CANCER SERVICES PLAN

2015-2020

easternhealth
GREAT HEALTH AND WELLBEING

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28 July 2015

FOREWORD

We are pleased to present the **Eastern Health Cancer Services Plan 2015-2020**.

The Plan will build on Eastern Health's achievements to date and compliment Eastern Health's Strategic Clinical Services Plan 2012 – 2022 to ensure we achieve our mission to provide positive health experiences for people and communities in the east.

We acknowledge the significant contributions to *The Plan* made through a variety of consultative forums. This consultation process has ensured Eastern Health can articulate a comprehensive cancer services plan that is meaningful and valued by our staff, partners and consumers.

The Plan describes a comprehensive cancer service that will be provided to our consumers in conjunction with our health care partners.

We are keen to begin the work which is now required to implement *The Plan* and look forward to collaborating with Eastern Health directorates and programs, external healthcare partners and most importantly our consumers.

We commend the *Eastern Health Cancer Services Plan 2015-2020* to you.

Ms Kate Whyman
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EXECUTIVE SUMMARY

Extensive consultation was undertaken with key stakeholders including tumour stream multidisciplinary meeting (MDM) participants, representation from allied health, nursing, pathology, pharmacy, medical imaging, palliative care and consumers to ensure that the issues and perspectives of key stakeholders were identified, considered and appropriately addressed in the development of *The Plan*.

In addition, the external policy and funding context was examined, the Eastern Health cancer service was described, the population was profiled, and Eastern Health cancer service activity was analysed. This extensive consultation and analysis identified uncertainty with projecting future cancer incidence. This poses additional challenges for the planning of Eastern Health cancer services.

This plan will focus on strengthening our current service through service improvement initiatives such as strengthening our workforce, realigning service delivery to areas of population demand, ensuring a multidisciplinary focus, and providing a comprehensive service through formal partnerships with other health care providers. In total 55 initiatives were developed based around 6 major themes which are identified in Figure 1. Throughout *The Plan* where gaps or issues have been identified, the initiatives associated with this topic are inserted.

Example

Initiative 1	*Implement Optimal Cancer Care Pathways*

The full list of initiatives can be found in Chapter 6.

The 9 overarching principles in Chapter 2, Figure 4 will guide the development and implementation of each initiative.

Figure 1: Consultation – service improvement themes

THEME	SUMMARY OF PROPOSED INITIATIVES
Patient centred	*24 initiatives address patient centred care. These include:* ▪ Delivering best practice through adopting optimal cancer care pathways, MDMs, relationships between directorates, and GP partnerships ▪ Ensuring patients and carers receive the individualised support and information they require (supportive care)
Strengthening the Workforce	*13 initiatives address strengthening the workforce. These include:* ▪ Delivering a skilled multidisciplinary workforce that interfaces with patients to provide a comprehensive patient focussed and supportive care experience ▪ Enhancing research capability
Equity of Access to a comprehensive service Diagnostic, therapeutic and treatment modalities	*13 initiatives address strengthening access to a comprehensive service. These include:* ▪ Collaborating with internal and external providers to ensure access to comprehensive diagnostic services
Medications	▪ Delivering Eastern@Home chemotherapy services to the outer eastern region and streamlining access to non-PBS drugs
Day Oncology /IP ward	▪ Establishing a robust process for determining capacity and demand for day oncology, medical infusion and inpatient ward services
Referral pathways	▪ Collaborating with external providers to ensure access to comprehensive services
Research and Education	*3 initiatives address research and education. This includes:* ▪ Maximising funding sources for research and clinical trials ▪ Providing GP education programs
Information and technology	*1 initiative addresses information technology. This is:* ▪ Implementing a comprehensive Clinical Oncology IT System with chemotherapy prescribing and audit capability
Branding	*1 initiative addresses branding. This is:* ▪ Enhancing the promotion of Eastern Health cancer services to the broader community

Implementation of *The Plan* will be led by the Director of Cancer Services and progress on the objectives will be monitored and reported on a quarterly basis via the Cancer Services Operation and Improvement Plan (OIP). An annual review of the initiatives will be undertaken by the Cancer Services Plan Steering Committee and will ensure reassessment of priorities with consideration to the external and internal environments.

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CHAPTER 1: INTRODUCTION

1.1: INTRODUCTION

Cancer is the leading cause of mortality in Victoria, affecting 1 in 3 Victorians up to the age of 75 and generates a high level of consumer concern. The care of cancer patients represents a significant proportion of all health care delivered in Victoria.

Cancer is a complex set of diseases to diagnose and treat, and represents a significant burden to patients and their families, the Victorian workforce, the health system and the community at large.

The need for improved delivery of cancer services along with improved outcomes for patients and their families has been identified as a priority for both State and Federal governments and is driven by many factors including trends in population health, workforce issues, the increasing complexity and cost of cancer care and the shift of cancer treatment to the ambulatory setting (Department of Health, Vic, 2014).

The Plan responds to these issues by considering the service, activity, partnerships and physical profile that will be required to ensure equity of access to comprehensive cancer services for people in Melbourne's east.

1.2: DEVELOPMENT OF *THE PLAN*

***The Plan* builds on progress made since the publication of Eastern Health 2022. *The Plan* sets a clear direction for Eastern Health Cancer Services for the next five years. A five year timeframe was considered optimal in the context of the challenges facing cancer service delivery.**

It provides a framework for a comprehensive approach to cancer management that is founded on the best available evidence and reflects national and state directions. Eastern Health aims to provide a comprehensive cancer service through formal partnerships with external health care providers.

The future state model for cancer service delivery is based around a modified version of the nine principles applied to *Eastern Health 2022*, which describe what Eastern Health aims to achieve through its clinical service development.

The Plan makes recommendations to improve cancer out comes based on these nine principles and has aligned them with Eastern Health's five Strategic Directions:

1. A provider of **GREAT** healthcare
2. A **GREAT** patient experience
3. A **GREAT** place to learn and work
4. A **GREAT** partner with our communities
5. A **GREAT** achiever in sustainability

This 5 year Plan addresses the needs of patients in the areas of prevention, screening, diagnosis, treatment, follow-up including survivorship and palliative care. It is driven by a commitment to quality and guided by our vision of providing Great Health and Wellbeing for people and communities in the east.

The development of *The Plan* commenced with an analysis of the policy and funding context at a national, state and local level. The next stage was to describe the Eastern Health cancer services and illustrate this in a conceptual model of current state. Next was to describe the population based indicators that significantly influence Eastern Health cancer services. This was followed by an analysis of Eastern Health activity data across the range of cancer service programs and a review of cancer incidence projections data.

Concurrently an extensive consultative process occurred with key stakeholders including the tumour stream MDM participants, allied health representatives, nursing, pathology, pharmacy, radiology, palliative care and consumers.

A variation of the Optimal Cancer Care Pathways framework (Appendix 4) was adopted to assist stakeholders in formatting their information.

Some challenges and issues identified and addressed within this plan include:

- An increasing and ageing population in Eastern Health's catchment
- The significant proportion of people residing in the outer east and the associated lack of alignment with the location of existing services in the inner east
- The increasing cancer survival rates
- Growth in demand for ambulatory services such as Eastern@Home
- A reduction in clinical trial activity
- Varied activity by tumour stream
- Service limitations

Common themes emerged from the data and information gathered and informed the future state model of cancer service delivery at Eastern Health. A number of initiatives were then developed to guide progress towards achieving this model.

A number of targeted activities were identified by stakeholders that have not been included in *The Plan* however will be addressed and monitored on the 2015/16 Cancer Services operations and improvement plan.

The Plan was developed over 12 months following extensive consultation with key stakeholders. The project to develop *The Plan* was overseen by a Cancer Services Plan Steering Committee with the following members:

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Program Director
Specialty Medicine

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Director Cancer Services

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Ms Kylene Blay
Nurse Unit Manager Oncology/Haematology ward
Box Hill Hospital

Ms Lesley Turner
Nurse Unit Manager Day Oncology Medical Infusion Unit
Box Hill Hospital

Ms Jane Johnson
Acting Nurse Unit Manager Oncology Day Centre
Maroondah Hospital

Mr Richard Cade
Clinical Director Upper GI
Hepatobiliary and Thoracic Surgery

Mr Gregory Turnham
Director, Quality, Planning and Innovation – Strategy and Planning

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Ms Katherine Simons
Manager
North East Melbourne Integrated Cancer Services (NEMICS)

A/Prof Andrew Wirth
Director
Peter MacCallum Box Hill Campus

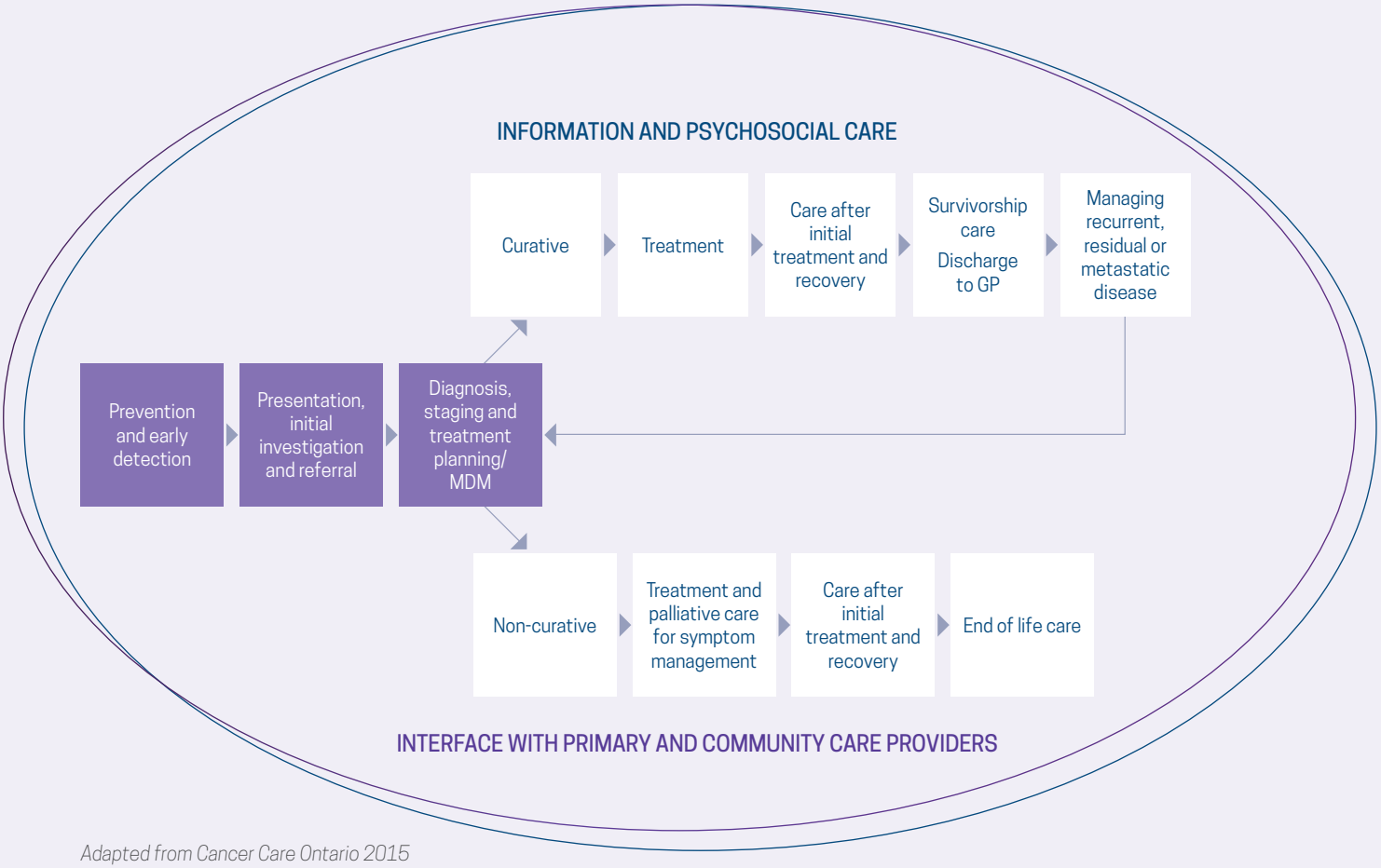
1.3: OBJECTIVES OF *THE PLAN*

Patients and carers are central to the delivery of cancer services within Eastern Health.

The experience for these people is well understood and is pivotal to our planning for future service.

The Plan will address each component of the patient experience to ensure Eastern Health delivers a comprehensive cancer service to our patients.

Figure 2: Eastern Health cancer patient experience



Adapted from Cancer Care Ontario 2015

The Plan will:

- Identify how we leverage our cancer services, research interests and the needs of the community to provide leading edge cancer treatments
- Establish a model of care that is contemporary and meets patients' needs and integrates effectively with internal and external services providers and where appropriate, provide patients with the best opportunity for survival

This plan seeks to develop a 5 year service plan within the context of:

- International, national, state-wide and local policy and directions
- Current service profile and demand for services
- Projected future demand for services and service development opportunities
- Opportunities for improvement and strengthening through benchmarking and service review
- Service model and care pathways that facilitate patient-focused, evidence-based, efficient and cost-effective practice

The Plan will recommend:

- Appropriate service structure, profile, configuration, and staffing models that:
  - Support best clinical practice and effective training and research
  - Maximise the potential of cancer services at Eastern Health
  - Are responsive to current and future service demand
  - Are responsive to advances in treatment and health technology that improve patient outcomes, service effectiveness, safety and efficiency
- Appropriate management and governance structures and systems to support ongoing service improvement
- Services and facilities required to meet future service demand.
- Establishing a comprehensive cancer services that will be delivered in partnership with fellow health service providers

CHAPTER 2: EXTERNAL AND INTERNAL CONTEXT

This chapter outlines the key external and internal influences from a national, state and local level that have informed the future model of cancer service delivery at Eastern Health. These contextual items provide the foundation for the development of *The Plan*.

2.1: NATIONAL

2.1.1: Delivering Better Cancer Care (Commonwealth of Australia, 2010)

Delivering Better Cancer Care is a document detailing the actions taken by the Federal Government for the delivery of Cancer care in response to the reforms established in the Delivering Better Hospitals framework.

The actions were developed in the context of meeting the challenge of the expected increase in new cancer cases of up to 30% in the next 10 years, and the challenges associated with accessing specialist care in rural areas.

Associated initiatives that may or may not directly impact on Eastern Health:

- Joint funding with the Victorian government to build the Victorian Comprehensive Cancer Centre in Parkville, which will provide a range of treatments, wellness and support services, research, training and education
- Establishment of a network of regional cancer centres with links to specialist metropolitan cancer centres to enable Australians in rural and regional communities to receive care closer to home and their community
- Establishment of nationally agreed and consistent best practice cancer protocols and pathways of care (Optimal Cancer Care Pathways) to be followed by all health providers, public and private
- The development of programs and interventions to reduce preventable chronic disease, including cancer

Initiative 1	*Implement Optimal Cancer Care Pathways*

2.2: VICTORIA

2.2.1: Background to cancer in Victoria

Cancer is a leading cause of disease burden in Victoria with an average of 81 new diagnoses every day. In 2013, 29,738 Victorians were diagnosed with cancer.

Mortality

There are 30 deaths from cancer in Victoria every day. In 2013, 11,009 people died from cancer.

Death rates have declined steadily since 1982 (falls of 1.4% per year for males and 1.1% for females). This reflects earlier detection of cancers through screening, falling tobacco use, especially by males, and improvements in treatment.

Most common cancers

The five most common cancers in Victoria are prostate, breast, bowel, lung and melanoma. These account for almost 60% of all new cancers and half of cancer deaths. Breast cancer is the most common newly diagnosed cancer for Victorian women with almost 4,075diagnoses in 2013 (30% of all cancers). Prostate cancer remains the most common new cancer for Victorian men with almost 4,257 new diagnoses in 2013 (27% of all cancers).

Aboriginal and Torres Strait Islander

Mortality rates are significantly higher for Aboriginal than for non-Aboriginal Victorians for both men and women. The higher mortality rates may be associated with diagnoses occurring at more advanced disease stage, and may reflect problems around timely access to treatment and cancer screening rates within this population sub-group.

