

Annual Report
2010 – 2011



Contents



NEMICS profile

The North Eastern Melbourne Integrated Cancer Service (NEMICS) is the cancer clinical network for the north eastern region of Melbourne. In this report, we refer to 'NEMICS' and 'the network' interchangeably.

The north eastern region of Melbourne is home to 1.34 million people: one-third of the metropolitan population. Approximately 6300 people will be diagnosed with cancer in a year, and many more are living with cancer.

The four public health services in the region treated 9201 cancer patients in 2010–11, an increase of 20% since 2004–05. Most of these people lived in the NEMICS region (72%).

The five-year survival rate for cancer in NEMICS is 64%. This means that 64% of people diagnosed with cancer will be alive five years after diagnosis: the best five-year survival rate of all the metropolitan and regional integrated cancer service regions.

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Message from the Chair

On behalf of the partners in the North Eastern Melbourne Integrated Cancer Service, I am pleased to present the 2010–11 annual report.

This year we have built on the recommendations from last year's governance review to further develop the network to effectively drive improvements in cancer care. Key committees have been refreshed, including the Clinical Reference Group and the newly formed Consumer Reference Group, broadening the opportunities for clinicians and consumers to participate in the network.

We developed a new strategic plan for 2011–13, with a greater focus on the network's strategic role and way of working with the health services. The plan incorporates the priorities of the cancer reform agenda and Victoria's Cancer Action Plan.

Relationships with the private sector continue to develop and we have entered into a data-sharing arrangement with two private hospitals in the region. This will enable the movement of patients between public and private hospitals to be identified.

This year, implementation of routine screening for supportive care needs commenced in the health services, leading to long-awaited improvement in this priority area. This focus will be maintained over the next two years. We launched our online Supportive Care Directory in September, providing ready access to supportive care services information in the region.

Support for cancer multidisciplinary teams and treatment planning meetings continues, with the implementation of web-accessible referral and communication processes for the meetings at three health services.



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Opportunities to collaborate with other integrated cancer services (ICS) have increased. We participated in four projects in partnership with other ICS, and two statewide projects: CanNET Victoria and the Youth Cancer Network. These across-regions projects focused on improving access to specialist care in regional areas, supporting the regional workforce and improving the transfer experience for patients moving between regional and metropolitan health services.

I would like to acknowledge the efforts of all the consumers, clinicians and directorate staff in improving cancer care across the region. We look forward to further achievements in the coming year.

Alan Lilly



Mr Alan Lilly
– Chair



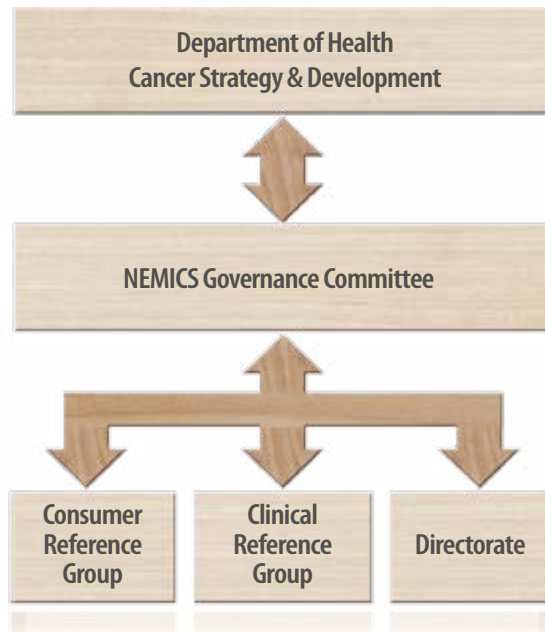
A/Prof Paul Mitchell
– Director



Ms Katherine Simons
– Program Manager

Governance

Organisation chart



Strategic plan

In July 2010, building on both the previous strategic directions and the governance review, members of the network formally refreshed the strategic plan. The new plan reflects the strategic role of the network to improve cancer care in the region by working in partnership with the health services.

Our vision

Best cancer care through partnership

Our mission

- Engaging and supporting health services and clinicians to deliver cancer care in accordance with known good practice.
- Monitoring the quality of cancer care and stimulating continuous improvement across the region.
- Promoting a regional service system configuration that supports quality cancer care.
- Supporting cancer education and research.

Our strategic directions for 2010–13

1. Ensuring best practice governance.
2. Enhancing stakeholder engagement in system-wide improvement.
3. Working with providers to improve consumer experiences and outcomes.
4. Reviewing service system configuration and defining principles for development
5. Collaborating to foster research.

Consumer participation

Consumer participation in the network has continued to grow and develop over the past year. The Consumer Reference Group was established early in 2011. This group provides advice to the Governance Committee, Clinical Reference Group and Directorate to identify issues, priorities, strategies and initiatives that would improve cancer services for people living in the region.

NEMICS second Consumer Participation Strategy 2011–13 was developed in December 2010 with the assistance of participating consumers. Building on the work of the first plan, this plan outlines how the Directorate will work with and support consumers, as well as further develop our consumer network within the wider community.

The plan is available at www.nemics.org.au.

Clinical Reference Group

Chaired by A/Prof Joe McKendrick, this clinical committee provides advice, guidance and support to the Directorate and Governance Committee about improvements to cancer care across the region. In line with the recommendations from the NEMICS governance review, the membership has been refreshed to include a broader range of health professionals and consumers; allied health, pharmacy, palliative care and nursing representation have all been increased.

