure the continuation of the CanNET consumer work.

Consumer engagement

A consultation was conducted to investigate the experience of people affected by cancer from CALD communities in Shepparton and the northern suburbs of Melbourne. 57 people were consulted through focus groups and interviews; raising issues that included access to services, transport, translated information and the burden on carers.

Further information about the experience of people affected by cancer in the NEMICS and Hume RICS regions was obtained through participation in the pilot phase of the *Patient Responses: An Ongoing Survey of People Experiencing Cancer Treatment* (PROSPECT program), conducted by the Cancer Council of Victoria. The PROSPECT program aims to develop a system for monitoring the ongoing experiences of Victorian cancer patients. The program will conduct regular population-based, cross sectional surveys of people who are about six months post diagnosis. Participants are recruited through the Victorian Cancer Registry.

You can – stories of cancer experience

A selection of individual stories was collated and published in 2009. Initially told during the consumer consultations in early 2008, these stories have been generously shared to assist others facing the cancer journey and those providing care.

Who advocates
for those who
can't advocate
for themselves?

Information communication technology to support multidisciplinary meetings

An online meeting technology was used to link regional clinicians to metropolitan multidisciplinary meetings. Three regional clinicians and an outer metropolitan hospital, were linked to the Austin lung MDM, to present their patients. A combination of on-line meeting technology and videoconferencing was used to securely share CT, PET and pathology images between the clinicians. The linkages occurred with minimal disruption to the meeting. Participants in the meetings indicated that they would use the technology again if it was available.

The technology has been utilised for a number of other meetings that normally require participants to travel. These have included steering committee meetings, document reviews and professional development sessions.



Austin Lung MDTM
Video conferencing/WebEx



Evaluation

An external evaluation was conducted by Siggins Miller. The evaluation identified a number of key lessons for network development; in particular the need to consider existing referral patterns and geography when developing networks and pathways of care; and the power of consumer stories and experiences in gaining commitment from stakeholders. Effective governance, clinical leadership and exemplary project and change management were also critical success factors.

The evaluation identified a number of key lessons for network development

Northern Hospital
Video conferencing/WebEx
Desktop/WebEx



Specialist based in the Hume region
Desktop/WebEx



Year ended 30 June 2009

Revenue

Department of Human Services grant	\$1,633,406
Revenue total	\$1,633,406

Expenditure

Salary and wages directorate staff	\$653,106
Salary on-costs	\$74,425
Staff based in health services	\$320,623
Leadership roles	\$254,263
Salaries and Wages total (including on costs)	\$1,302,417

Other expenditure

Tumour Groups and Forums	\$9,210
External consultants	\$28,310
Computers & infrastructure	\$6,337
Host agency corporate charges	\$163,344
Printing, stationery & communications	\$34,741
Conference, travel including PD grants	\$32,438
Supportive care grants to health services	\$45,000
Staff training	\$7,526
Other expenses	\$4,187
Other expenditure total	\$331,093
Total expenditure	\$1,633,510

Balance	-\$104
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staff list

NEMICS

A/Prof Paul Mitchell
– Director

Christine Scott
– Manager

Katherine Simons

Mirela Matthews

Melissa Shand

Anna Mascitti

Dean Costantin
– based at Austin Health

Luellen Thek
– based at Eastern Health

Hugh Burch
– based at Northern Health

Mandy Byrne

Graeme Inglis
– to March 2009

Megan Galea
– based at Austin Health

Yolanda Ebanks
– based at Eastern Health

Jan Townsend

CanNET Victoria

Margaret McKenzie

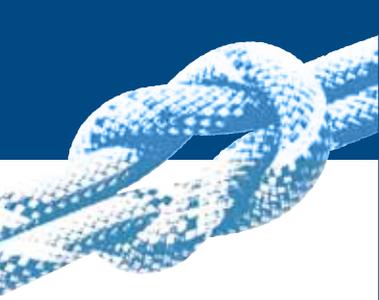
Solange Altarac

Sandi May

Kate DeBono

Future Directions

- CanNET Sustainability – an additional phase of CanNET to embed changes and ensure sustainability of initiatives.
- VCAP implementation – continued focus on achieving greater uptake of multidisciplinary care and supportive care screening. New initiatives around survivorship.
- Electronic supportive care directory – a web-based, searchable version of the directory.
- Consumer recruitment – an extensive recruitment drive is planned to further develop the consumer network and increase the number of consumers participating in NEMICS work.
- Strengthening of NEMICS governance structure.
- Further development of the NEMICS clinical network, and networks with other integrated cancer services.
- Development of agreed clinical practice guidelines in several tumour streams.
- Continued work to improve referral pathways.



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