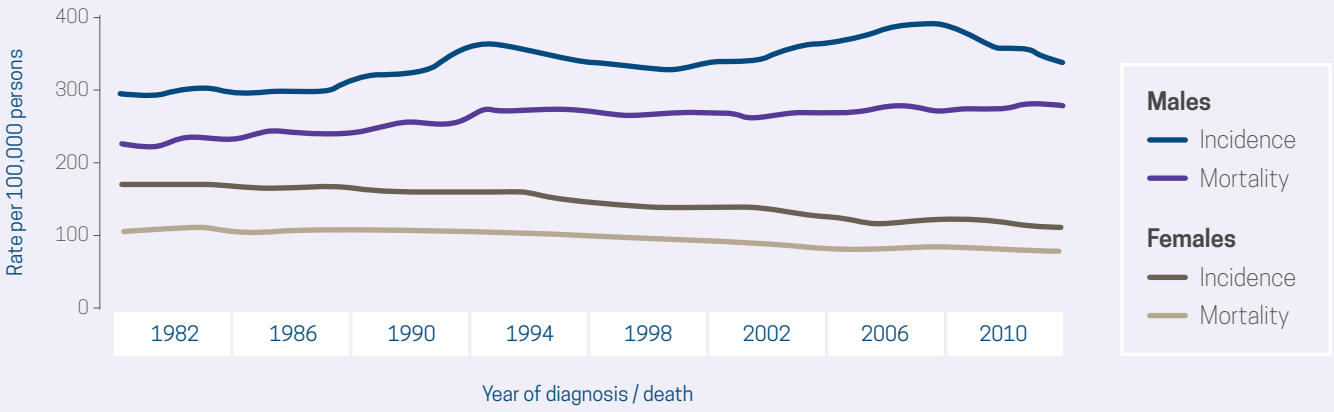
Source: Cancer in Victoria Statistics & trends 2013 Cancer Council Victoria

Survival

During the period 1988-2012, the overall five-year survival increased from 48%% to 67%%.

Source: Cancer in Victoria Statistics & trends 2013 Cancer Council Victoria

Figure 3: Trends in cancer incidence and mortality rates by sex, Victoria 1982



Source: Cancer in Victoria Statistics & trends 2013 Cancer Council Victoria

2.2.2: Cancer Projections – Victoria

It is estimated that by 2024-2028 the annual incidence of cancer will reach over 41,000, an increase of 43% from 2009-2013. During the same period, deaths from cancer will increase to over 14,000 per year. Although actual numbers of new cases and deaths are increasing rapidly, this is largely due to the growth and ageing of the Victorian population.

Numbers of new cases are not predicted to fall for any cancers. Estimates of new diagnoses and deaths provide useful figures for service planning as they predict increases in the burden of cancer that will result from population growth and ageing.

Source: Cancer in Victoria Statistics & trends 2013 Cancer Council Victoria

2.2.3: Victoria's Cancer Action Plan 2008-2011 (Victorian Government Department of Human Services, 2008)

Victoria's Cancer Action Plan was developed to ensure that Victorians receive the best quality cancer prevention and care that is informed by the latest research and state-of-the-art technologies. The Cancer Action Plan outlines a medium term vision for cancer reform that will offer standardised and high-quality cancer care to all Victorians, regardless of whether they live in metropolitan, regional or rural Victoria.

The Plan identifies 4 action areas that aim to ensure that every person has access to high-quality health services at every point of the cancer pathway:

- Action area 1: prevention
- Action area 2: research
- Action area 3: treatment
- Action area 4: support

Released in December 2008, Victoria's Cancer Action Plan (VCAP) has been developed to provide policy leadership and common goals for Government, health services, research institutes, peak bodies, health professionals and consumer organisations working in the cancer control arena in Victoria. The Victorian Government is currently reviewing the Victorian Cancer Action Plan 2008-2011 to improve cancer outcomes.

The Victorian Cancer Strategy will be consistent with the Victorian Health Priorities Framework 2012-2022 where reviewing the existing cancer plan is considered a priority as is the expansion of services to assist people who require palliative care.

Key issues likely to be included in the Victorian Cancer Strategy are:

- Cancer prevention and screening initiatives
- Earlier diagnosis and earlier engagement with primary care
- Cancer survival rates, survivorship
- Focus on disadvantaged groups such as adolescent and young adults (AYA) , culturally and linguistically diverse (CALD), Aboriginal and Torres Strait Islander (ATSI) and the elderly
- Sustainability and cost benefit
- Reducing duplication, research, service improvement, work force development, education
- Improving Cancer Outcomes Act 2014

2.2.4: Victorian Health Priorities Framework 2012-2022: Metropolitan Health Plan (Department of Health, 2011b)

The Victorian Health Priorities Framework establishes the key outcomes, attributes and improvement priorities for the health care system. It provides a framework for planning and delivering an innovative, informed and effective health care system that is responsive to people's needs, now and in the future.

The framework document notes the number of Victorians with chronic and complex conditions is increasing. For example, cancer, cardiovascular disease, and mental disorders together account for more than half of the disease burden in Victoria. A number of factors including lifestyle and behaviour contribute to this situation. *The Metropolitan Health Plan – Technical Paper* confirms that the distribution of growth in these chronic and complex conditions across Metropolitan Melbourne (and Victoria) is not consistent and needs to be accounted for in service planning.

Planning and development priorities for metropolitan health services will include a review of the existing cancer plan as a priority.

2.2.5: Victorian Health Policy and Funding Guidelines

Updated annually, the Victorian Health Policy and Funding Guidelines detail the conditions of funding and outline the key accountability requirements for all funded organisations.

Review of these guidelines and relationship to the Eastern Health Cancer Services Plan will occur annually.

2.2.5.1: Breast Cancer Centre

The Victorian State Government has pledged $10 million to build a comprehensive best practice breast cancer centre as part of the Maroondah Hospital precinct in Ringwood East. The centre will bring together breast screening, breast oncology and medical care.

Initiative 13	***Establish an Eastern Health Breast cancer centre at Maroondah Hospital that will provide best practice breast screening, breast oncology and supportive care services***

2.2.6: Victorian Integrated Cancer Services- Vision, mission and strategic goals 2008 – 2011 (Victorian Integrated Cancer Services, 2008)

Nine Integrated Cancer Services (ICS) make up the Victorian ICS, which was developed in response to the Cancer Services Framework for Victoria (2003). North Eastern Melbourne Integrated Cancer Service (NEMICS) is one of three metropolitan ICS. In December 2008, the ICS vision and mission statements and strategic goals were endorsed.

The Integrated Cancer Services vision is:

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

The strategic goals of the ICS are to:

1: Implement best practice models of care

2: Improve the effectiveness of care through system coordination and integration

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

2.2.6.1: North Eastern Melbourne Integrated Cancer Service – NEMICS

Eastern Health, Austin Health, Northern Health and the Mercy Hospital for Women are network partners of NEMICS. NEMICS also has a strong relationship with other providers of cancer care, including Medicare Locals, palliative care consortia, research institutions, private hospitals and private providers of specialist care, such as radiotherapy.

2.2.6.1.1: NEMICS Strategic Plan 2014-2016

The 2014-2016 NEMICS Strategic Plan has been developed in the context of a transition to the next phase of cancer reform that includes strengthening the integration of cancer prevention, screening and earlier diagnosis, increased involvement of primary care and a focus on addressing disparities in outcomes and experiences of people with cancer, but that is not yet fully defined.

Optimal Care Pathways, a Cancer Services Capability Framework and a Cancer Performance Monitoring Framework are all under development. Eastern Health will continue to work with NEMICS where possible on further service improvement around the key priority areas through the Eastern Health Strategic and Projects Manager, and MDM Admin Support.

2.2.6.1.2: NEMICS Regional Service Planning Program

Work has commenced for 2013–2014 to review the configuration and capability of cancer services and support services in the NEMICS region. The focus is on reviewing and streamlining access and referral pathways, and service capability assessments to ensure optimal patient pathways are in place.

Included in the project scope are:

- All public and private providers of cancer services in the NEMICS region
- All patients treated in the NEMICS region
- Cancer surgical services and specialist cancer services located in the NEMICS region
- Cancer support services located in the acute setting in the NEMICS region

A service map for the region and a review of referral pathways for some cancer services were identified as the first steps.

Service map

A regional, clinically validated service location map across all acute public and private health services at campus level in the NEMICS region has been developed.

The services map summary provides a snapshot of the location and level of service (i.e. whether there is a general service or oncology specific service, and whether it is a full onsite service, or a partial service or sessional appointments).

This work will link with the service capability framework currently being developed by the Victorian Department of Health.

Health service capability profiles

The service map is supported by a series of service profiles that provide information on annual activity and capacity; an analysis of patients using public and private cancer services; and an assessment of regional service gaps and priorities (as applicable).

Health service profiles are being developed for the following cancer services:

- The chemotherapy health service profile reviews capacity, access, and level of service of each of the 10 public and private provider's day oncology units in the NEMICS region
- The radiotherapy health service profile reviews capacity, access, and level of service of each of the two public and two private provider's radiation oncology units in the NEMICS region
- The surgical oncology health service profile provides an assessment of surgical oncology services and key quality indicators for oncology surgical procedures. The profile also shows key results from a survey on the configuration of tumour resection sites in the NEMICS region, undertaken by surgeons working in oncology over October 2013
- The cancer support services health service profile identifies information gaps and planning priorities for select cancer support services
- Clinical colleagues will continue to be engaged to agree an approach to addressing the gaps and issues identified

2.2.7: Strengthening Palliative Care: policy and strategic directions 2011-2015 (Department of Health, 2011a)

Strengthening palliative care: policy and strategic directions 2011–2015 guides the work of palliative care services, consortia and government from 2011 to 2015.

The policy aims to achieve the following outcomes for all people with a life threatening illness and their families and carers:

- access to appropriate services, wherever they live in Victoria
- seamless, quality care that is informed by evidence and research
- support from their communities

2.2.8: A Cancer Services Framework for Victoria (The Collaboration for Cancer Outcomes Research and Evaluation, 2003)

The intent of the Victorian Cancer Services Framework is to promote the development of a cohesive, integrated, state-wide approach to cancer care that draws on the best available evidence, and builds on national and international experience of success. Specifically, the Framework is designed to improve cancer outcomes and the efficiency of cancer services by:

- identifying the needs and expectations of communities and individuals
- harnessing existing resources
- specifying future resource requirements
- developing and managing systems to ensure that resources are provided, coordinated and managed to fulfil needs and expectations to the best extent possible

The Cancer Services Framework also recommends the relocation of the Peter MacCallum Cancer Centre, to a purpose built facility in Parkville, which will become operational in mid-2016. This will be known as the Victorian Comprehensive Cancer Centre (VCCC) amalgamating cancer services from Peter MacCallum Cancer, Royal Melbourne Hospital and the Royal Women' s Hospital.

2.2.9: Improving Cancer Outcomes Act 2014

This Act articulates the role and functions of the Department of Health with respect to cancer, to establish a framework for the collection, management, use and disclosure of information relating to cancer, to require the preparation of a plan providing a strategic policy framework for cancer in Victoria. The Act repeals the Cancer Act 1958.

2.2.10: Victorian Cancer Patient Experience Survey Tool Project

The Cancer Strategy and Development section understands the benefits of measuring patient experience of cancer services across Victoria.

The development of a consumer experience survey will inform progress of policy implementation for the cancer reform priorities.

The overall aim of the Victorian Cancer Patient Experience Survey Tool Project is to assist Victorian cancer services to improve the quality of cancer delivery and outcomes through the collection and reporting of adult patient experience.

Project deliverables include:

- Literature review report
- Consultation with cancer clinicians and consumer across the state
- Proposed patient survey tool
- Proposed patient selection criterion
- Proposed quality reporting framework

Initiative 25	*Implement Department of Health Cancer Patient Experience Survey*

2.2.11: Victorian Allied Health Leaders Council – Guidelines for Allied Health – Resources Required for the Provision of Quality Cancer Services (Draft)

The Victorian Allied Health Leaders Council (VAHLC) has prepared draft guidelines on appropriate allied health staffing requirements across tumour streams for cancer services units in Victoria. The guidelines are considered as consensus practice statements of the resource requirement to carry out quality treatments to maximise functional outcomes for cancer patients.

2.2.12: Victorian Chemotherapy Service Redesign Project (VCSRP)

The Victorian Department of Health and NEMICS jointly funded Eastern Health's participation in the Victorian Chemotherapy Service Redesign Project in 2013.

The recommendations arising from this project will be utilised in future planning and service improvement work in the three day oncology units at Eastern Health.

Initiative 29	***Implement Flow Coordinator role at MH/YRH***

2.3: EASTERN HEALTH

2.3.1: Eastern Health Strategic Plan 2010-2015

The Strategic Plan has been formulated so Eastern Health can meet future service demands. The strategic plan defines who Eastern Health is, its purpose and focus for the five years 2010-2015.

Five strategic directions are defined in *The Plan*:

- A provider of **GREAT** healthcare
- A **GREAT** patient experience
- A **GREAT** place to learn and work
- A **GREAT** partner with our communities
- A **GREAT** achiever in sustainability

The actions for *The Plan* will be aligned to a strategic direction.

2.3.2: Eastern Health 2022 – The Strategic Clinical Service Plan 2012-20225

The Plan is based on a modified version of the nine principles that articulate what Eastern Health aims to achieve through its clinical service development in the ten years to 2022 as outlined in Figure 4. These principles are well-aligned with the principles as outlined by the Victorian Government in the Metropolitan Health Plan.

Figure 4: Principles for Eastern Health Cancer Services Plan 2015-2020

1. Clinical Services will be provided to ensure that patients have equity of access to comprehensive cancer services
2. Clinical Services will be patient – centred with consideration to CALD and ATSI patient groups
3. Changes in clinical services will be based upon evidence
4. Clinical Services profile will be oriented to meet population health demand and improve Eastern Health wide 'self sufficiency'
5. Configuration of services into multidisciplinary, tumour stream based model will ensure there is adequate critical mass and appropriate clinical profiles in the interests of quality and safety, teaching and research
6. Clinical services will be configured to enhance timely patient flow
7. Clinical Services encountered frequently by patients will be located close to where patients live
8. Services that can safely be provided in the home or in the community will be provided in the home of the community by the most appropriate health service provider
9. Clinical services will be configured in such a way that they are sustainable and optimise utilisation of capacity across Eastern Health

Eastern Health 2022 provides a framework that guides Eastern Health's future decision-making. *Eastern Health 2022* is fundamentally focused around 20 Clinical Service priority initiatives. The priority initiatives represent major pieces of work that apply right across Eastern Health Clinical Services and are primarily about continuous improvement and driving change that will ensure Eastern Health can execute its strategy and achieve tangible outcomes based upon the principles.

The relevant oncology and haematology priority items are included in *The Plan*.

CHAPTER 3: EASTERN HEALTH CANCER SERVICE PROFILE

Eastern Health is the second largest health care provider for the Victorian community. Cancer services constitute a core clinical service within Eastern Health. The service is provided to the adult population including an adolescent and young adult program. Eastern Health provides a range of cancer services that will be described within this chapter. Strong links currently exist within and across Eastern Health programs and directorates to ensure the effective delivery of cancer services (e.g. with Palliative Care and Ambulatory care). Eastern Health aims to provide a comprehensive cancer service through formal partnerships with external health care providers.

3.1: ABOUT EASTERN HEALTH

Eastern Health provides a comprehensive range of high quality acute, sub-acute, palliative care, mental health, drug and alcohol, residential care and community health services to people and communities that are diverse in culture, age, socio-economic status, population and healthcare needs.

We deliver clinical services to more than 750,000 people through eight Clinical Programs from more than 45 different locations.

Our services are located across 2800 square kilometres in the east – the largest geographical catchment area of any metropolitan health service in Victoria. We employ over 8500 people, deliver more than 130,000 episodes of patient care each year and manage a budget more than $800m per year.

We have a continuing focus on building a high quality healthcare system for the people we serve and through which we can also attract and retain the best staff. Eastern Health was awarded the Premier's Health Service of the Year Award for both 2013 and 2014.

We have an active education and research focus and strong affiliations with Monash, Deakin and Latrobe universities. As a progressive, responsive and innovative health service, we demonstrate our commitment to excellence through external accreditation with the Australian Council on Healthcare Standards.

Within Eastern Health cancer care is delivered via bed-based services and within ambulatory settings across five Eastern Health sites.

We aspire to be **GREAT** in everything that we do.

3.2: CATCHMENT POPULATION – EASTERN HEALTH

The primary catchment population for Eastern Health is the largest in the Melbourne metropolitan area. The Eastern Health catchment area is the largest of any public health service in Melbourne.

Refer to Figures 5 and 6. Further discussion regarding Eastern Health catchment population data can be found in Chapter 4.