The group's work plan has been agreed. It aligns with the priorities of Victoria's Cancer Action Plan and the NEMICS strategic plan. Each project focuses on one of the key priority areas that are common to all cancer types such as improving multidisciplinary care, furthering the development of routine supportive care screening and improving enrolment in cancer clinical trials.

Each project will gather a group of interested and enthusiastic clinicians to form a working party to provide local clinical expertise, with support from the Directorate staff.

Tumour specific expertise is drawn from local multidisciplinary teams.



Around the region

Victoria's Cancer Action Plan 2008-2011

Launched in December 2008, Victoria's Cancer Action Plan has given health providers and integrated cancer services the momentum to focus on achieving best cancer care for all Victorians regardless of where they live. The plan focuses on four areas – prevention, research, treatment and support – and provides targets and milestones to measure progress.

At NEMICS this has translated into more partnership projects with other integrated cancer services and a concerted effort to achieve the targets in supportive care and multidisciplinary care.

Austin Health

Olivia Newton-John, Cancer and Wellness Centre

The new Olivia Newton-John Cancer and Wellness Centre, due to open in mid-2012, will provide leading medical treatment integrated with the best of wellness and supportive care for patients and their families.

Construction of the centre has progressed rapidly over the past year. The concrete structure was completed in July, with the façade installation underway at the time of writing (August 2011). Fit-out of the level 2 and 3 ambulatory service areas – Radiation Oncology, Day Oncology, Multidisciplinary Clinics, Wellness, and Information & Resource Centre – are well advanced and on track to open in mid-2012. The level 5 laboratory and administrative areas for the Ludwig Institute for Cancer Research will also be ready for occupancy in mid-2012.



Clinical Genetics Service – Family Cancer Centre

The Austin Health Family Cancer Centre was established in July 2009 with funding through Victoria's Cancer Action Plan. It provides a range of services for people who are concerned about their risk of cancer due to their family history. Services include risk assessment, genetic testing where appropriate, medical advice including early detection and prevention, psychological support and opportunities to participate in research.

Increasing access to genetic screening and new diagnostic technology is a key area of the cancer plan, including a target to provide an additional 2700 patient appointments in clinical cancer genetics across Victoria each year until 2011.

Weekly family cancer clinics are conducted at Austin Health and regular outreach clinics are conducted in Ballarat (six per year), Shepparton (four per year) and Wodonga (five per year). Over the last 12 months, there has been rapid growth in the number of patients seen at Austin Health and in the regional clinics (see Figure 1).

Turnaround times for cancer genetic testing have also improved substantially in the last two years. Results of gene mutation detection for the two most common breast cancer genes, BRCA1 and BRCA2, are now available within approximately eight weeks, compared to up to 12 months before Victoria's Cancer Action Plan.

A service agreement has also been drawn up between Austin Health and Northern Health whereby monthly clinics will be initiated at The Northern Hospital starting in the second half of 2011. These clinics will include cancer and general genetic consultations.

Figure 1: The number of cancer genetic consultations per quarter by Austin Health since the Austin Health Family Cancer Centre began in July 2009.



Eastern Health

Box Hill Hospital redevelopment

The redeveloped Box Hill Hospital will provide a contemporary, high-quality healthcare facility that will meet the needs of the growing population in Melbourne's east and provide an additional 100 beds when it opens in 2016 (see Figure 2).

There will be expanded and enhanced cancer services, including:

- new 32-bed inpatient ward with 75% single rooms, access to rooftop garden, patient lounge and therapy areas
- expanded same-day services – up to 38 chairs with the provision for apheresis – located with outpatients and consulting services
- tutorial and meeting rooms fitted out with advanced communication technology to support staff education and multidisciplinary meetings.

The new building will be built on the car park at the rear of the hospital and on the former site of the Clive Ward Building. It will take more than three years to complete and will be connected to the existing hospital by a stunning, light-filled atrium. Upon completion of this building, the existing hospital will undergo some refurbishment.

The hospital will remain operational throughout the redevelopment.

You can monitor progress with the redevelopment activities at www.health.vic.gov.au/boxhill.

Figure 2: Box Hill Hospital redevelopment showing new hospital block



An outpatient engaging in physical rehabilitation exercises

Oncology rehabilitation program

This seven-week outpatient rehabilitation program is for people with a primary diagnosis of cancer who wish to improve their level of functioning and are able to participate in an exercise program. The program is available to patients and their carers in the Eastern Health region. The objectives of the program are to:

- assist with a greater level of physical, social and psychological recovery
- decrease feelings of isolation
- enhance self-help skills.

Programs began in February 2011. Thirty people have undertaken the program so far. At the beginning and end of the program, patients are assessed for their ability to undertake physical tasks and their supportive care needs.

Each session consists of one hour of exercise and one hour of information. It is recognised that carers are also active participants in the rehabilitation process, often requiring extra support. For this reason patients and their carers are invited to attend together.

Northern Health

In its fourth year, the oncology service at Northern Health continues to develop and grow. Radiotherapy services are now available in Epping including access for public patients of Northern Health. A new colorectal cancer multidisciplinary meeting commenced in November.

Supportive care screening was implemented in 2010, following the development of a comprehensive e-learning package for staff. Screening and referral processes are fully integrated with existing computer systems, streamlining referral to supportive care services.

New services include the development of an oncology nurse practitioner role and a psycho-oncology service based at Craigieburn.