Figure 5: Eastern Health's primary catchment area is geographically the largest of any public health service in Melbourne

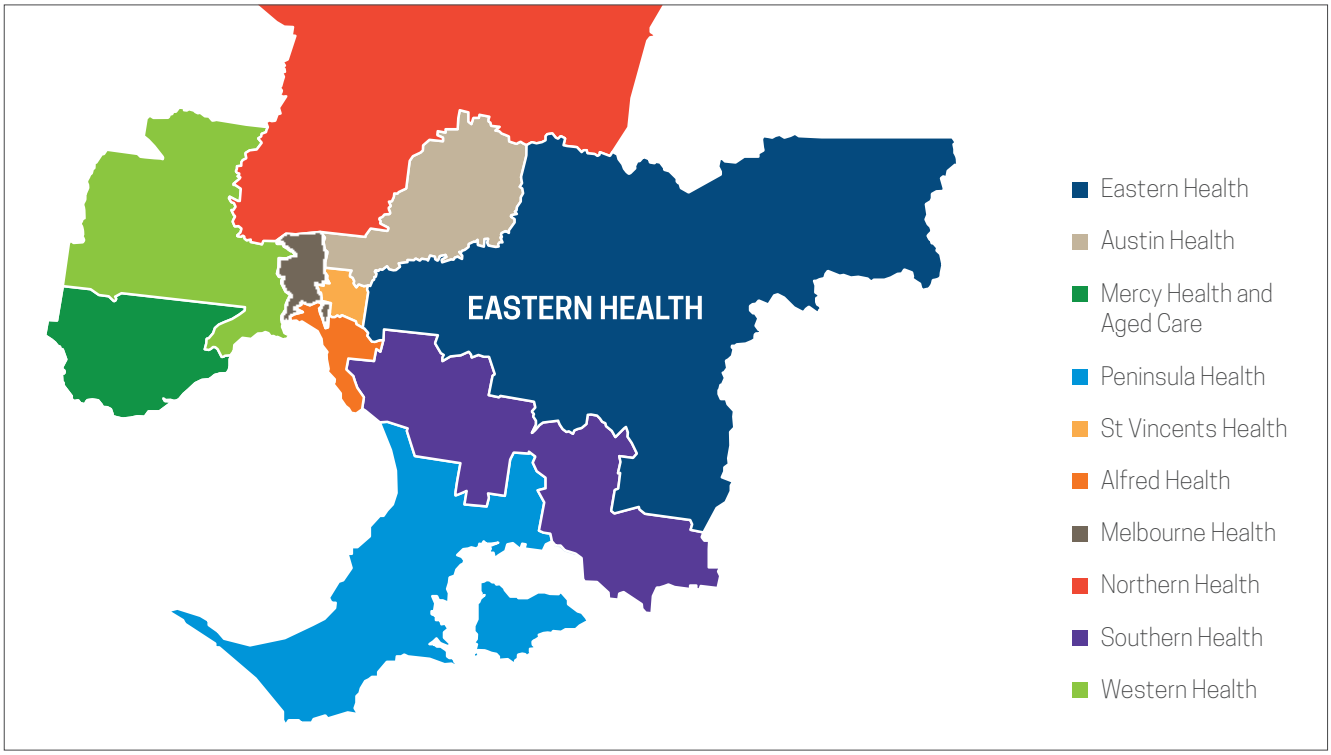
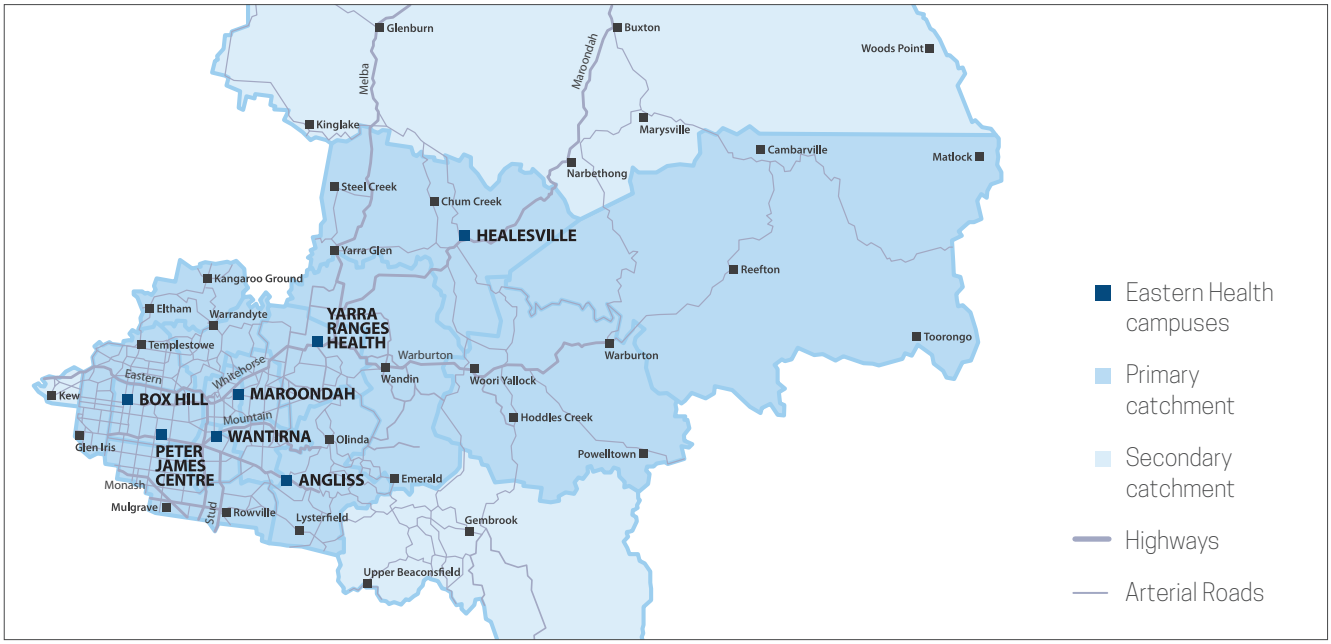


Figure 6: Eastern Health's main facilities and the primary and secondary catchment areas



CHAPTER 3:
EASTERN HEALTH CANCER SERVICE PROFILE

3.3: ORGANISATIONAL CHARTS

Governance of Eastern Health Cancer Services is illustrated within Figure 7.
Eastern Health Cancer Services committee structure is illustrated in Figure 8.

Figure 7: Eastern Health Cancer Services reporting structure organisational chart

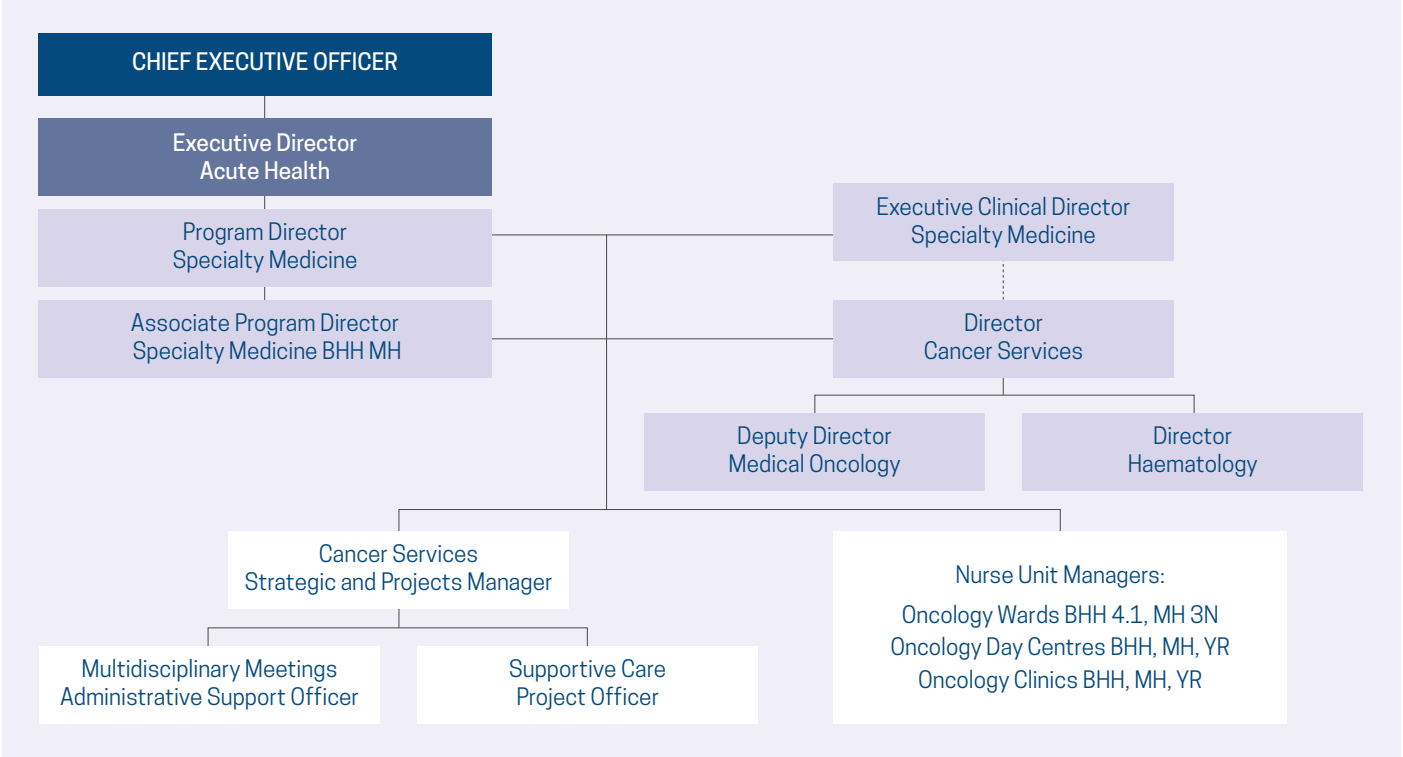


Figure 8: Eastern Health Cancer Services committee structure organisational chart

3.4: CLINICAL SERVICE PROFILE

The Eastern Health Cancer Services model is tumour stream based enabling a multidisciplinary approach to complex patient care which ensures a consistent approach to clinical care based on best evidence. The twelve tumour streams are represented by skilled clinicians across disciplines such as medical oncology, haematology, radiation oncology, surgery, nursing, allied health, palliative care, radiology, pathology and pharmacy.

Figure 9: Eastern Health tumour streams

EASTERN HEALTH TUMOUR STREAMS
Breast
Colorectal
Endocrine
Gynae-oncology
Haematology *
Head and Neck
Hepatoma
Lung
Melanoma
Myeloma & Amyloidosis
Upper Gastro-Intestinal
Urology

** Haematology is an integrated discipline incorporating clinical and laboratory aspects of diseases of the blood and blood-forming organs. It encompasses the investigation and treatment of a wide range of neoplastic and benign diseases, including leukaemias, stem cell transplantation and inherited and acquired coagulation abnormalities. The cancer services plan will incorporate the malignant haematological cancers only.*

Refer to Appendix 2. Location of Eastern Health cancer and support services.

3.4.1: Cancer Services – bed based

3.4.1.1: Inpatient specialist care

Cancer bed-based services are provided in a dedicated ward at Box Hill Hospital, a shared specialty medicine ward at Maroondah Hospital and a palliative care ward at Wantirna Health. The Angliss Hospital delivers some surgical cancer services.

3.4.1.2: Palliative Care

There are two sub-streams of care within Eastern Health's Palliative Care Service:

1: A hospital based palliative care consultation team (HBPCCT), which provides medical and nursing consultation and support to all Eastern Health acute and sub-acute patients requiring palliative care symptom management and support.

2: An inpatient palliative care unit of 30 beds which provides end of life care and / or symptom management within a specialist bed based unit (Wantirna Health). Nine of the ten top diagnoses of patients admitted to the palliative care unit relate to haematological and solid organ malignancies.

3.4.1.3: Surgical cancer services

Surgical cancer services are a critical component in the provision of cancer care at Eastern Health. Surgical oncology is provided by a number of surgical units, with significant expertise to support the delivery of care via the tumour stream model. Specialist cancer surgeons are an integral part of multidisciplinary care provided to cancer patients. Surgeons regularly participate in the cancer multidisciplinary meetings (MDMs) to determine diagnostic and treatment pathways and ongoing care for patients. The formal relationships between cancer services and the surgery program continue to evolve. Through close links with Monash University, the Surgery Program at Eastern Health participates in cancer research and the provision of training for specialist surgeons.

Key performance Indicators

Length of stay and readmissions within 28 days can be found in Chapter 5.

Initiative 11	***Collaborate with Eastern Health Surgical Program to establish the full spectrum of diagnostic endoscopy/surgical services for common oncological diagnoses***
Initiative 14	***Collaborate with the surgical program to strengthen capacity to provide an integrated cancer surgery service***
Initiative 47	***Document clear surgical referral pathways to external health services for tumour streams/procedures not provided by Eastern Health***

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3.4.2: Cancer Services - Ambulatory

Ambulatory cancer services are provided by day chemotherapy units, Oncology Eastern@Home, outpatient specialist clinics and the oncology rehabilitation program.

3.4.2.1: Day Chemotherapy Units

Day chemotherapy services are provided at Box Hill Hospital, Maroondah Hospital and Yarra Ranges Health Monday to Friday. Eastern Health is a major provider of chemotherapy services in the NEMICS region. Eastern Health provides 42.41% of day chemotherapy admissions within the North East Melbourne Integration Cancer Service (NEMICS) region (source: VAED).

The Day Oncology and Medical Unit (DOMU) at Box Hill Hospital have capacity of 33 chairs and 5 beds. The unit is currently operating 16 chairs and 2 beds, allowing for expansion and growth into the future. It is co-located with medical oncology outpatient clinics and the oncology ward and provides administration of chemotherapy and other oncology and haematology treatments and medical infusions.

Maroondah Hospital day chemotherapy unit consists of 8 chairs and 1 bed providing administration of chemotherapy and other oncology and haematology treatments.

Yarra Ranges day chemotherapy unit consists of 6 chairs and provides administration of chemotherapy, other oncology and haematology treatments.

3.4.2.2: Oncology Eastern@Home

Oncology Eastern@Home provides oncology and haematology patients with acute cancer treatment and monitoring including delivery of chemotherapy in the patient's home (including residential care). Patients remain the responsibility of the oncology or haematology Unit. This is a 7/day week service.

3.4.2.3: Outpatient specialist clinics

Outpatient treatments are provided at Box Hill Hospital, Maroondah Hospital and Yarra Ranges Health and are delivered within tumour streams. Cancer Services aim to deliver multidisciplinary clinics within each tumour stream. This has been partially achieved in uro-oncology and breast clinics. In addition to tumour stream specific clinics, a need has been identified for other cancer related clinics such as genetic counselling, late effects, geriatric oncology and survivorship.

Initiative 8	***Collaborate with external provider (Austin Health) to provide Familial Cancer Clinic that delivers genetic counselling, genetic testing, medical advice and psychological support***
Initiative 22	***Implement a late effects clinic to manage late effects occurring post chemotherapy, surgery, radiotherapy and to manage psychosocial concerns and lymphoedema***

Initiative 23	***Cancer Services to develop and implement a multidisciplinary clinic model for all tumour streams. Model to include medical, surgical, allied health, nursing and radiation oncology specialties.***

3.4.2.3.1: Breast Services

Breast Services encompass both Maroondah BreastScreen and Maroondah Breast Clinic. The BreastScreen service provides screening to the women in the eastern metropolitan area and parts of rural north eastern Victoria as far north as Yarrawonga, Tallangatta and Corroyong. Eastern Health is contracted to provide screening and assessment services via Maroondah BreastScreen. The Maroondah BreastScreen Screening and Assessment Service is located in Ringwood at Maroondah Hospital.

The Breast Clinic provides multidisciplinary team management of women with breast disease. The provision of diagnostic, therapeutic counselling, education and clinical review services are integral to the running of the clinic.

3.4.2.3.2: Uro-Oncology Clinic

The Uro-Oncology clinic is conducted at Box Hill Hospital on a weekly basis. The clinic is multidisciplinary including medical oncologists, surgical urology specialists, research nurses and research fellow and a clinic nurse. Prostate cancer patients undergoing Androgen Deprivation Therapy (ADT) do not have necessary endocrine input impacting on patient outcomes.

Initiative 5	***Incorporate endocrine representation at the multidisciplinary Uro-oncology clinic at Box Hill Hospital***

3.4.2.3.3: Lymphoedema Service

The Eastern Health lymphoedema services has a 'hub and spoke' model of care. The aim is to provide clients within the eastern catchment with a high standard of lymphoedema information and care, close to their homes. The multidisciplinary team includes lymphoedema nursing, physiotherapy, social work and medical personnel. The Yarra Ranges Health clinic is the hub of the service with the Angliss and Box Hill Hospital clinics running as satellites with Community Health funding. The satellite clinic comprise of a single lymphoedema practitioner.

3.4.2.4: Oncology Rehabilitation Program

An ambulatory Oncology Rehabilitation program is located at Wantirna Health. The program is available to all patients with a cancer diagnosis, and at varying stages of treatment. Carers, family and friends participate in a twice weekly program over a seven week period, with each session consisting of one hour of exercise, followed by one hour of education. This program leads the way within Victoria.

3.4.3: Related services at Eastern Health

3.4.3.1: Supportive Care

Provision of supportive care for people with cancer is an integral component of evidence based, best practice, cancer care. Supportive Care Screening is being implemented across the health service to assist with the identification of patient's supportive care needs.

Supportive care services are available throughout Eastern Health to respond to the psychosocial and physical concerns that may be experienced by individuals with cancer, their family and their carers. Currently Eastern Health has inadequate access to Clinical Psychology services resulting in an unmet demand which has been identified through Supportive Care screening.

At Eastern Health, supportive care services are provided by nursing and allied health teams in acute and subacute services and through programs such as "Living with Cancer" and the "Look Good Feel Better" program. In conjunction with supportive care screening, training of staff in communications skills is provided through facilitators trained in a suite of courses developed by the Victorian Cancer Clinicians Communication Program (VCCCP).

Key performance indicator

There is a supportive care performance measure as part of the Cancer Strategy and Development Unit – Department of Health & Human Services (DHHS) cancer service performance indicator audit. The target set for supportive care is that 50% of newly diagnosed cancer patients have documented supportive care screening.