Clinical trials

In 2010, the Victorian Cancer Agency offered an ICS fellowship grant. The successful grant went to Dr Hui Gan, to develop a coordinated clinical trials infrastructure across the network.

The project commenced in 2011 and aims to develop a Phase 1 clinical trial program within NEMICS. Phase 1 trials are clinical trials where promising new anti-cancer drugs are tested in humans for the first time to determine the optimum safe dose for further testing. This is a vital first step, allowing drugs to progress from preclinical laboratory/animal-based cancer research into human testing. This will increase the choices available to patients and their oncologists.

Palliative care

We are all familiar with the concept of a 'bucket list'. During Palliative Care Week this year, Fernlea House and Eastern Palliative Care gave the community an opportunity to participate in a variation of the bucket list concept. It was our take on an innovative idea started in New Orleans by artist Candy Chang 'Before I die ... What is important to you?'

Blackboards were installed in six libraries inviting people to express, in one sentence, what they want to do before they die.

Each evening the messages were photographed to create a record of the ideas. The objective was to start busy people thinking and talking about what is important to them and to start conversations with family and friends about their future and what is important to them.

Some of the responses that the community listed included:

- Go back to Africa
- Visit my brother in New Zealand
- See the Taj Mahal
- See my children grow up happy
- Experience world peace and compassion
- Learn to play the piano
- Visit Transylvania
- Buy a pink and purple pony
- Speak another language.



Mercy Hospital for Women

Following the interest generated by a journal article about the relative survival rates for ovarian cancers in Victoria, a focused evaluation of the proportion of women with a diagnosis of ovarian cancer that were presented at a multidisciplinary treatment planning meeting (MDM) at Mercy Hospital for Women was undertaken.

A data set provided by the Department of Health was used to identify where treatments for ovarian cancer were being provided within Victoria. The records of patients who received care at Mercy Hospital for Women were assessed to see if there was evidence of a multidisciplinary discussion.

It was found that 41 of the 42 patients identified had been presented at an MDM.

Mercy Hospital for Women has the longest running multidisciplinary treatment planning meeting in the NEMICS region. Treatment recommendations generated at multidisciplinary meetings support the delivery of evidence based care.

Partnerships across Victoria

Commencing early in 2010, NEMICS partnered with other integrated cancer services in three short pilot projects to improve care across the state. NEMICS is also participating in a statewide project to improve services for adolescents and young adults with cancer.

Improving the experience of transfers between rural, regional and metropolitan health services

Many people receive their cancer treatment from a number of health services, both locally and in metropolitan centres. The care continuum for these patients is often disrupted by delays in the availability of test results and treatment summaries to the other providers of care. Patients' understanding and expectations of the transfer process and clinical treatment plans are often unclear.

This project focused on people transferring to and from the Grampians region. The project developed a toolkit to facilitate the transfer of information between institutions, to the patient's GP and referring specialists and hospitals, as well as to improve the overall transfer experience for patients and clinicians. The toolkit was piloted on 34 patients.

The toolkit includes a transfer and discharge report known as iSoBAR, which uses a communication strategy endorsed by the World Health Organization. It was developed specifically for the safe handover of clinical information.



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Improving the diagnosis of rare genito-urinary cancers

Accurate diagnosis of cancer includes identifying the cell type of the tumour. Many pathologists may see only a few cases of the rarer cancers each year. This project developed a formalised review of pathology samples for two rare urological cancers: kidney and testicular tumours. It developed linkages between regional and metropolitan pathologists and a standardised reporting format.

Supporting the use of PET scans in cancer care

PET scans are recommended for diagnosis and treatment planning for a number of cancer types. These highly specialised scans are largely available in metropolitan areas. This project sought to improve the referral of patients with gastrointestinal cancer from the Hume region for PET scans in Melbourne and the inclusion of the results into treatment planning.

Through the project:

- a nuclear medicine physician from Austin Centre for PET is now participating in the gastrointestinal cancer multidisciplinary meeting and presenting the scan results via WebEx
- PET images and the scan report are available electronically to referring doctors in the Hume region
- two seminars were held in Albury about the use of PET scans in cancer treatment
- patient information materials were reviewed and revised in line with patient need.

Victorian Tasmanian Youth Cancer Network project

Cancer Australia funds a national project to improve the care and outcomes for adolescents and young adults (aged 15–25 years) with cancer. The Victorian and Tasmanian project is one of five state-based projects. Project officers are based in five of Victoria's integrated cancer services, including NEMICS, to support the development of a statewide model of care that will provide comprehensive medical and psychosocial care, support the workforce to meet the unique needs of this group and increase enrolment in clinical trials.

Each year about 270 adolescents and young adults are diagnosed with cancer in Victoria and Tasmania. Cancer is the leading disease-related cause of death in this age group. The cancers that most affect this age group include lymphoma, leukaemia, germ cell tumours (testicular and ovarian cancers), sarcoma (bone and soft tissue) and brain, among others.

An audit of 24 patient records was undertaken to understand current service delivery patterns and referral pathways. This audit provided information about the time between first symptoms and seeking medical advice, and between referral to specialist and first specialist appointment. It also identified the level of multidisciplinary and supportive care available and involvement in clinical trials. The results will be used in the development of the statewide model of care.



Multidisciplinary care

Improving access to multidisciplinary care and multidisciplinary meetings remains a priority for NEMICS.

Across the region there are at least 25 multidisciplinary meetings, providing an expert forum to confirm diagnosis and agree treatment options for patients with cancer. The majority of multidisciplinary meetings are hosted by public hospitals; there are some in private health services as well.

Administrative software for multidisciplinary meetings – CANMAP

CANMAP is a web-based database designed to improve administration and communication in a multidisciplinary meeting.

Purchased in 2010, CANMAP is available to all cancer multidisciplinary meetings in the region. NEMICS staff collaborated with the developer and the chairs of the multidisciplinary meetings to create common and tumour-specific fields for the database, enabling processes to be streamlined across an increasing number of multidisciplinary meetings.

Information such as tumour type, test results and patient health status are entered into the database. This information is used to prepare and distribute the meeting agenda to all participants. The discussions and recommended treatment plan are entered into the database during the meeting. This can be projected so that all participants can see what is recorded. A summary of the discussion and treatment plan is generated for the patient's record and can be sent to the patient's GP.

Improvements are being considered to link the database with hospital systems to simplify the transfer of information from CANMAP to the patient's medical record and to the patient's GP. We are planning to work closely with multidisciplinary meeting team leaders to improve the quality of the data entered into the database

and are looking for opportunities to provide data for health service quality improvement projects.

Using MBS items to support multidisciplinary meetings

Funding for medical specialists to participate in cancer multidisciplinary meetings is via the Medicare Benefits Scheme (MBS). Currently few multidisciplinary meetings in the region are accessing this funding to support clinician time or the multidisciplinary meetings.

Drawing on the successful implementation of MBS billing for the Breast multidisciplinary meetings at Northern Health, where clinicians have donated the revenue to the hospital to support the Breast Unit, NEMICS examined the potential revenue from current activity in the multidisciplinary meetings held at Austin Health. A model that includes the voluntary allocation of revenues to a collective fund by clinicians may be one of the ways to maximise the benefits of MBS billing. The funds could be used to enhance the expertise of the team, provide data management support and sustain multidisciplinary meetings processes such as technology and administration costs.

Multidisciplinary meeting rooms

What's in a room? Multidisciplinary meetings have become established as best practice but meeting requirements have become more complex. Multidisciplinary meetings often have a number of complex images to display, such as radiology, PET, pathology and databases, as well as a number of remote participants.

NEMICS and CanNET Victoria have been working with health service staff to modify and enhance existing equipment and develop new rooms.



Supportive care

The Supportive Care Strategic Directions 2011 – 2013 document is available at: www.nemics.org.au.

Screening and referral for the supportive care needs of people with cancer is a priority of the cancer reform agenda and Victoria's Cancer Action Plan. We are working towards two targets for supportive care.

By 2012:

- we will provide evidence of training of the cancer workforce in supportive care screening processes and survivorship awareness
- we will aim to document supportive care screening for 50% of newly diagnosed patients.

We introduced our supportive care grants program in March 2009 to help implement systematic and routine supportive care screening for cancer patients. The program's objectives were to:

1. facilitate the establishment of a model of supportive care screening
2. build capacity within organisations to identify and respond to supportive care needs
3. identify referral pathways to enable an appropriate response to supportive care needs.

Each health service developed a model of supportive care screening and follow-up based on available evidence. Models included the following elements:

1. a validated supportive care screening tool
2. local supportive care clinical guidelines
3. an action and referral toolkit
4. an education package to train front-line staff in administering the screening tool, identifying and responding to identified needs according to their level of expertise and referring patients for further follow-up if required.

Three health services commenced their projects in early 2010, and the fourth in late 2010.

Training the cancer workforce

Ninety-seven clinicians across three health services were educated in supportive care screening and referral processes. About 450 health professionals across the four health services attended education sessions on supportive cancer care screening.

Implementing supportive care screening and referral

During the data collection period, 333 patients were screened for supportive care needs using the Distress Thermometer and problem checklist at three health services.



patients reported many benefits of using the screening tool, including that it eased reporting of concerns, validated their concerns and reminded them of what they needed to raise



For the sample of screened patients, 40% (n=126) reported significant distress. The most frequently reported problems were physical (52%) and emotional (38%). Physical concerns included pain, nausea and fatigue. Emotional concerns were worry and nervousness. Most concerns were addressed at the time of screening, through supportive conversation and/or information provision, however around 40% of patients who identified supportive care needs were offered a referral to a supportive care service.

In two health services, 64 patients/carers were interviewed about their experience of the screening process. Patients felt that the screening was acceptable and helpful in communicating their needs to staff. They reported many benefits of using the screening tool, including that it eased reporting of concerns, validated their concerns and reminded them of what they needed to raise.

Twenty-two clinicians who received training in supportive care screening provided feedback. They reported that the tool enabled a quick and efficient identification of patient self-reported needs. It generally facilitated more timely and appropriate referrals and increased the provision of written information.

Patient reports confirm findings of other studies that routine supportive care screening adds value insofar as it enables easier raising of concerns, especially those of sensitive nature.

Distress has been described as the sixth vital sign in cancer care. Efficiently identifying distress is essential if we are truly interested in offering best cancer care.

Online Supportive Care Directory

We launched the online version of our supportive care directory in September 2010. The directory lists supportive care services for people living in the north eastern region of Melbourne.

Visitors are able to easily locate providers and contact and referral details for a range of services, including emotional wellbeing, home support, transport and accommodation services. We recorded 1266 visits to the online directory by 603 people. Annual emails are automatically generated to all listed services requesting they check all details and update as required.