Initiative 6	***Expand access to Clinical Psychology services that have expertise in psycho-oncology***

3.4.3.2: Culturally and Linguistically Diverse (CALD) services

The Chinese Cancer Society Victoria provides a complimentary culturally sensitive support service to Chinese speaking cancer patients attending the Box Hill Day Oncology Medical Infusion unit.

In house interpreter and translation services are available across Eastern Health for access by cancer patients and cancer services staff through the Language Services Unit. The supportive care brochure has been translated into common languages spoken in the Eastern Health region and translated Cancer Council Victoria brochures are available in treatment locations. The Diversity Coordinator provides support regarding all aspects of diversity.

3.4.3.3: Aboriginal and Torres Strait Islander (ATSI) services

Eastern Health provides an Aboriginal Health Team committed to addressing the disparity in health outcomes between indigenous and non-indigenous Australians. The service offers culturally appropriate services, delivering primary health care services, social and emotional support, case management and advocacy and home and community care. Cultural Awareness Training courses are available for Eastern Health staff.

Initiative 34	***Collaborate with Closing the Health Gap program at Eastern Health to increase access to cancer services and improve cancer outcomes***

3.4.3.4: Pathology

In addition to routine pathology, the department provides specialist histopathology and cytopathology services that are critical to the diagnosis, treatment and monitoring of cancer. The pathology department also provides specialist haematology services. Anatomical pathologists are a key member of some of the tumour based multidisciplinary meetings. Molecular testing is outsourced to external providers.

Initiative 9	***Work with Pathology Department to strengthen capacity to align with Eastern Health Cancer Services requirements***
Initiative 49	***Document referral pathways for molecular/mutation testing, gene expression profiling – to ensure timely and funded access***

3.4.3.5: Medical Imaging

The medical imaging department provides a range of diagnostic and interventional radiological services.

Initiative 10	***Collaborate with Eastern Health Medical Imaging to improve access to MRI, nuclear medicine (PET), sentinel node mapping, SIRT and microwave ablation***

3.4.3.6: Pharmacy

The Eastern Health Pharmacy Department has a strong clinical relationship with cancer services. Specialist pharmacists prepare and dispense cytotoxic medications. The cost of cancer therapies is increasing; therefore there is a need to continue dialogue between pharmacy and clinicians to manage these costs.

Initiative 7	***Collaborate with Eastern Health Pharmacy to provide chemotherapy services to Maroondah and Yarra Ranges Eastern@Home patients***
Initiative 32	***Streamline the approval process for cancer related drugs on compassionate grounds***

3.4.3.7: Prevention and screening services

Eastern Health provides a range of prevention and screening services. These include BreastScreen as outlined in 3.4.2.3.1, National Bowel Cancer Screening Program with referrals into the Eastern Health endoscopy service and smoking cessation clinics.

3.4.4: Coordination of service delivery

3.4.4.1: Multidisciplinary Meetings (MDMs)

The key function of multidisciplinary meetings is for the meeting participants to contribute to the discussion and develop a recommended treatment plan for suspected, newly diagnosed or relapsed cancer patients. Each tumour stream meets either weekly or fortnightly with a prepared agenda and relevant pathology and radiology results available for review.

Eastern Health has a goal to strengthen and grow the cancer multidisciplinary meeting program. Evidence shows that the multidisciplinary model of care has significant positive outcomes for the patient and their family including:

- Integrated assessment of each patient's case history
- Improved care through the development of a comprehensive care and treatment plan for each patient
- Safer management for patients with complex issues
- Best practise cancer management
- Streamlined treatment pathways and minimising duplication
- Reduced costs
- Improved access to clinical trials of new therapies
- Increased patient satisfaction and wellbeing
- Reduced mortality

There are 12 MDMs operating at Eastern Health, these are listed in Figure 9. The breast tumour stream is supported by two MDMs – one for early/new diagnoses of breast cancer, the other for advanced, metastatic breast cancer. In addition to the tumour streams identified in Figure 9, Adolescent and Young Adult (AYA) (15-25 years old) cancer patients are also managed through the AYA MDM.

The MDMs are supported by administrative support officers who coordinate the meetings by ensuring appropriate pathology and radiology investigations are available through the use of a cancer MDM software program.

Eastern Health MDMs are held in the purpose-built MDM room within Box Hill Hospital, utilising state-of-the-art audio-visual equipment.

Key Performance Indicators

The Eastern Health multidisciplinary meetings are audited and benchmarked across the State and within the NEMICS region. There are three performance measures as part of the Cancer Strategy and Development Unit – Department of Health & Human Services (DHHS) cancer service performance indicator audit.

1: Documented evidence of multidisciplinary team recommendations – Target 80%

2: Documented evidence of cancer staging in the multidisciplinary team recommendations – denominator is number of patients with MDM recommendations – Target 100%

3: Documented evidence of communication of initial treatment plan to GP within 2 weeks – Target 100%

Initiative 2	***Review the participation and attendance of relevant disciplines at MDMs as per OCCP and MDM terms of reference with the aim of maximising multidisciplinary engagement***
Initiative 3	***Ensure all tumour streams have access to MDMs and where appropriate establish MDM within Eastern Health***

3.4.4.2: Care Coordination

Within Eastern Health the coordination of patient care is limited. The Breast and Genitourinary tumour streams have some coordination of care via Clinical Nurse Consultants. In addition, those patients attending Day Chemotherapy services receive assistance with the coordination of their treatment regimens and monitoring of symptoms via the Day Oncology nursing and medical team. Those patients treated with oral chemotherapy (treatments commenced in clinic) do not receive the benefit of patient information and education provision.

Initiative 4	***Establish a Nurse Coordinator Oral Chemotherapy role/clinic to facilitate patient centred care and provide appropriate level of support and information to navigate the complexities of the care pathway***
Initiative 20	***Improve workforce capability to provide care coordination in complex cancer management across all tumour streams***

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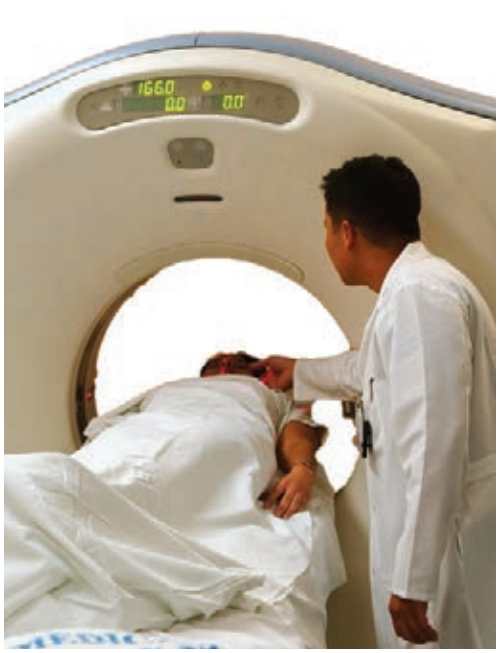

3.4.5: Teaching, education and research

Teaching, education and research within cancer services are linked through established collaboration with Monash University, Deakin University and La Trobe University. Teaching and education is fostered through cancer services via undergraduate and post graduate teaching including higher degrees. Clinical trials are conducted through Monash University via Eastern Clinical Research Unit (ECRU). Clinical research is conducted at Box Hill and Maroondah Hospital sites.

3.4.6: Cancer Services – Workforce

Cancer services are delivered by a range of professional disciplines all providing an essential component of cancer care.

Figure 10: Cancer service workforce

Allied Health	▪ Dietitians ▪ Physiotherapists ▪ Occupational Therapists ▪ Social Work ▪ Speech Pathologists ▪ Psychologists ▪ Exercise Physiologists *Approximately 90% allied health EFT is allocated to inpatient bed-based services*
Management	▪ Cancer Services Strategic and Projects Manager ▪ MDM Administrative Support
Medical	▪ Medical Oncologists, sub-specialising by tumour stream ▪ Haematologists ▪ Specialist surgeons ▪ Specialist physicians ▪ Radiation Oncologists (honorary) ▪ Palliative Care Physicians ▪ Geriatrician (Rehabilitation Physicians) ▪ Junior medical workforce, including advanced physician and surgical trainees, Fellows, residents
Nursing	▪ Specialist nursing services are provided within the following clinics; breast, lymphoedema, stomal therapy and urology ▪ Ward nursing team ▪ Chemotherapy trained nurses ▪ Palliative Care ▪ Oncology Nurse Educator
Pathologists	▪ Anatomical pathologists
Pharmacists	▪ Chemo-trained pharmacists
Projects	▪ Supportive Care Screening Project Officers
Radiologists	▪ Interventional radiologists

Initiative 12	*Establish an advanced haematology trainee position/program at Eastern Health*
Initiative 35	*Increase the Maroondah Hospital inpatient workforce capability to administer Chemotherapy*
Initiative 36	*Increase allocation of allied health resources to cancer services. Adopt guidelines (currently in draft) for staffing levels for the provision of quality cancer services through the Victorian Allied Health Leaders Council – that recommend staffing levels for allied health disciplines across tumour streams and within different settings.*
Initiative 37	*Establish sustainable funding for MDM administrative support*
Initiative 38	*Increase medical oncology resources (consultant/clinic)*
Initiative 39	*Ensure specialised training in oncology nursing to provide a robust and reliable service*
Initiative 40	*To ensure sustainability of VCCCP programs and training of facilitators, transition to Professional Development Unit (PDU)*
Initiative 41	*Academic strengthening – fellows in urology and uro-oncology*
Initiative 42	*Collaborate with Eastern Health Pharmacy to ensure all pharmacy staff who dispense chemotherapy are trained and credentialed*
Initiative 43	*Engage volunteer support to enhance the patient experience*
Initiative 44	*Develop a Eastern Health cancer nursing workforce and training plan (consider advanced practice roles, nurse practitioner, transition specialty practice, role of Div 2 and rotations between departments and Eastern Health sites)*
Initiative 51	*Clarify and document roles and responsibilities for the provision of allied health services across Epworth Eastern, Peter Mac Callum and Eastern Health for shared care arrangements of patients in common*

3.4.7: Information Technology

Information technology is essential to all clinical services. Cancer Services requires an integrated system with chemotherapy prescribing, scheduling, OP clinics, and auditing capabilities. Eastern Health currently has a non-integrated day oncology scheduling system.

Initiative 55	*Implement a comprehensive Clinical Oncology IT System with chemotherapy prescribing and audit capability and outpatient clinic by tumour stream functionality*

3.5: RELATED EXTERNAL SERVICES

3.5.7: Radiation Oncology

Eastern Health does not provide a radiation oncology service. Currently there are two radiation oncology providers within the Eastern Health catchment accessed by Eastern Health Cancer services.

3.5.1.1: Peter MacCallum Cancer Centre – Box Hill

Radiation oncology is provided through the Peter MacCallum Cancer Centre from a facility opposite Box Hill Hospital (co-located at Epworth Eastern Hospital).

3.5.1.2: Radiation Oncology Victoria (ROV) – Ringwood

A commercial arrangement exists between Eastern Health and Radiation Oncology Victoria (ROV), who provide radiotherapy services at Ringwood Private Hospital. Ringwood Private Hospital is located close to Maroondah Hospital.

Initiative 48	*Document clear radiotherapy referral pathways for all tumour streams*
Initiative 52	*Support the relationship between PMCC and Eastern Health to adequately resource the radiotherapy service*

3.5.2: Eastern Metropolitan Region Palliative Care Consortium - EMRPCC

The Eastern Metropolitan Region Palliative Care Consortium (EMRPCC) is an alliance of palliative care providers. The Consortium provides residents with a life threatening illness access to high quality palliative care in the home.

3.6: COMPLIMENTARY SERVICES

3.6.1: Car Parking

Regular Consumer feedback reveals the difficulties associated with car parking at each Eastern site. This issue is particularly problematic for patients and carers attending the Day Centre and Clinic. The patients are experiencing greater than usual stress related to their condition and associated interventions and identify car parking to be an additional stressor.

Initiative 31	***Limited access to car parking for patients when attending for chemotherapy and radiotherapy***

3.7: CURRENT STATE MODEL – CANCER SERVICES

In addition to describing Eastern Health services, formal partnerships and referral pathways, this chapter has also highlighted service gaps where there are no formal partnerships or referral pathways.

Figure 11 illustrates current services and gaps.

Initiative 50	***Enhance partnerships with GPs. This should include all GP interaction points throughout the patient journey. Improve communication of MDM meeting outcomes to GPs.***

There are a number of initiatives that will address the lack of formal arrangements as outlined in Figure 11, however these initiatives are located under service delivery headings.

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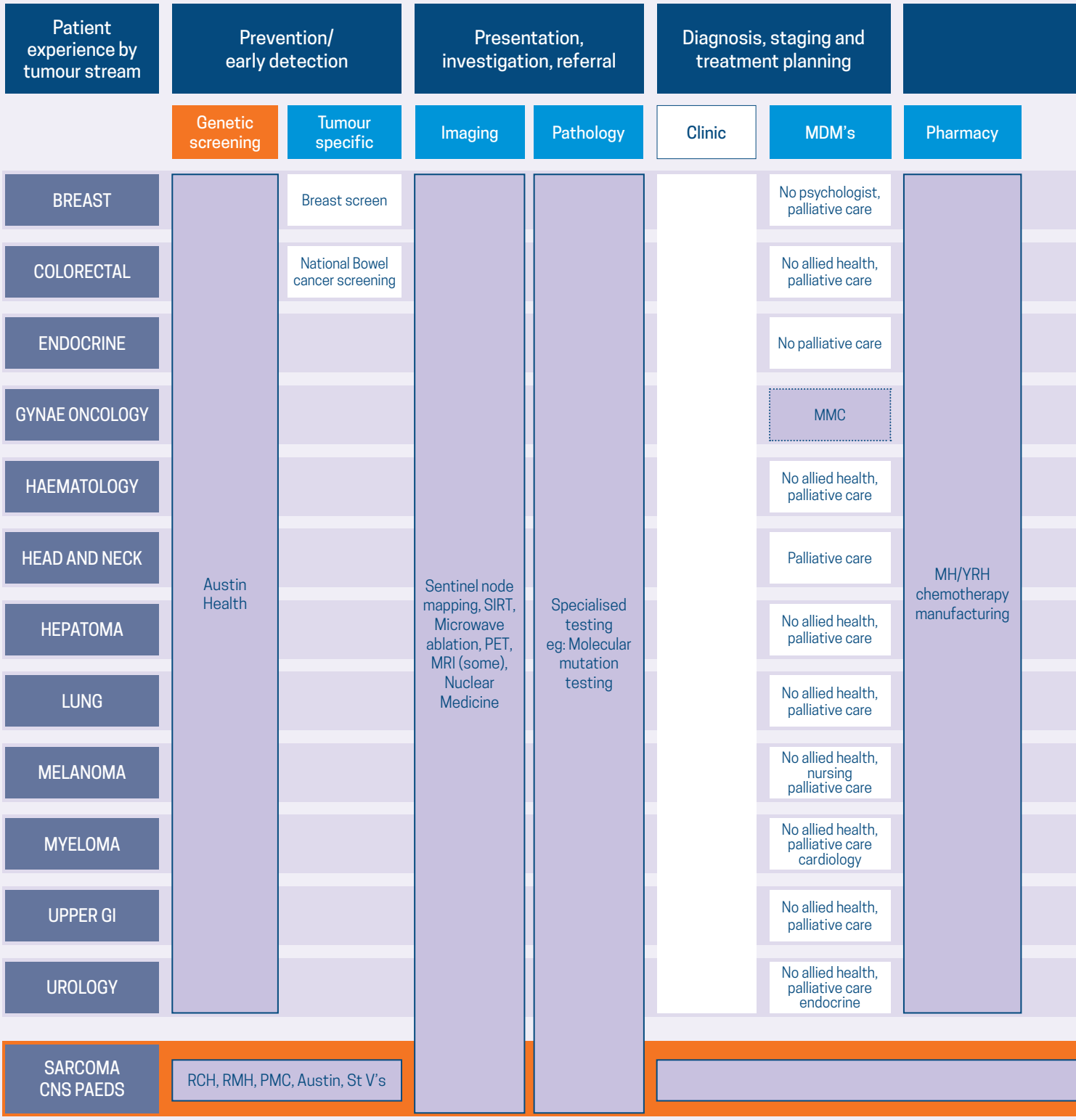
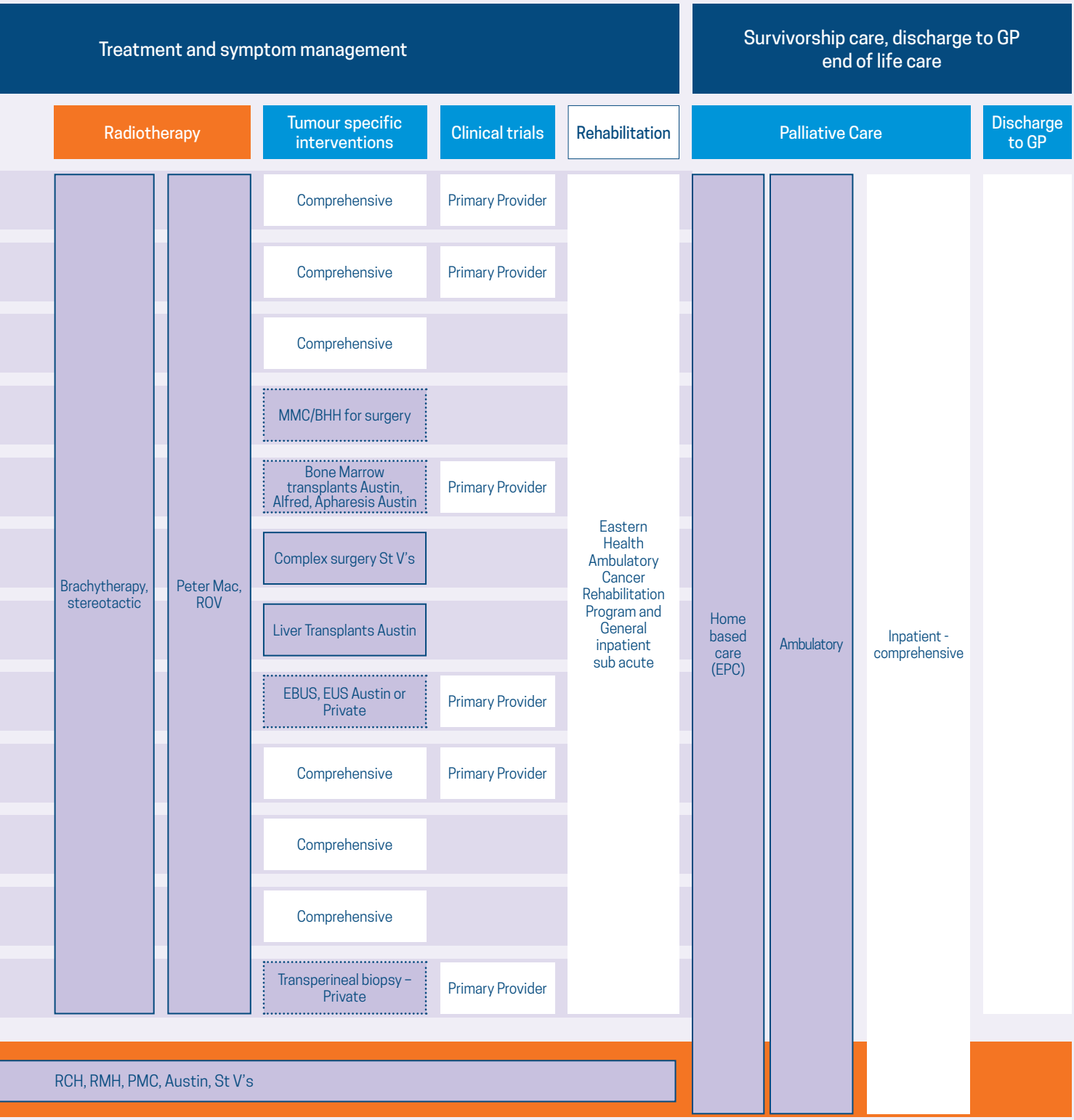
Figure 11: Eastern Health Cancer Service Current State Model 2014 – patient experience by tumour stream



LEGEND

Not provided by Eastern Health	Partially provided by Eastern Health	Outsourced No formal arrangement	Outsourced Formal arrangement	Provided by Eastern Health



3.7: SUMMARY

Eastern Health aims to provide a comprehensive cancer service through formal partnerships with external health care providers. This chapter has outlined where gaps exist in service delivery across the patient cancer Journey.

CHAPTER 4: POPULATION PROFILE

Cancer Council Victoria in their *Cancer in Victoria Statistics and Trends 2013* report indicate that age and population growth are the biggest indicators for growth in cancer diagnoses. For Eastern Health cancer services there will be three population based indicators that will significantly impact this service and are described below:

- **an ageing population**
- **where people reside**
- **increasing cancer survival rates**

4.1: AGEING POPULATION

Most areas within Eastern Health's primary catchment experience a higher median age than the national average. The outer eastern catchment, which includes Maroondah, Yarra Ranges and Knox, is expected to experience a higher growth in older persons than metropolitan Melbourne and Victoria. As illustrated in Figure 12, the changes associated with the ageing population are more pronounced in Eastern Health's primary catchment area than the rest of Victoria.

While the rest of the state will experience a fairly normal distribution in growth across all age groups, all of Eastern Health's growth will be in those aged over 50. While Eastern Health's primary catchment will always have young people, the forecast demographic changes to 2021 will see a net decrease in the number of people aged less than 50 and a substantial rise in the number of people over 50.

Figure 12: Current and forecast age distribution, Eastern Health primary catchment area

AGE GROUP	POPULATION 2011	POPULATION WITHIN AGE GROUP %	FORECAST POPULATION 2021	FORECAST POPULATION CHANGE 2011 TO 2021	FORECAST POPULATION CHANGE 2011 TO 2021 (%)	PROPORTION OF POPULATION CHANGE WITHIN AGE GROUP BY 2021 (%)
0-9	88,043	11%	85,506	-2,537	-3%	-6%
10-19	95,085	12%	97,066	1,981	2%	5%
20-29	103,969	13%	103,021	-948	-1%	-2%
30-39	96,627	12%	104,519	7,892	8%	18%
40-49	108,534	14%	101,654	-6,880	-6%	-16%
50-59	99,649	12%	101,489	1,840	2%	4%
60-69	78,793	10%	87,681	8,888	11%	21%
70-79	46,379	6%	69,079	22,700	49%	53%
>80	32,925	4%	43,125	10,200	31%	24%

Source: Eastern Health 2022

Cancer occurs most commonly in older people and with the ageing of the population the number of patients with cancer is expected to increase by up to 40% by 2018. New diagnoses of cancer are predicted to increase faster than the rate of population growth, particularly in the older age group. *(Victorian Cancer Action Plan 2008-2011)*

The projected increase in population, together with the marked ageing of the population in Eastern Health's primary catchment area, means that Eastern Health is expected to experience a 42 per cent increase in hospital admissions between 2008-09 and 2021-22. Growth will primarily relate to patients older than 70 years.

Figure 13: Eastern Health rate of inpatient admission by age grouping, actual and forecast

RATE OF INPATIENT ADMISSION BY AGE GROUPING	0-44	45-69	70-84	85+
2003				
Eastern Health admitted patients ('000)	38.2	30.4	21.9	6.6
Primary catchment population ('000)	437.3	206.3	56.6	12.0
Ratio (Eastern Health admissions per 1,000 residents)	87.4	147.4	386.9	553.4
2007				
Eastern Health admitted Patients ('000)	42.1	36.0	26.4	7.9
Primary catchment population ('000)	433.4	216.3	58.3	13.3
Ratio (Eastern Health admissions per 1,000 residents)	97.0	166.0	453.0	589.0
2022 (Forecast)				
Eastern Health admitted Patients ('000)	45.7	42.8	41.3	14.3
Primary catchment population ('000)	439.4	241.5	89.8	22.4
Ratio (Eastern Health admissions per 1,000 residents)	104.0	177.2	460.0	638.4

Source: (Eastern Health 2022)

These age profiles and projections will have a major impact on the demand for cancer services at Eastern Health and will be critical in planning the services provided.

4.2: WHERE PEOPLE RESIDE (PRIMARY AND SECONDARY CATCHMENT DATA)

In 2011 the primary catchment population was 1,064,192 with a projected growth of 5.6% to 1,127,526 (Figure 14). The secondary catchment population projections expect a 6.2% growth for the same period.

Figure 14: Primary catchment area by statistical local areas

PRIMARY CATCHMENT AREA BY STATISTICAL LOCAL AREAS (SLA)	2011	2016	2021	VARIANCE 5 YEARS	% GROWTH 5 YEARS	VARIANCE 10 YEARS	% GROWTH 10 YEARS
Boroondara (C) – Camberwell N.	47,104	48,383	48,863	1,279	2.6%	1,759	3.6%
Boroondara (C) – Camberwell S.	53,993	55,087	55,379	1,094	1.9%	1,386	2.5%
Knox (C) – North-East	66,871	68,448	70,097	1,577	2.3%	3,226	4.6%
Knox (C) – North-West	47,259	48,591	50,714	1,332	2.7%	3,455	6.8%
Manningham (C) – East	16,254	16,513	16,803	259	1.6%	549	3.3%
Manningham (C) – West	103,184	107,175	111,089	3,991	3.7%	7,905	7.1%
Maroondah (C) – Croydon	62,516	65,574	68,073	3,058	4.7%	5,557	8.2%
Maroondah (C) – Ringwood	44,793	46,949	49,005	2,156	4.6%	4,212	8.6%
Whitehorse (C) – Box Hill	56,168	58,841	61,181	2,673	4.5%	5,013	8.2%
Whitehorse (C) – Nunawading E.	47,528	48,169	48,992	641	1.3%	1,464	2.9%
Whitehorse (C) – Nunawading W.	53,731	54,231	54,855	500	0.9%	1,124	2.0%
Yarra Ranges (S) – Central	15,697	15,872	16,086	175	1.1%	389	2.4%
Yarra Ranges (S) – Dandenongs	30,746	31,499	32,003	753	2.4%	1,257	3.9%
Yarra Ranges (S) – Lilydale	73,527	75,782	77,863	2,255	3.0%	4,336	5.6%
Yarra Ranges (S) – North	13,695	14,194	14,713	499	3.5%	1,018	6.9%
Yarra Ranges (S) – Seville	16,319	16,532	16,795	213	1.3%	476	2.8%
Primary catchment	751396	773855	794531	22,459	2.9%	43,135	5.4%
Secondary catchment	312796	323872	332995	11071	3.4%	20189	6.1
TOTAL	**1064192**	**1097726**	**1127526**	**33,529**	**3.1%**	**63324**	**5.6%**

Source: Victoria in the Future 2012

Figure 15: Secondary Catchment Area

SECONDARY CATCHMENT AREA	2011	2016	2021	VARIANCE 5 YEARS	% GROWTH 5 YEARS	VARIANCE 10 YEARS	% GROWTH 10 YEARS
Nillumbik (S) – South	28,693	28,907	29,261	214	0 .7%	568	1.9%
Boroondara (C) – Hawthorn	37,656	40,610	42,856	2,954	7.8%	5,200	12.8%
Boroondara (C) – Kew	31,686	32,754	33,274	1,068	3.3%	1,588	4.8%
Monash (C) – Waverley East	60,717	62,088	63,298	1,371	2.3%	2,581	4.2%
Monash (C) – Waverley West	69,465	71,232	73,222	1,767	2.5%	3,757	5.3%
Knox (C) – South	42,958	43,815	44,846	857	1.9%	1,888	4.3%
Cardinia (S) – North	25,969	26,865	27,718	896	3.5%	1,749	6.5%
Murrindindi (S) – East	6,292	6,936	7,236	644	10.2%	944	13.6%
Murrindindi (S) – West	7,349	8,650	9,262	1,301	17.7%	1,913	22.1%
TOTAL	**312796**	**323872**	**332994.8**	**11,071**	**3.5%**	**20,189**	**6.2%**

Source: Victoria in the Future 2012 projection

4.2.1: Malignant acute admissions by statistical local area

Statistical Local Areas (SLAs) are Local Government Areas (LGAs), or parts thereof.

A large proportion of patients residing in the eastern and central areas within the Eastern Health catchment are admitted to an Eastern Health facility. For example 78.15% patients with a malignant acute admission residing in the Yarra Ranges North Statistical Local Area (SLA) are admitted to an Eastern Health facility. Most patients reside in the eastern and central SLAs closest to Maroondah Hospital and Yarra Ranges Health.

45% of patients with malignant acute Eastern Health admissions 2012/13 resided in Yarra Ranges or Maroondah Statistical Local Areas (SLAs). Historically the majority of cancer services within Eastern Health have been based at Box Hill Hospital therefore realignment of tumour stream based services across Eastern Health sites has commenced. Manningham and Boroondara SLAs experience greater outflows to non Eastern Health services that border the primary Eastern Health catchment area.

Figure 16: Number of patients by Eastern Health primary catchment Statistical Local Area (SLA) - Malignant acute admissions data 2012/2013

ICS OF PATIENT RESIDENCE	STATISTICAL LOCAL AREA (SLA)	VICTORIAN PUBLIC HOSPITAL TOTAL	EASTERN HEALTH PATIENTS	EASTERN HEALTH %
NEMICS	Yarra Ranges (S) - North	119	93	78.15%
NEMICS	Maroondah (C) - Ringwood	271	192	70.85%
NEMICS	Yarra Ranges (S) - Central	144	102	70.83%
NEMICS	Yarra Ranges (S) - Lilydale	483	339	70.19%
NEMICS	Yarra Ranges (S) - Seville	95	66	69.47%
NEMICS	Maroondah (C) - Croydon	372	258	69.35%
NEMICS	Knox (C) - North-East	533	363	68.11%
NEMICS	Yarra Ranges (S) - Pt B	9	6	66.67%
NEMICS	Whitehorse (C) - Nunawading E.	240	146	60.83%
NEMICS	Whitehorse (C) - Nunawading W.	312	188	60.26%
NEMICS	Whitehorse (C) - Box Hill	347	208	59.94%
NEMICS	Knox (C) - North-West	256	146	57.03%
NEMICS	Yarra Ranges (S) - Dandenongs	146	81	55.48%
NEMICS	Manningham (C) - East	58	25	43.10%
NEMICS	Manningham (C) - West	574	192	33.45%
NEMICS	Boroondara (C) - Camberwell N.	149	43	28.86%
NEMICS	Boroondara (C) - Camberwell S.	210	51	24.29%

Source: VAED 2012/13

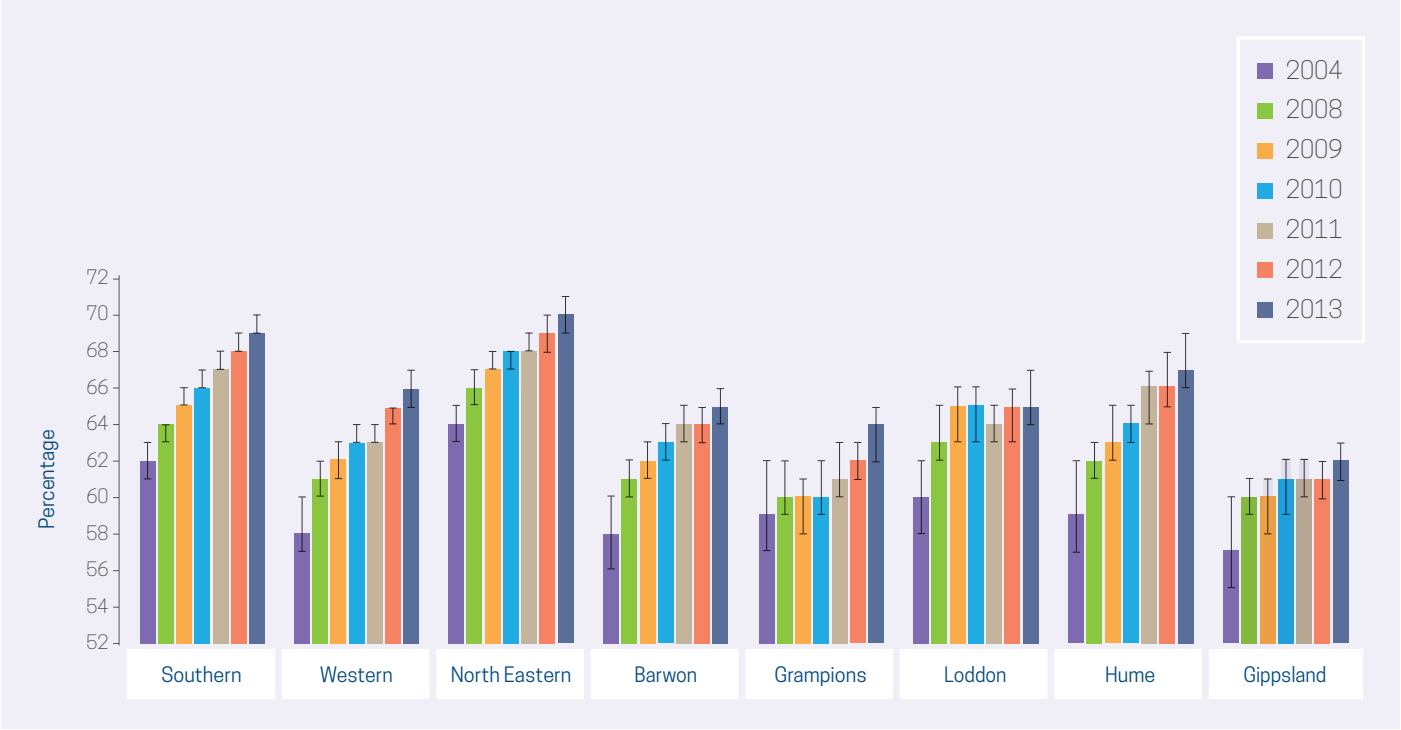
Initiative 30	***Provide services in catchment SLAs where demand is greatest. The Eastern Health strategic clinical services plan suggests establishing Box Hill Hospital and Maroondah Hospital as primary sites for particular tumour streams. This requires consideration within this initiative.***
Initiative 33	***Consider access to Medi-Hotel for rural/regional cancer patients***

4.3: SURVIVAL RATES

A commonly used indicator to measure the results of cancer management is the five year survival rate. Since 1990 overall survival rates from cancer in Victoria have steadily increased.