To access the directory: www.findcancercare.org.au

If you have a service you believe should be added to the directory please contact: contactus@nemics.org.au



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Online supportive care directory: www.findcancercare.org.au



Care coordination

Referral and management guidelines

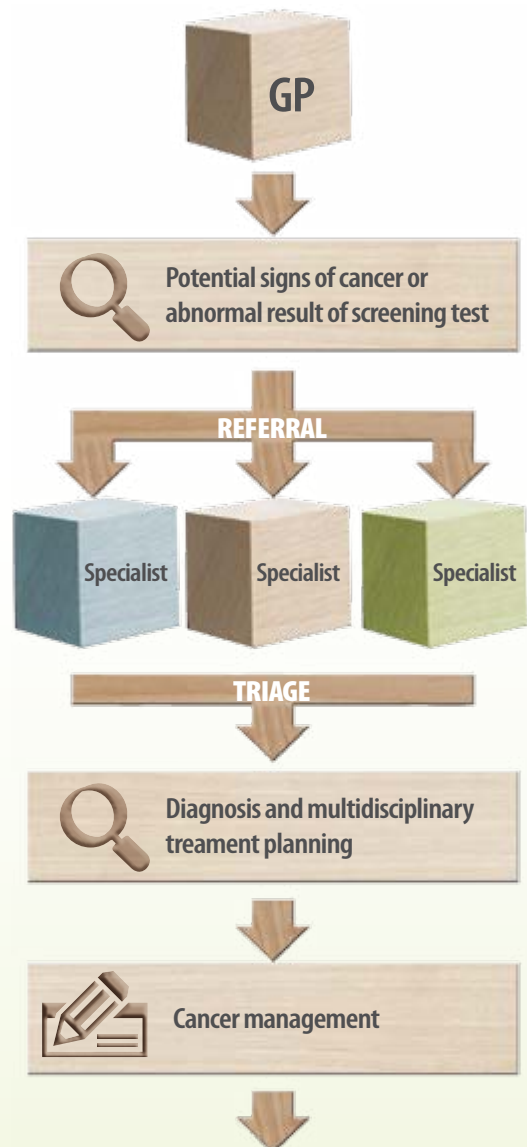
This project aims to develop and implement consensus-based referral information and management guidelines for GPs that are consistent across the NEMICS network. These will be included on the GP Access pages of public health service websites in the region.

This will contribute to:

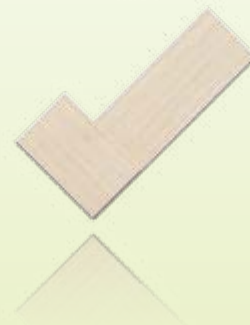
- GPs better recognising the potential signs and symptoms of cancers
- GPs undertaking relevant investigations and work-ups as required
- improved quality of referrals received by specialist clinics
- improved triage of referrals by acute specialist clinic staff
- cancer patients having relevant tests and information available at the time of their first appointment
- improved outcomes for cancer patients by ensuring timely, appropriate investigation and treatment by the most appropriate clinician or team.

To date, specialist clinic information and pre-referral management guidelines have been developed for the urology, breast, haematology and colorectal tumour streams. They are on the Northern Health GP Access web pages and are currently being implemented on the Eastern Health and Austin Health websites. Work will commence on the next set of guidelines for the highest volume cancer types.

Work has begun with the Austin Health General Practice Liaison Unit and ambulatory care representatives to consider and implement improved models for GP communication – including referral practices – in the planning for the migration of cancer services into the Olivia Newton-John Cancer and Wellness Centre.



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Regional to metropolitan linkage

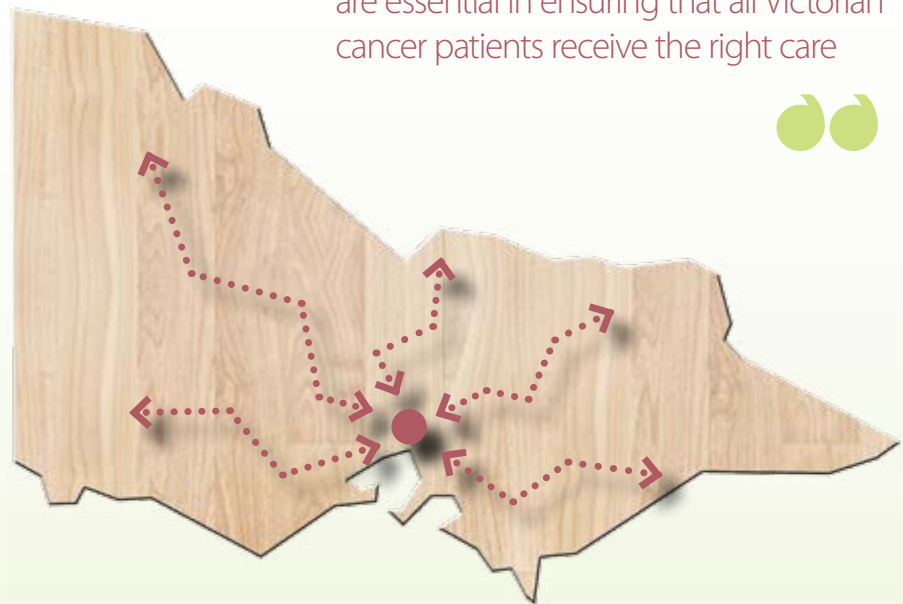
Formal linkages and referral pathways between regional and metropolitan integrated cancer services are essential in ensuring that all Victorian cancer patients receive the right care from the right people, in the right place and at the right time – and as close to home as possible.

Women with a gynaecological cancer who live in the Hume region receive treatment at both local and specialist metropolitan health services. At present, regional medical oncologists and gynaecologists are notified of regional patients receiving surgery or treatment at a metropolitan health service after the patient has been discharged.

This project aims to facilitate regional clinicians to participate in the multidisciplinary team meetings during the patient's acute admission at a metropolitan health service. This will improve team communication, lead to greater coordination of care and promote shared understanding and adherence to the agreed treatment and care plan with knowledge of the investigations and results.



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Quality monitoring & performance

Cancer service performance indicators

NEMICS continues to participate in the performance monitoring program overseen by the Cancer Strategy and Development Unit of the Department of Health. This audit measures progress in the priority areas of multidisciplinary care, care coordination and supportive care.

This year 344 records were audited, with a minimum of 10 records per tumour stream at all NEMICS health services with moderate activity. Overall there was an improvement on 2009 performance for each indicator (Figures 3 and 4).

Cancer multidisciplinary meetings are the way that recommended treatment plans are developed for each patient. Documenting these treatment plans has been in place since 2009; however the implementation of meeting software late in 2010 has further improved performance in established multidisciplinary meetings.

Multidisciplinary meetings are an opportunity for a team to discuss and agree on disease stage or grade, a crucial piece of information to plan further treatment. The results for documentation of staging vary across tumour



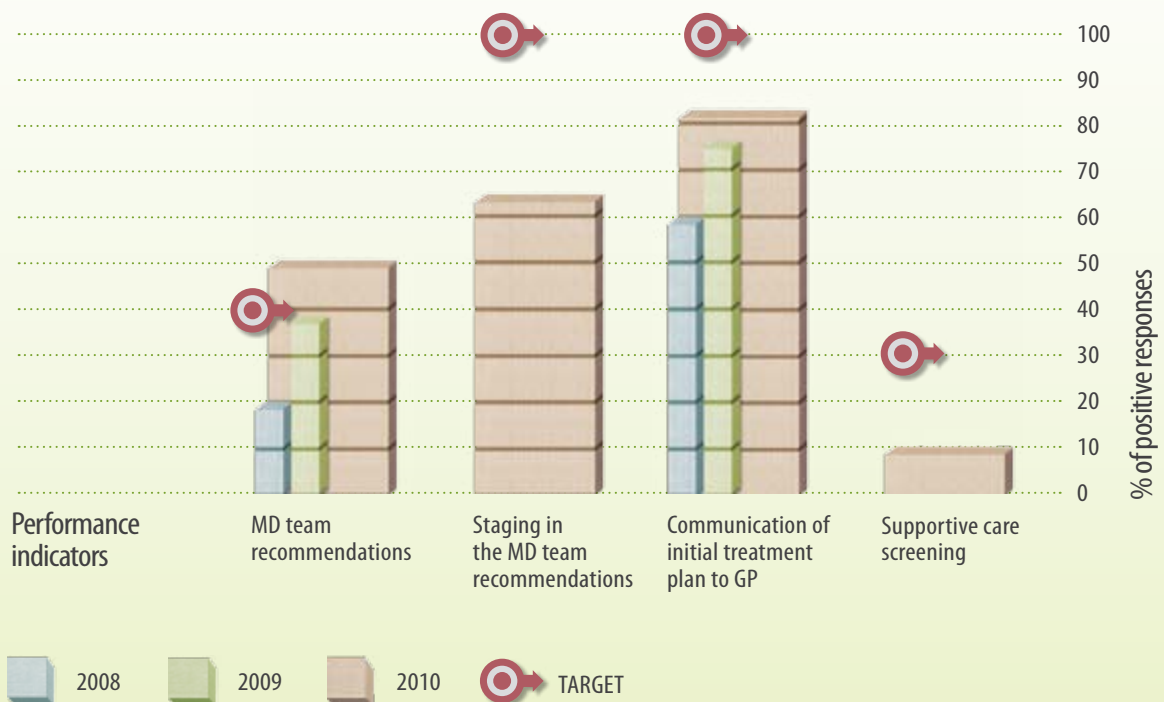
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streams and health services and are well below the target of 100% (63%). It is acknowledged that locally agreed staging or grading systems are used; however the stage is not always documented. A concerted effort will be put into improving performance for this indicator for 2011.

The results for the indicator: evidence of communication of initial treatment plan to GP is of a reasonably high standard across all tumour streams (see Figure 3). NEMICS is working with individual health services and GP representatives on improving communication across the patient journey.

Figure 3: NEMICS performance at a glance 2008 – 2010. Audited records measuring progress in multidisciplinary care, care coordination and supportive care.



Multidisciplinary meeting survey

At the request of the Department of Health NEMICS surveyed lead clinicians of 24 cancer multidisciplinary meetings to obtain information on the current state of multidisciplinary meeting processes, such as terms of reference, core membership, facilities and equipment available for meetings and computer support.

Similar surveys were conducted in 2006 and 2008 and the most recent survey was an opportunity to engage chairs of multidisciplinary meetings in reflecting on how far their meetings have progressed.

Referral pathways for women with gynaecological cancer audit

To support the National Gynaecological Cancers Workforce Initiative a detailed audit was undertaken of 100 patient records across the region. This audit investigated the referral pathways for women with gynaecological cancer. Similar audits took place in other integrated cancer services in order to identify diagnostic and treatment practices for gynaecological cancers.