Residents living within the NEMICS region had the highest 5 year survival rate as compared to other metropolitan and regional ICS. The 5 year survival rate was 70% in 2013 which has been increasing over the last 10 years indicative of improved access to cancer diagnosis/treatments within the NEMICS catchment area.

Figure 17: Five year Cancer Survival by ICS



Source: Department of Health and Human Services

Initiative 26	***Development of a survivorship program for patients that will provide education, goal setting and survivorship plans in conjunction with patient's GP that will assist with the transition from acute cancer services***

4.4: SUMMARY

It is evident that the increase in population, the age of patients in our catchment, where people reside and the increasing cancer survival rates are important considerations in developing a model that will be patient focussed.

CHAPTER 5: CURRENT AND PROJECTED EASTERN HEALTH ACTIVITY AND DATA ANALYSIS

This chapter presents Eastern Health's current and projected activity data by tumour stream for each service interfacing with the patient.

5.1: ACUTE MALIGNANT CANCER ADMISSIONS

Eastern Health activity data for acute malignant cancers demonstrates a reduction in the number of inpatient admissions and chemotherapy admissions between 2008 and 2013. This reflects a move to outpatient treatments as a major source of cancer care delivery.

This is evidenced by improved treatments, especially targeted therapy which is predominantly oral and safely provided in outpatient clinics. Oncology Eastern@Home admissions (HITH) have increased significantly between 2008 – 2013 by 49.3% reflecting less toxic treatments that can be administered within the home environment.

Figure 18: Acute malignant cancer Admissions - Eastern Health (excluded in situ, unknown or uncertain and benign neoplasms)

PATIENTS WITH MALIGNANT CANCER	EASTERN 2008/ 2009	EASTERN 2009/ 2010	EASTERN 2010/ 2011	EASTERN 2011/ 2012	EASTERN 2012/ 2013	5 YEAR CHANGE 2008/ 2009 TO 2012/ 2013	5 YEAR % CHANGE 2008/ 2009 TO 2012/ 2013
Number of unique patients	2,895	3,007	3,108	3,115	2,992	97	3.4%
Number of admissions	13,812	12,080	11,330	11,385	11,525	-2,287	-16.6%
Bed days	35,371	34,377	33,099	32,335	31,525	-3,846	-10.8%
Adm with HITH component	1,132	710	489	639	1,149	17	1.5%
Adm with HITH Total bed days	3,887	3,996	3,890	4,290	5,804	1,917	49.3%
Number of Non-same day admissions	2,724	2,963	3,010	3,046	2,998	274	10.1%
Non-same day bed days	24,283	25,260	24,779	23,996	22,998	-1,285	-5.3%
Number of same day admissions	6,589	7,334	7,121	7,157	8,527	1,938	29.4%
Number of chemotherapy patients	961	978	1,042	1,050	967	6	0.6%
Number of chemotherapy admissions	7,412	7,272	6,968	7,056	7,249	-163	-2.2%

Data Source: Victorian Admitted Episodes Dataset with linkage ID

5.1.1: Acute Malignant Admissions by Eastern Health Campus

As highlighted in 4.2.1 most patients reside in the eastern and central SLAs closest to Maroondah Hospital and Yarra Ranges Health. However Box Hill Hospital is the largest provider of acute cancer care within Eastern Health, followed by Maroondah Hospital and Yarra Ranges Health. This highlights the discrepancy between population demand in the outer East and the location of Eastern Health Cancer Services.

5.1.2: Health Services - Numbers of patients, admissions, chemotherapy admissions and surgical admissions by tumour stream

Eastern Health is the 2nd highest provider for acute patients in breast, colorectal, genitourinary and skin (non-melanoma) tumour streams within Victoria.

This is reflected in the number of admissions for these tumour streams. This is also reflected in the number of chemotherapy admissions for breast and colorectal patients accounting for close to half of all chemotherapy admissions.

Haematology has the largest number of admissions at a state-wide level. Eastern Health is the 3rd highest provider for haematological admissions within the state and they account for close to a quarter of all Eastern Health chemotherapy admissions.

Eastern Health is a major provider of surgery in Victoria. The largest Eastern Health surgical admission activity by tumour stream is with non-melanoma skin cancers, genitourinary, breast and colorectal.

Eastern Health is the second highest provider of breast surgery in the public hospital sector in Victoria.

Figure 19: Eastern Health admissions, patients, chemotherapy admissions and surgical admissions by tumour stream 2012/13

TUMOURS TREAMS	EASTERN HEALTH UNIQUE PATIENTS		EASTERN HEALTH ADMISSIONS (INCLUDING CHEMOTHERAPY ADMISSIONS)		EASTERN HEALTH CHEMOTHERAPY ADMISSIONS		EASTERN HEALTH SURGICAL ADMISSIONS
	PATIENTS 2012/ 2013	VICTORIAN RANKING	ADMISSIONS 2012/ 2013	VICTORIAN RANKING	CHEMOTHERAPY ADMISSIONS 2012/ 2013	VICTORIAN RANKING	
Breast	390	2nd	2214	2nd	1,796	2nd	256
CNS Primary	17	8th	20	9th	0	-	1
Colorectal	375	2nd	2072	2nd	1,587	2nd	174
Genitourinary	498	2nd	1202	2nd	548	4th	268
Gynaecological	98	4th	355	4th	234	4th	55
Haematological	450	5th	2679	5th	1,744	3rd	74
Head and Neck	32	8th	52	9th	14	5th	26
Lung	252	6th	1023	5th	650	5th	60
Melanoma	68	4th	133	4th	41	4th	56
Upper gastro-intestinal	266	4th	989	3rd	581	4th	114
Skin (non-melanoma)	517	2nd	616	2nd	9	=4th	577
Rare cancers	10	9th	26	7th	14	6th	3
Bone and soft tissue	12	6th	14	8th	0	-	3
Thyroid and other endocrine glands	28	7th	49	7th	13	5th	23
Unknown primary site	76	2nd	157	2nd	0	-	20
TOTAL	**3089**	**3rd**	**11601**	**3rd**	**7,231**	**4th**	**1710**

Data source: VAED statewide linked dataset 2012-13

Initiative 54	*Establish a robust process examining capacity and demand for day oncology, medical infusion and inpatient ward services*

5.1.3: Eastern Health catchment population – alternative service admissions

According to this data 98.3% of Eastern Health patient admissions reside in our catchment areas; however 50.9% of admissions residing in the Eastern Health catchment area utilise other health services for their cancer care within the NEMICS region.

A large proportion of patient admissions (40.8%) in the Eastern Health catchment area utilise private health care providers. Therefore 20% of Eastern Health catchment patients are receiving care at public health services other than Eastern Health.

Austin Health is the closest neighbouring public health service, accounting for the majority of alternative service admissions from the Eastern Health catchment area. This flow of patients may be further explained by Austin Health's tertiary level and comprehensive cancer service which has recently raised its public profile.

Patient admissions 2013/14

Figure 20: Eastern Health catchment patients admitted to NEMICS health services 2012/13

PATIENT LGA OF RESIDENCE (EASTERN HEALTH CATCHMENT)	AUSTIN HEALTH	EASTERN HEALTH	EPWORTH EASTERN HOSPITAL	MERCY HOSPITAL FOR WOMEN	MITCHAM PRIVATE HOSPITAL	NORTHERN HEALTH	WARRINGAL PRIVATE HOSPITAL
Boroondara	224	518	942	6	5	0	187
Knox	174	2017	618	6	45	0	6
Manningham	998	675	1686	82	102	2	696
Maroondah	188	1825	665	2	82	1	84
Whitehorse	230	2103	2301	23	79	0	107
Yarra Ranges	159	2987	700	3	96	0	12

Source: Nemics

Figure 21: Eastern Health catchment patients admitted to non-NEMICS health services 2012/13

PATIENT LGA OF RESIDENCE (EASTERN HEALTH CATCHMENT)	DE-IDENTIFIED PRIVATE HOSPITAL	ST FRANCIS XAVIER CABRINI	JESSIE MACPHERSON PRIVATE HOSPITAL	PETER MAC CALLUM CANCER INSTITUTE	ST VINCENT'S	MONASH HEALTH	BAYSIDE HEALTH	MELBOURNE HEALTH	ROYAL CHILDREN'S HOSPITAL	ROYAL WOMEN'S HOSPITAL	OTHER (COMBINED)
Boroondara	3213	1902	15	614	294	106	213	107	25	38	16
Knox	2811	633	41	275	120	615	201	72	55	2	26
Manningham	1891	265	1	331	78	17	111	65	81	15	7
Maroondah	1899	115	5	183	35	148	38	22	44	11	16
Whitehorse	2551	514	10	537	83	220	251	47	67	81	46
Yarra Ranges	2347	108	1	260	55	155	135	65	37	2	39

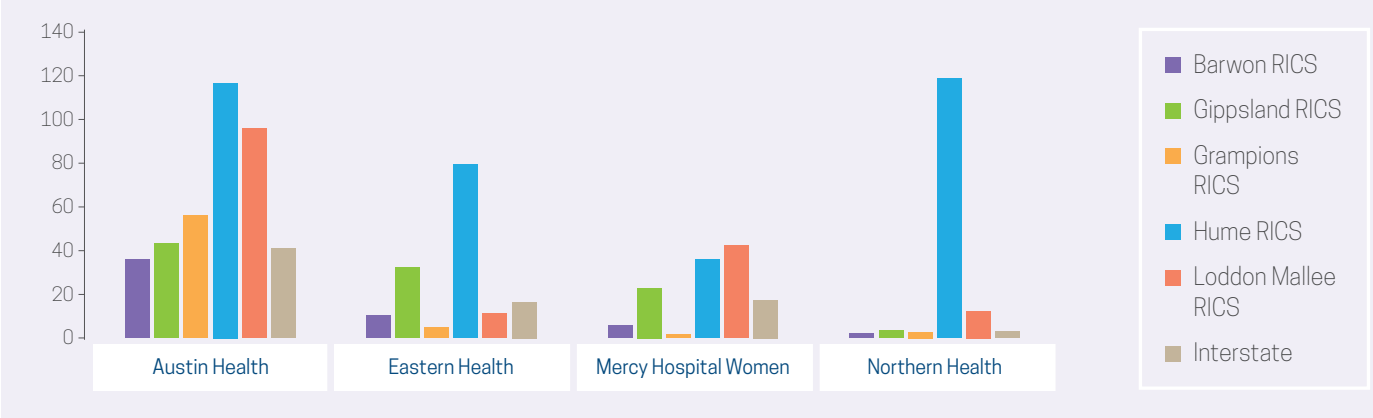
Source: Nemics

Initiative 53	Develop and implement a community awareness program promoting cancer services at Eastern Health

5.1.4: Regional patients accessing NEMICS public hospitals

Eastern Health provides cancer services to patients residing in the neighbouring regional Integrated Cancer Services of Gippsland RICS and Hume RICS. Figure 22 illustrates some patients from Gippsland RICS attend Austin hospital bypassing Eastern Health. This represents traditional referral pathways and cancer services not offered by Eastern Health eg. Neurosurgery.

Figure 22: Patients living in Regional ICS with admissions to NEMICS public Hospitals 2012/13



Source: Nemics

5.1.5: Length of stay

Figure 23: Length of stay by tumour stream by Eastern Health campus - Acute admissions 2012/13

TUMOUR GROUP	ANGLISS HOSPITAL			BOX HILL HOSPITAL			HEALESVILLE			MAROONDAH HOSPITAL			YARRA RANGES HEALTH		
	ADMS	BED DAYS	LOS	ADMS	BED DAYS	LOS	ADMS	BED DAYS	LOS	ADMS	BED DAYS	LOS	ADMS	BED DAYS	LOS
Breast	16	42	2.6	832	1463	1.8				1071	2169	2	295	295	1
CNS Primary	2	14	7	8	56	7				10	113	11.3			
Colorectal	43	150	3.5	1054	2929	2.8	9	37	4.1	535	1318	2.5	431	431	1
Genitourinary	58	177	3.1	758	2636	3.5	3	9	3	204	830	4.1	179	179	1
Gynaecological	18	27	1.5	244	595	2.4				52	131	2.5	41	41	1
Haematological	17	101	5.9	2223	7696	3.5	6	19	3.2	291	623	2.1	142	142	1
Head and Neck	2	8	4	33	184	5.6	1	9	9	15	28	1.9	1	1	1
Lung	29	151	5.2	562	1902	3.4	10	78	7.8	275	1157	4.2	147	147	1
Melanoma	8	9	1.1	78	179	2.3	1	15	15	40	171	4.3	6	6	1
Upper gastro-intestinal	21	87	4.1	585	2454	4.2	14	113	8.1	200	537	2.7	169	169	1
Skin (non-melanoma)	87	131	1.5	209	436	2.1				263	406	1.5	57	57	1
Rare cancers				21	68	3.2				2	6	3	3	3	1
Bone and soft tissue	3	10	3.3	3	58	19				8	27	3.4			
Thyroid and other endocrine glands	1	2	2	44	121	2.8				4	19	4.8			
Unknown primary cancer	9	84	9.3	95	463	4.9				42	264	6.3	11	11	1
TOTAL	**314**	**993**	**3.2**	**6749**	**21240**	**3.1**	**44**	**280**	**6.4**	**3012**	**7799**	**2.6**	**1482**	**1482**	**1**

Source: VAED 2012/13

5.1.6: Mortality

Figure 24: Mortality – numbers of in-hospital deaths by tumour stream by Eastern Health campus 2012/13

TUMOUR STREAM	ANGLISS HOSPITAL	BOX HILL HOSPITAL	HEALESVILLE AND DISTRICT HOSPITAL	MAROONDAH HOSPITAL	WANTIRNA
Breast		6		4	36
CNS Primary					20
Colorectal	1	10	2	6	41
Genitourinary	1	8	2	4	48
Gynaecological	1	2		2	12
Haematological	1	37		5	32
Head and Neck		2	1	1	8
Lung	2	19	3	7	80
Melanoma		3		1	11
Upper gastro-intestinal	1	20	4	6	70
Rare cancers		1			
Skin (non-melanoma)					7
Bone and soft tissue					5
Thyroid AND other endocrine glands		1		1	1
CNS secondary					41
Secondary					262
Unknown primary cancer	1	6		4	15
TOTAL	**8**	**115**	**12**	**41**	**689**

Source: VAED 2012/13

5.1.7: Unexpected and unplanned readmissions

Figure 25: Readmissions within 28 days by tumour stream 2013/14

TUMOUR STREAM	BOX HILL	MAROONDAH	EASTERN HEALTH
Breast	10	7	17
Colorectal	3	6	9
Gynaecology	1	0	1
Haematology	19	15	34
Lung	11	6	17
Upper GI	3	2	5
Secondary malignant neoplasms	81	39	120
TOTAL	**128**	**75**	**203**

Source: Eastern Health Decision Support

Whilst the above readmissions are within the 28 day period, most are expected but unplanned.

5.2: DAY ONCOLOGY UNIT VICTORIAN AMBULATORY CLASSIFICATION AND FUNDING SYSTEM (VACS) PROCEDURE DATA

VACS funded procedures in the Day Oncology Units have increased by 14.3% over the last 2 years. VACS funded procedures represent 28.7% of all patient activity in the Day Oncology Units. These procedures include (but are not limited to) central venous access device (CVAD) care, intra venous insertions, patient education, removal of peripherally inserted central catheter (PICC), removal of Hickman's.

Figure 26: Eastern Health Day Oncology Unit Victorian Ambulatory Classification and Funding System (VACS) procedure data

PATIENT VACS ATTENDANCES		
	2011/2012	2012/2013
Box Hill	1118	1220
Maroondah	946	1079
Yarra Ranges	427	609
TOTAL	**2491**	**2908**

Source: VAED 2012/13

5.3: ONCOLOGY EASTERN@HOME (HOSPITAL IN THE HOME - HITH)

Oncology Eastern@Home has experienced a 32.5% increase in admissions over the last 4 years, with a 42.9% increase in bed days. This is in line with providing patient centred care.

Two tumour streams account for the majority of activity within oncology Eastern@Home.

Figure 27 illustrates Eastern@Home activity centred mostly at Box Hill and Maroondah Hospitals, with 42% of the admissions and approximately 58% of beddays within the haematology tumour stream. The breast tumour stream accounts for 11% of admissions and 16% of beddays.

Figure 27: Acute admissions and beddays with a HITH component by tumour stream for all malignant cancers – Eastern Health 2012/2013

TUMOUR STREAM	ANGLISS HOSPITAL		BOX HILL HOSPITAL		MAROONDAH HOSPITAL	
	ADMS	BEDDAYS	ADMS	BEDDAYS	ADMS	BEDDAYS
Breast	1	4	57	286	109	676
Colorectal	1	7	175	329	42	59
Genitourinary			21	389	3	24
Gynaecological			2	6	1	5
Haematological			618	3318	13	64
Head and Neck			3	6		
Lung	1	6	47	241	1	13
Melanoma					2	40
Upper gastro-intestinal			40	218	2	21
Skin (non-melanoma)	1	17	5	36	3	28
Rare cancers			5	10		
CNS Secondary			17			
Secondary	3		240		94	
Unknown primary cancer	1	52			1	27

Source: VAED 2012/13

Initiative 18	***Expand the utilisation of Hospital in the Home as the preferred method for day only treatment of acute leukaemic patients***

5.4: PALLIATIVE CARE SEPARATIONS AND BED DAYS

The number of palliative care separations (with Cancer as the principal diagnosis) has increased by 22% over the last 4 years, however inpatient bed days have decreased by 15% over the same period, reflecting a shorter length of stay.

Figure 28: Palliative Care separations and beddays where Principal Diagnoses is cancer

YEAR	SEPARATIONS	HOSPITAL BEDDAYS
2010	471	8380
2011	556	8398
2012	571	7941
2013	515	7119

Source: Eastern Health Decision Support

Initiative 27	***Collaborate with Palliative Care services***
Initiative 28	***Improve access to early palliative care in the ambulatory/outpatient setting***

5.5: SPECIALIST CLINIC ACTIVITY – OUTPATIENTS

Eastern Health is a participant in a Victorian project developing key performance indicators for access to cancer specialist clinics access to chemotherapy day services.

This state-wide approach to prioritising access to specialist cancer clinics and chemotherapy day services will support the efficient operation of these clinics and improve the experience of patients accessing care.

Cancer Services specialist clinic activity has increased by 7.8% over the last 2 years, with the largest percentage growth of 11.6% at Yarra Ranges Health. Increased Medical Oncology resources at Yarra Ranges has enabled this growth.

Eastern Health cancer clinic data is not available by tumour stream. Initiative 55. addresses this issue in Chapter 3.

Figure 29: Specialist clinic activity – Outpatients

ONCOLOGY/HAEMATOLOGY	2011/2012	2012/2013
Box Hill Hospital		
Oncology	5776	6176
Haematology*	922	1244
TOTAL	**6698**	**7420**
Maroondah Hospital		
Oncology	2184	2402
Haematology*	439	230
TOTAL	**2623**	**2632**
Yarra Ranges Health		
Oncology	1192	1348
Haematology	0	0
TOTAL	**1192**	**1348**
GRAND TOTAL	**10513**	**11400**

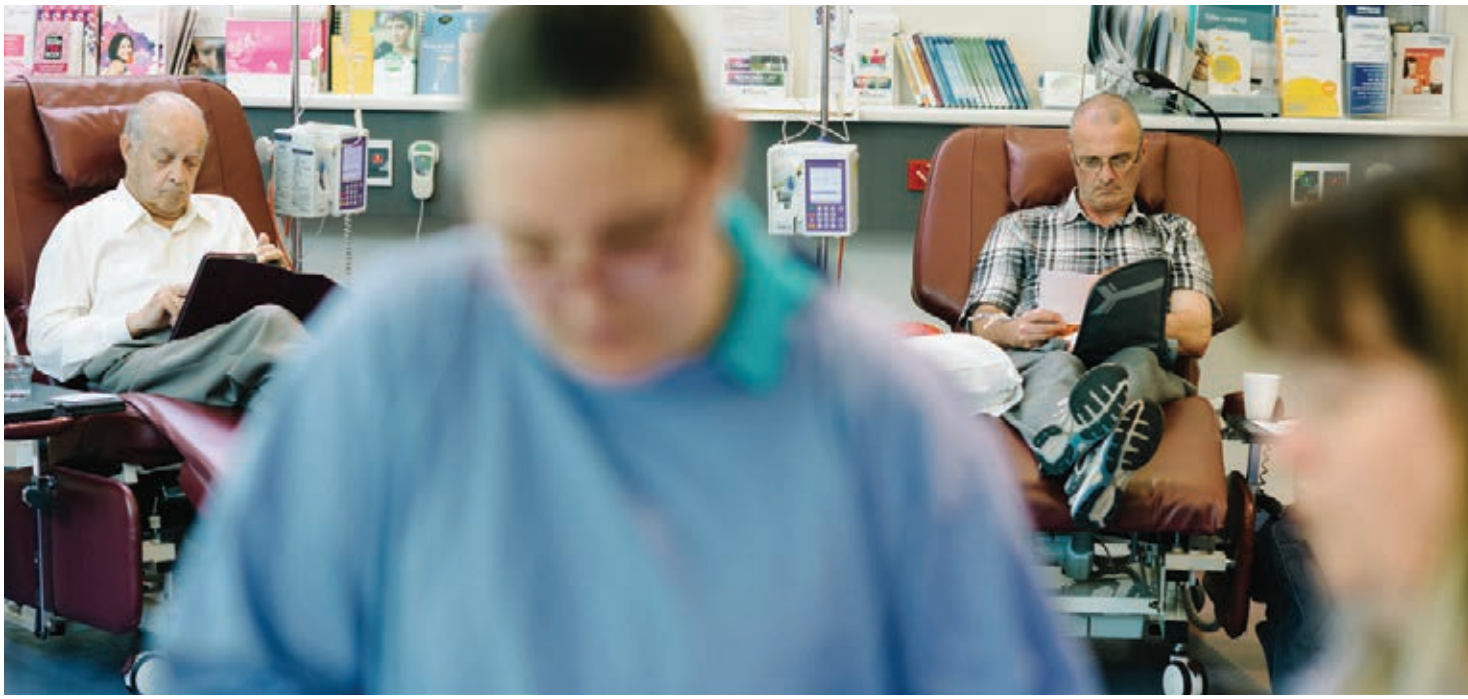
Source: Insight report OPATR013s

** The 25.9% increase in activity at Box Hill Hospital with a corresponding drop in activity at Maroondah has been addressed by recent workforce changes with the commencement of a haematologist at Maroondah.*

5.6: ONCOLOGY REHABILITATION PROGRAM

The Eastern Health Oncology Rehabilitation Program commenced in February 2011. Since then 19 programs of 7 week duration have been delivered. A total of 190 patients have participated in the program.

Initiative 19	***Review whether the ambulatory Oncology Rehabilitation Program current model best meets the needs of Eastern Health patients***
Initiative 24	***Implement a Phase 1 (acute) oncology rehab program for patients and carers during active treatment***

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5.7: CANCER MULTIDISCIPLINARY MEETINGS

The actual number of multidisciplinary meetings has increased by 23.9% between 2011 and 2014 with an increase of 12.6% patients being discussed during this period.

Figure 30: Eastern Health Cancer Multidisciplinary Meeting activity 2011 - 2014

TUMOUR STREAM	2011		2012		2013		2014	
	MEETINGS	PATIENT DISCUSSIONS	MEETINGS	PATIENT DISCUSSIONS	MEETINGS	PATIENT DISCUSSIONS	MEETINGS	PATIENT DISCUSSIONS
Advanced Breast Cancer	23	382	23	232	24	184	23	186
Adolescent and Young Adult			1	9	8	41	7	25
Colorectal	23	235	24	253	24	241	24	255
Early Breast Maroondah	23	175	21	191	19	207	44	336
Early Breast Box Hill	24	93	21	99	18	125		
Endocrine							1	6
Gastrointestinal Maroondah *			16	43	1	3		
Gynaecology	45	53	47	70	50	66	50	52
Haematology ^	20	110	18	86	4	26	21	138
Head and Neck			9	38	22	102	24	166
Hepatoma	23	228	34	266	36	272	29	292
Lung	47	376	48	350	49	369	47	383
Melanoma			3	9	21	24	23	19
Myeloma and Amyloidosis							2	9
Upper Gastrointestinal	24	197	23	232	24	257	24	250
Urology +	27	490	25	407	45	387	48	558
TOTAL	**279**	**2339**	**313**	**2285**	**345**	**2304**	**367**	**2675**

** Gastrointestinal Maroondah meeting ceased running in February 2013*

+ Urology MDM changed to a weekly meeting in January 2013

^ Haematology MDM temporarily ceased meeting from April 2013 to January 2014

Initiative 15	***Eastern Health MDM to achieve 100% of each performance indicator required by VCAP by June 2016***

5.8: SUPPORTIVE CARE SCREENING

Supportive Care Screening performance is measured as part of the DHHS Eastern Health cancer service performance indicator audit. The target set for supportive care is that 50% of newly diagnosed cancer patients have documented supportive care screening.

The data below is from the May and June 2014 audit which was reported to the DHHS in January 2015. Data was collected as follows:

Patient group

The inclusion criteria were: patients diagnosed with cancer and receiving their primary treatment in May and June 2014 at Eastern Health. Patients are identified by using the Victorian Cancer Registry (VCR) dataset.

Sample selection process

Records were selected based on the date of diagnosis and location of primary treatment. The sample size for each tumour stream reflected the activity data for Eastern Health. One hundred and twenty-five **(125)** records from Eastern Health **(Box Hill Hospital – 88, Maroondah Hospital – 36, Angliss - 1)** were included in the data submitted to the DHHS.

Audit methodology

Records were identified with potential for inclusion and listed in an Access database. Each patient's central medical record was accessed via scanned medical record. Criterion for a positive response was the presence of written documentation.

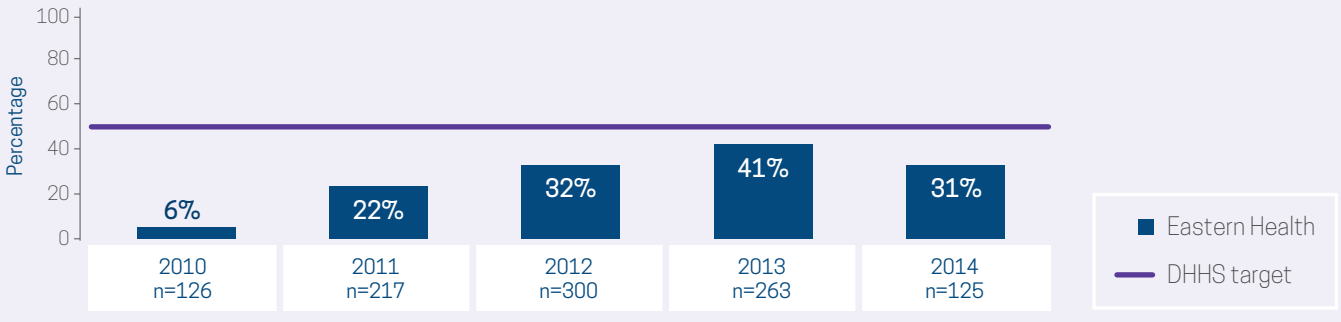
Figure 31: Supportive care screening by Eastern Health campus by tumour stream – Round 1 2014 audit

HOSPITAL	ANGLISS HOSPITAL	NUMBER INCLUDED	SUPPORTIVE CARE SCREEN
Box Hill	Breast	6	**4/6**
	Colorectal	14	**2/14**
	Endocrine	4	**0/4**
	Genitourinary	16	**2/16**
	Gynaecology	4	**0/4**
	Haematology	18	**10/18**
	Head & Neck	3	**0/3**
	Lung	7	**0/7**
	Melanoma	4	**0/4**
	UGI	12	**3/12**
Maroondah	Breast	18	**14/18**
	Colorectal	6	**1/6**
	Genitourinary	2	**1/2**
	Lung	4	**2/4**
	Melanoma	6	**0/6**
	UGI	0	**-**
Angliss	Gynaecology	1	**0/1**
TOTAL	**8**	**125**	**39/125**
			31.2%

Source: Nemics

The 31% result does not meet the DHHS target of 50% and is lower than the 2013 full year result of 41%. The graph below demonstrates supportive care screening performance rates since project commencement in 2010.

Figure 32: Supportive care indicator result for Eastern Health 2010-2014



Source: Nemics

**** Please note that 2014 data is round 1 data only and does not reflect a full year audit*

Initiative 16	*Eastern Health to achieve 50% screening rate of newly diagnosed cancer patients by embedding supportive care philosophy through all Eastern Health Cancer Services patient care areas by December 2016*
Initiative 21	*Ensure patients and carers receive individualised support and information they require. This could be achieved by: Implementing an education and support program for patients and carers that will assist in management of common symptoms and side effects. There may be additional support programs to consider.* *Develop and implement a Patient information lounge virtual/physical*

5.9: RADIATION ONCOLOGY

Although this service is not provided by Eastern Health, the radiotherapy treatment course activity for Eastern Health patients is an important indicator of service demand. A course of radiotherapy is: All phases of Radiotherapy delivered for the management of a single disease entity relating to a decision to treat.

Figure 33: Peter MacCallum Cancer Centre (PMCC) Box Hill campus

PMCC NEW RADIOTHERAPY COURSES – ALL TUMOUR STREAMS				
	2010 (calendar year)	2011 (calendar year)	2012 (calendar year)	2013 (calendar year)
Palliative	385	371	452	447
Radical	499	487	507	506
TOTAL	**884**	**858**	**959**	**953**

Source: Peter Mac Callum Cancer Centre

At Peter Mac Box Hill, there has been a 13.8% increase in palliative care radiotherapy courses over the 4 year period, with 1.3% increase in radical treatments. Overall there is a 7.2% increase in radiotherapy activity over the 4 year period.

Figure 34: Radiation oncology activity – Radiation Oncology Victoria (ROV)

ROV RADIOTHERAPY COURSES – ALL TUMOUR STREAMS		
FINANCIAL YEAR	SITE	TOTAL COURSES
FY 2011-12	ROV Ringwood	940

Source: Radiation Oncology Victoria

5.10: CANCER CLINICAL TRIALS

Clinical trials are conducted via Eastern Clinical Research Unit (ECRU) governed by Monash University. Clinical trial staff are employed by Monash University. Trials are both investigator led and pharmaceutically sponsored as the unit is primarily self-funded.

Clinical trial activity is based at both Box Hill and Maroondah Hospital campuses.

Eastern Health clinical trial activity with respect to tumour types correlates closely with surgical/chemotherapy/admissions seen within the health care network. These include breast, colorectal, lung, and melanoma, upper gastrointestinal haematological and genitourinary malignancies.

Figure 35: Cancer clinical trials

EASTERN HEALTH ONCOLOGY AND HAEMATOLOGY TRIALS						
TUMOUR STREAM	NO. TRIALS OPEN TO RECRUITMENT		NO. FOLLOW UP TRIALS		TOTAL NO. PATIENTS ENROLLED (NEW AND FOLLOW UP)	
	2008	2013	2008	2013	2008	2013
Breast	28	13	70	65	413	362
Colorectal	4	8	9	3	202	133
Genitourinary	1	4	1	5	2	47
Gynaecology	3	0	1	0	10	0
Haematology	10	10	0	5	48	42
Lung	2	2	0	2	5	6
Lymphoma	1	4	1	1	6	8
Melanoma	0	3	1	0	1	8
Non-malignant Haematology	16	2	15	5	260	51
Upper GI	5	5	2	3	20	20
TOTAL	**70**	**51**	**100**	**89**	**967**	**677**

Source: ECRU

Clinical trials have become increasingly specialised with criteria for inclusion becoming more specific, therefore numbers of trials and patient enrolments has declined in recent years. There is greater collaboration and cross referrals with other health services in our region to ensure we are not competing for trials and patients.

The appointment of the Director of Cancer Services at Eastern Health as well as the appointment of the Professor of Medicine who is an academic oncologist ensures clinical trials and research continue at Eastern Health.

Initiative 45	*Maximise other sources of funding for research via Eastern Health Foundation, grants such as NHMRC, NEMICS, VCA, CCV, etc. In collaboration with Eastern Health Research Unit develop a system for notification of grants and application for grants.*
Initiative 46	*Increase patient participation in cancer trials to 15% by 2021. This could include the creation of Fellow positions e.g. Women's cancer fellow (breast and gynae), genitourinary, lymphoma/ Chronic Lymphocytic Leukaemia (CLL) (in collaboration with other NEMICS health services)* ▪ *Surgical GI fellow* ▪ *Colorectal oncology fellow (in collaboration with WEHI/RMH)* ▪ *Haematology Advanced Registrar*

5.11: PROJECTIONS OF CANCER INCIDENCE

As outlined in chapter 4 age and population growth are the biggest indicators for growth in cancer diagnoses. Predicting growth by tumour stream is complex due to external influences such as federal initiatives i.e. bowel cancer screening, changes to surgical procedures and other advances in treatments.

These external influences pose a challenge to the planning of Eastern Health cancer services. Changes to regulations, funding models, modes of treatment, location of care/treatment (e.g. same day, multiday, Eastern@Home), scientific advances, and population profiles create uncertainty and will require the organisation to build in flexibility in response to these challenges. There is currently no agreed formula for determining cancer incidence projections for all tumour streams.

The **Australian Institute of Health and Welfare** (AIHW) Cancer Incidence Projections Australia 2011 to 2020 report projects increases in the number of cancer diagnosed are due primarily to ageing and increasing population and are expected to be most evident in older populations. Figure 36. Illustrates the AIHW projected growth by tumour stream. The projections are not comprehensive but are a reasonable indicator of growth.