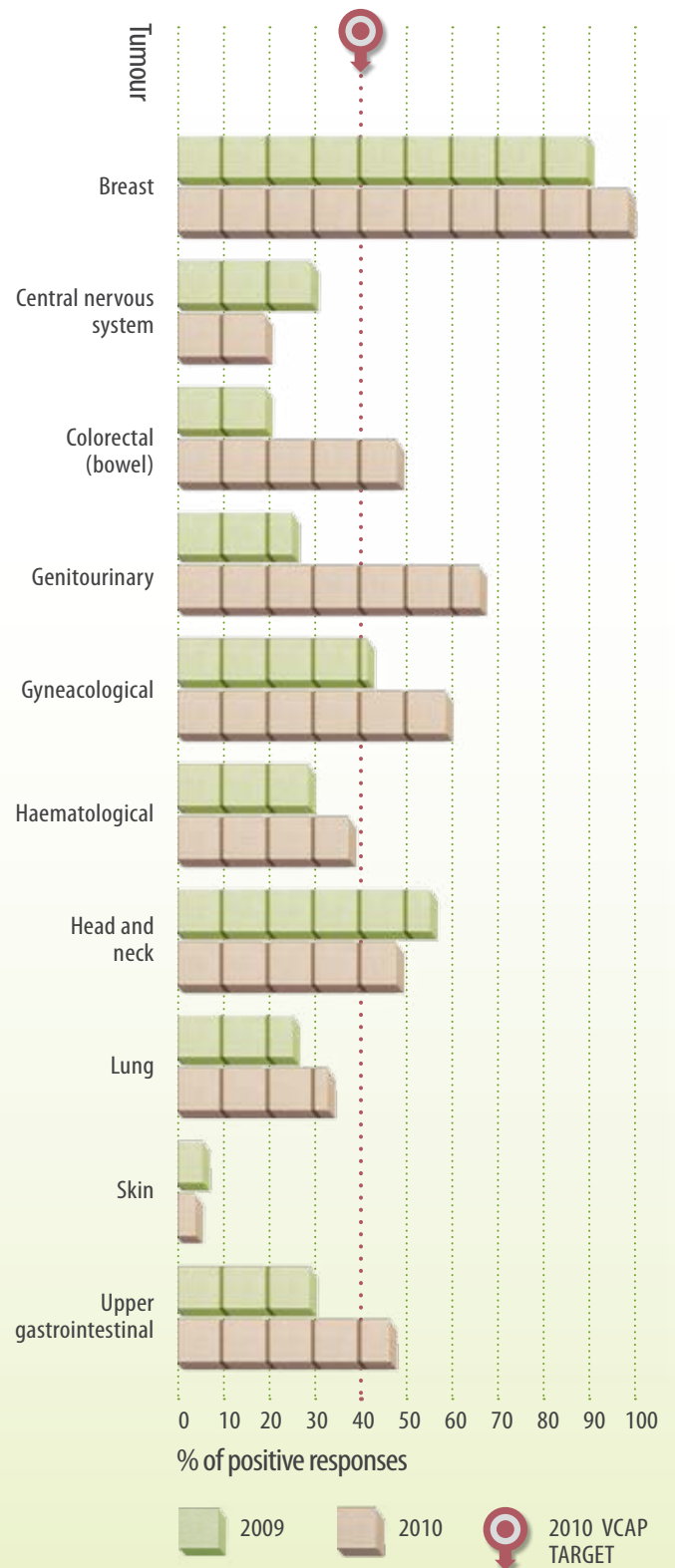
Other outcomes from the audit include an understanding of the movement of patients within and between the integrated cancer services and an impression of best practice in a multidisciplinary approach.

Each record was examined for demographic detail, disease type and stage, referrals to oncology services and multidisciplinary care. A total of 1516 appointments were recorded for the 100 patients.

The National Centre for Gynaecological Cancers at Cancer Australia has released a National Cancer Service Delivery and Resource Framework, looking at future workforce demands, as this group of cancers is anticipated to grow by 24% due to population ageing.



Figure 4: Multidisciplinary team recommendations: documented evidence by tumour stream



CanNET Victoria



Multidisciplinary team linkages

The CanNET Victoria project continues to build on earlier work to increase access to multidisciplinary meetings. This is being facilitated by the use of online meeting technology for linkages and developing a directory of multidisciplinary teams.

CanNET Victoria is now a statewide project working with each of the integrated cancer services to facilitate linkages that will enable participation in multidisciplinary meetings for specific cancer streams where local meetings are not available.

A number of new links have progressed. Cancer clinicians from a number of different sites can now utilise online meeting technology to join the gynae-oncology multidisciplinary meetings at Mercy Hospital for Women



these linkages have enabled clinicians from regional areas, other metropolitan centres and Tasmania to participate in patient discussions



and the paediatric solid tumour multidisciplinary meetings at the Royal Children's Hospital. These linkages have enabled clinicians from regional areas, other metropolitan centres and Tasmania to participate in patient discussions and view quality radiology and pathology images in real time. Clinicians participating in these linkages come from organisations including Mercy Hospital for Women, Royal Children's Hospital, Monash Medical Centre (Clayton), Peter MacCallum Cancer Centre, Border Medical Oncology, Austin Health, Northern Health and the Royal Hobart Hospital.

Other links being developed include a gastrointestinal multidisciplinary meeting with participants from Goulburn Valley Health, Peter MacCallum Cancer Centre and St Vincent's Health and the gynae-oncology multidisciplinary meeting at the Royal Women's Hospital to link clinicians from Border Medical Oncology and Geelong.

An information communication strategy has been developed to guide the establishment of linkages. This outlines requirements for room and equipment audits, training and communication with stakeholders.

CHW Consulting was engaged to review the online meeting technology and videoconferencing technologies being used. The review aimed to improve linkage quality and simplify processes. A matrix of online meeting technology solutions has been revised by the Australian Centre for Health Innovation. Both of these reports are on the NEMICS website.

Sustaining these links depends on organisations having the capacity to utilise online meeting technology. Project staff provide training for integrated cancer services staff, clinicians and multidisciplinary meeting coordinators. The updated CanNET Victoria WebEx reference and training manual is on the NEMICS website.

Multidisciplinary meetings directory

Cancer Australia has envisaged a national directory of multidisciplinary teams since the CanNET program began in 2007.

A prototype web-based directory has been designed and built. It will be reviewed with stakeholders in 2011. Consultation with providers of other health service directories in Victoria is underway. The multidisciplinary meetings directory will utilise existing directory structures to avoid duplication of data. This will ensure its long-term sustainability.

The project governance committee has agreed on basic directory fields. In coming months participants of multidisciplinary meetings across the state will be consulted about the content and format of the directory.

Referral pathways for supportive care and information

In the first phase of CanNET Victoria a lung cancer information pathway was developed. Now in Phase 2, CanNET Victoria is collaborating with the project team at Peter MacCallum Cancer Centre and the Lung Foundation to evaluate the identified information resources for people affected by lung cancer. A list of resources is available through the Lung Foundation website.

The supportive care pathway developed for people affected by cancer in the Mitchell/ Murrindindi Shires has been integrated into the online NEMICS supportive care directory. The pathway template is being used to develop referral pathways in locations within Hume regional integrated cancer services as part of their supportive care screening pilot projects.

Consumer participation

Consumer participation underlies the CanNET Victoria project. Two consumers are members of the project governance committee.

CanNET Victoria facilitated a workshop for consumers and integrated cancer services (ICS) consumer participation staff in September 2010. As a result, the ICS Consumer Participation Network Group has been established. This group is working to prevent duplication of resources and promote consistent approaches to training and development of consumer participation across the integrated cancer services.





Financial statement

\$

Revenue

Integrated Cancer Services Grant	1,740,850
PET Project	171,403
CanNET Victoria Project	500,000
Other revenue - ICS Partnership	56,906
Other revenue - Youth Cancer Network	51,310

Revenue Total **2,520,469**

Expenditure

SALARIES & WAGES

Administrative salaries	847,058
Workcover	10,053
Long service	17,494
Superannuation	74,993
Clinical salaries	279,227
Contract/other agency	300,669
Recruitment	8,039

Salaries & Wages Sub Total **1,537,532**

GENERAL EXPENSES

Printing & stationery	13,451
Administration (general)	46,595
Food	6,518
Repairs and maintenance	2,832
Capital/asset purchases	13,329
Equipment < \$ 1000	4,737
Motor vehicles and travel	26,944
Host agency corporate charge	188,654
Staff training and education	3,117
Conferences & travel	15,300

General Expenses Sub Total **321,477**

PROJECT EXPENSES

Consultancies	49,730
CanNET - ICS Grants	105,000
Workforce Capacity Building	23,286
PET Sustainability	30,000
Supportive Care Project Grants	140,000

Project Expenses Sub Total **348,016**

Expenditure Total **2,207,025**

Balance

Total **313,444**

Committee membership and staff

Governance Committee

Mr Alan Lilly (Chair)
A/Prof Joe McKendrick
Ms Lisa Shaw - Stuart
Dr Linda Mellors
A/Prof David Allen
Ms Alison Patrick
Dr Brendan Murphy
Prof Chris Hamilton
Mr Jason Payne
Mr Greg Pullen
Dr Shane White
Ms Marie Glynn
Ms Anne Kay

Consumer Reference Group

Ms Anne Kay (Chair)
Ms Janine Rossely
Ms Fay Frazer
Ms Dorothy King
Mr Max Shub
Ms Anne Brewster
Ms Patricia Jankus
Ms Doone Lamb

Clinical Reference Group

A/Prof Joe McKendrick (Chair)
Dr Jacquie Chirgwin
Ms Stephanie Lowden
Mr Jim Siderov
Ms Robyn Trebilco
Prof Jonathan Cebon
Dr Andrew Wirth
Ms Helen Longton
Dr Shane White
Mr Matthew Cambell
Ms Gillian Dickman
Ms Anne Kay
Mr Max Shub
Mr Philip Bain
A/Prof Paul Mitchell
Ms Katherine Simons

CanNET Victoria

Ms Marg McKenzie
Ms Sandi May
Mr Matt Pollard
Mr Peter Garriga

Directorate Staff

Ms Katherine Simons
A/Prof Paul Mitchell
Ms Carmel Vermeltfoort
Ms Mirela Matthews
Ms Mandy Byrne
Ms Luellen Thek
Mr Hugh Burch
Ms Nadia Ayres
Ms Melissa Shand
Ms Natasha Krajcer
Ms Anna Mascitti
Mr John Lawrence
Ms Megan Dendle
Ms Megan Galea
Ms Yolanda Ebanks





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