Cancer Council Victoria (CCV) The CCV Cancer in Victoria Statistics and Trends 2013 predict cancer incidence in Victoria by 2024-2028 will increase by 43%. Numbers of new cases are not predicted to fall for any cancer tumour stream.

Figure 36: AIHW projections by tumour stream 2020

EASTERN HEALTH TUMOUR STREAMS	AIHW 2020 PROJECTIONS			
	MALES		FEMALES	
	MOST COMMONLY DIAGNOSED IN 2020 BY RANK	OTHER TUMOUR TYPES PROJECTED TO RISE	MOST COMMONLY DIAGNOSED IN 2020 BY RANK	OTHER TUMOUR TYPES PROJECTED TO RISE
Breast Cancer			1: Breast	
Colorectal	2: Bowel		2: Bowel	
Endocrine				
Gynaecology				
Haematology				
Head and Neck		Thyroid 33%		Thyroid 62%
Hepatoma (liver)		Liver 38%		Liver 78%
Lung			4: Lung 16%	
Melanoma	3: Melanoma 30%		3: Melanoma 18%	
Myeloma and Amyloidosis				
Upper Gastrointestinal				
Urology	1: Prostate	Testicular 25%		
TOTAL				

The AIHW projections indicate tumour types within tumour streams that need to be a focus for Eastern Health. The top five tumour types are prostate (male), breast (female), bowel, melanoma and lung. Activity within these tumour types at Eastern Health are currently dominant. This plan will prioritise improvement initiatives for these tumour types.

Prostate

Initiatives 5, 11, 20, 41 and 46 will directly support the development of a comprehensive prostate cancer service for Eastern Health patients.

Breast

Initiatives 13, 20, and 46 will directly support the development of a comprehensive breast cancer service for Eastern Health patients.

Bowel

Initiatives 11, 20, 23 and 46 will directly support the development of a comprehensive bowel cancer service for Eastern Health patients.

Melanoma

Initiative 38 will directly support the development of a comprehensive melanoma service for Eastern Health patients.

Lung

Initiative 20 will directly support the development of a comprehensive lung service for Eastern Health patients.

5.11.1: Ageing population

Whilst highlighting growth within tumour streams, the ageing population will add further complexity to this growing service. Geriatric oncology sub specialisation will be a growing field in the cancer services industry. Comorbidities, age and functional status add complexity to the diagnosis, treatment, survivorship and palliative care of cancer patients. Initiatives 17, 19 and 28 will target this population.

Initiative 17	***Establish a mechanism to manage patient comorbidities in the aged >65yrs across all tumour streams in collaboration with Eastern Health aged care services and pharmacy***

5.11.2: Survivorship

In addition to the increased demand for cancer services highlighted through projection data, chapter 4 has also highlighted an increasing rate of survivorship across the region. Survivors of cancer live with a chronic disease that requires targeted interventions and ongoing monitoring. This is an emerging and growing field. This has been addressed within chapter 4. Initiative 26.

The projection data highlights the need for this plan to be flexible and adaptable to changes in the cancer care environment. This flexibility will need to be considered within the implementation of all initiatives particularly in relationship to workforce and location of services.

5.12: SUMMARY OF ACTIVITY AND DATA ANALYSIS

The data highlights:

- A shift from bed based services to home based
- A mismatch between the primary location of existing services and the population profile and projections
- Tumour stream activity across admissions, chemotherapy, and surgery is dominant within skin (non melanoma), genitourinary, breast and colorectal
- Cancer within Victoria will increase by 43% by 2024-2028. Numbers of new cases are not predicted to fall for any cancer tumour stream
- Increasing demand across the service for geriatric oncology and survivorship programs
- The demand for bed based palliative care for patients with a principal diagnosis of cancer is increasing
- The demand for specialist clinics is increasing
- The demand for radiation oncology (not provided by Eastern Health) is increasing

CHAPTER 6: EASTERN HEALTH CANCER SERVICES STRATEGIC PLAN 2015-2020

This chapter outlines a five year plan for service improvement within Eastern Health Cancer Services. A comprehensive analysis of the local, state and national priorities, policy and funding contexts (Ch.2), current service profile (Ch.3), population profiles and projections (Ch.4), current service activity and future projections (Ch.5) and stakeholder consultation (Appendix 3) has revealed a list of 55 performance gaps and issues that will be addressed across the next five years.

In addition initiatives associated with prostate, breast, bowel, lung and melanoma tumour types will be prioritised based on projections data.

It is important to acknowledge that a much longer list of initiatives was developed however the final list was prioritised in line with the strategic activities that best aligned with the 9 overarching principles outlined n Chapter 2, Figure 4. Those initiatives not included within The Plan have been included on the 2015/16 Cancer Services Operations and Improvement Plan to enable further discussion.

The period in which each initiative will be commenced has been prioritised using the following key:

Figure 37: Key for Cancer Services Strategic Clinical Services Plan 2015-20 priority activities

PRIORITY CODE	YEAR OF PLAN
High	2015/16 & 2016/17
Medium	2017/2018 & 2018/2019
Low	2019/2020

The initiatives are documented using a modified version of the Eastern Health Operations and Improvement Plan template. This design was used to illustrate alignment with the Eastern Health strategic directions and goals and also to enable transfer to the Eastern Health Cancer Services Operational Improvement Plan (OIP) for tracking of progress.

Chapter 7 of the Eastern Health Cancer Services Plan will describe the steps required to implement *The Plan*.

Figure 38: Eastern Health Cancer Services Plan Initiatives

EASTERN HEALTH CANCER SERVICES PLAN 2015-2020								
EASTERN HEALTH STRATEGIC DIRECTIONS AND GOALS		NO	PERFORMANCE GAP/ISSUE	REFERENCE SOURCE	INITIATIVES	THEME	TUMOUR STREAM	PRIORITY
A PROVIDER OF **GREAT** HEALTHCARE	**1.1: Meeting or exceeding all required standards of service and care**	1	Cancer Australia and Cancer Council Australia continue to develop best practice Optimal Cancer Care Pathways (OCCP) (formerly known as Patient Management Framework). The documents identify specific steps or critical points along the care pathway and they recommend care at each point. These have not been implemented in Eastern Health.	Cancer Australia, Victorian Department of Health, Nemics, tumour matrix. Eastern Health 2022 Ref 200	Implement Optimal Cancer Care Pathways	Patient centred	All	Medium
		2	MDMs lack representation of all relevant disciplines (e.g. allied health, palliative care, and nursing). This is related to minimal flexibility with timing of the MDMs, resource limitations and issues regarding the engagement of non-medical disciplines	VCAP, Nemics, Allied Health input, Eastern Health 2022 Ref 201	Review the participation and attendance of relevant disciplines at MDMs as per OCCP and MDM terms of reference with the aim of maximising multidisciplinary engagement	Patient centred	All	High
		3	All newly diagnosed cancer patients need discussion in a Multidisciplinary Meeting (MDM) - 72% newly diagnosed Eastern Health patients are discussed (Nemics 2014 audit)	VCAP, Nemics 2014 Performance Indicator Audit, Eastern Health 2022 Ref 201	Ensure all tumour streams have access to MDMs and where appropriate establish MDM within Eastern Health	Patient centred	Endocrine, Myeloma, Gynaeoncology	High
	1.2: Delivering models of care and treatment that are based on evidence	4	Patients treated with oral chemotherapy do not receive adequate care coordination and education, especially how to self-manage side effects. Patients on oral chemotherapy do not receive the same information programs and support as patients having IV therapies	This model has been implemented at Austin Health	Establish a Nurse Coordinator Oral Chemotherapy role/ clinic to facilitate patient centred care and provide appropriate level of support and information to navigate the complexities of the care pathway	Patient centred	All	High

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EASTERN HEALTH CANCER SERVICES PLAN 2015-2020							
EASTERN HEALTH STRATEGIC DIRECTIONS AND GOALS	NO	PERFORMANCE GAP/ISSUE	REFERENCE SOURCE	INITIATIVES	THEME	TUMOUR STREAM	PRIORITY
A PROVIDER OF GREAT HEALTHCARE	5	Prostate cancer patients undergoing Androgen Deprivation Therapy (ADT) do not have necessary endocrine input impacting on patient outcomes	Urology consultation	Incorporate endocrine representation at the multidisciplinary Uro-oncology clinic at Box Hill Hospital	Strengthening the Workforce	Urology	High
	6	Limited access to psychology services within cancer services particularly in outpatient clinics where patients are first given a cancer diagnosis	Supportive Care Report 2014, Eastern Health 2022 Ref 264	Expand access to Clinical Psychology services that have expertise in psycho-oncology	Strengthening the Workforce	All	Medium
	7	Eastern@Home oncology service can only be offered to BHH patients due to lack of pharmacy capacity to manufacture/ order chemotherapy at Maroondah Hospital	Victorian Chemotherapy Redesign Project 2013	Collaborate with Eastern Health Pharmacy to provide chemotherapy services to Maroondah and Yarra Ranges Eastern@Home patients	Equity of Access - Meds	All	High
	8	Genetic screening is playing an increasingly important role in the delivery of cancer care. Eastern Health currently accesses this service externally, mostly through Peter Mac requiring patients to travel. Eastern Health has an opportunity to provide an on-site clinic through collaboration with an external provider	Austin Health have implemented this model	Collaborate with external provider (Austin Health) to provide Familial Cancer Clinic that delivers genetic counselling, genetic testing, medical advice and psychological support	Equity of Access - Ref Pathways	All	High
	9	Pathology is an integral component of a comprehensive cancer service. A combination of increasing demand, new tests and outsourcing of some current tests illustrates the need to collaborate with Pathology to strengthen capacity	Eastern Health 2022 Ref 216	Work with Pathology Department to strengthen capacity to align with Eastern Health Cancer Services requirements	Equity of Access - Diagnostic	All	Medium

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EASTERN HEALTH CANCER SERVICES PLAN 2015-2020							
EASTERN HEALTH STRATEGIC DIRECTIONS AND GOALS	NO	PERFORMANCE GAP/ISSUE	REFERENCE SOURCE	INITIATIVES	THEME	TUMOUR STREAM	PRIORITY
A PROVIDER OF GREAT HEALTHCARE	10	Limited access to diagnostic and therapeutic imaging services within Eastern Health requiring referral to external providers	Tumour Stream consultation, Eastern Health 2022 Ref 213, 214, Eastern Health Medical Imaging consultation	Collaborate with Eastern Health Medical Imaging to improve access to MRI, nuclear medicine (PET), sentinel node mapping, SIRT and microwave ablation	Equity of Access - Diagnostic	All	Medium
	11	Eastern Health do not provide the full spectrum of diagnostic endoscopy/surgical services for common oncological cancer diagnoses such as EBUS, EUS and transperineal biopsies which delays timely diagnosis and implementation of MDM treatment plans.	Tumour Stream consultation, Eastern Health 2022	Collaborate with Eastern Health Surgical Program to establish the full spectrum of diagnostic endoscopy/ surgical services for common oncological diagnoses	Equity of Access - Diagnostic	All	Medium
	12	The expansion of the Eastern Health haematology service to include myeloma and stem cell auto graft services requires a haematology trainee program at Eastern Health comparable with other tertiary hospitals. Sub-specialised trainees improve quality of care having both clinical and laboratory experience.		Establish an advanced haematology trainee position/ program at Eastern Health	Strengthening the Workforce	Haematology	High
	13	The Victorian State Government has pledged $10 million to build a comprehensive breast cancer centre as part of the Maroondah Hospital precinct in Ringwood East. The centre will bring together breast screening, breast oncology and medical care. Breast cancer incidence is projected to remain the most commonly diagnosed cancer for females.	Victorian State Government	Establish an Eastern Health Breast cancer centre at Maroondah Hospital that will provide best practice breast screening, breast oncology and supportive care services	Patient centred	Breast	High

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CHAPTER 6:
EASTERN HEALTH CANCER SERVICES STRATEGIC PLAN 2015-2020

EASTERN HEALTH CANCER SERVICES PLAN 2015-2020								
EASTERN HEALTH STRATEGIC DIRECTIONS AND GOALS		**NO**	**PERFORMANCE GAP/ISSUE**	**REFERENCE SOURCE**	**INITIATIVES**	**THEME**	**TUMOUR STREAM**	**PRIORITY**
A PROVIDER OF GREAT HEALTHCARE		14	Lack of formal collaboration between surgical services and cancer services in particular around issues of planning	Eastern Health 2022 Ref 205	Collaborate with the surgical program to strengthen capacity to provide an integrated cancer surgery service	Patient centred	All	Medium
	1.3: Monitoring, reporting and continuously improving the quality and safety of clinical care	15	Victorian Cancer Action Plan (VCAP) (best practice) targets for MDMs are not being met (recommendations, documentation of staging information – 2014 results 72% MDM discussed –with target set at 80% and 65% staging documented with 100% target set)	VCAP, Nemics 2014 Performance Indicator Audit, Eastern Health 2022 Ref 201	Eastern Health MDM to achieve 100% of each performance indicator required by VCAP by June 2016	Patient centred	All	High
		16	Department of Health performance indicator requires 50% of newly diagnosed cancer patients to be screened for supportive care needs. Eastern Health achieved 41% screening rate in Nemics 2013 audit	Nemics 2013 Performance Indicator Audit, Eastern Health 2022 Ref 201	Eastern Health to achieve 50% screening rate of newly diagnosed cancer patients by embedding supportive care philosophy through all Eastern Health Cancer Services patient care areas by December 2016	Patient centred	All	Medium
	1.4: Tailoring services around the needs of a diverse population	17	Difficulty in meeting demand of comorbidities demonstrated in the ageing population	Eastern Health 2022 introduction Eastern Health 2022 Ref 167	Establish a mechanism to manage patient comorbidities in the aged >65yrs across all tumour streams in collaboration with Eastern Health aged care services and pharmacy	Patient centred	All	Medium

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EASTERN HEALTH CANCER SERVICES PLAN 2015-2020								
EASTERN HEALTH STRATEGIC DIRECTIONS AND GOALS		NO	PERFORMANCE GAP/ISSUE	REFERENCE SOURCE	INITIATIVES	THEME	TUMOUR STREAM	PRIORITY
A PROVIDER OF GREAT HEALTHCARE		18	Effective long term treatments and use of biological agents that are less toxic than chemotherapy provides an opportunity for treatment in the home	Eastern Health 2002 Ref 165	Expand the utilisation of Hospital in the Home as the preferred method for day only treatment of acute leukaemic patients	Patient centred	Haematology	Medium
		19	Limited referrals to the Eastern Health multidisciplinary ambulatory Oncology Rehabilitation Program	Eastern Health Nursing Consultation	Review whether the ambulatory Oncology Rehabilitation Program current model best meets the needs of Eastern Health patients	Patient centred	All	Medium
A GREAT PATIENT EXPERIENCE	**2.1: Taking a person-centred approach which actively involves patients in decision making**	20	Continuity of care and patient flow is limited due to lack of care coordination by tumour stream resulting in delayed diagnosis and implementation of treatment pathways, EG: Bone marrow transplant, non-malignant haematology and Prostate cancer care. Bladder cancer and advanced prostate cancer patients require years of on-going management, surveillance and therapy. At present this care is uncoordinated potentially leading to poor patient outcomes. A Breast Care Nurse is employed at Box Hill for 12 hours per week to provide care coordination for breast cancer patients. This is not adequate to support the volume of patients attending BHH for their breast cancer care.	Tumour Stream consultation, Eastern Health 2022 Ref 172, 212, 266. Cancer Services Framework for Victoria (The Collaboration for Cancer Outcomes Research and Evaluation 2003)	Improve workforce capability to provide care coordination in complex cancer management across all tumour streams.	Patient centred	All	Low

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EASTERN HEALTH CANCER SERVICES PLAN 2015-2020							
EASTERN HEALTH STRATEGIC DIRECTIONS AND GOALS	NO	PERFORMANCE GAP/ISSUE	REFERENCE SOURCE	INITIATIVES	THEME	TUMOUR STREAM	PRIORITY
A GREAT PATIENT EXPERIENCE	21	Supportive care screening has identified symptoms and side effects that are commonly experienced by cancer patients eg fatigue, pain and nausea	Eastern Health 2022 Ref 207 Consumer forum, supportive care screening program	Ensure patients and carers receive individualised support and information they require. This could be achieved by: Implementing an education and support program for patients and carers that will assist in management of common symptoms and side effects. There may be additional support programs to consider. Develop and implement a patient information lounge virtual/physical	Patient centred	All	Medium
	22	Absence of a late effects clinic available to address late effects issues in a multidisciplinary manner to improve patient flow, care and satisfaction	Eastern Health 2022 Ref. 199	Implement a late effects clinic to manage late effects occurring post chemotherapy, surgery, radiotherapy and to manage psychosocial concerns and lymphoedema	Patient centred	All	Low
	23	Eastern Health currently provide interdisciplinary clinics for urology and breast (MH) and colorectal cancer patients. The model should be multidisciplinary and expanded to all tumour streams as evidenced by best practice	This model has been implemented at Austin Health	Cancer Services to develop and implement a multidisciplinary clinic model for all tumour streams. Model to include medical, surgical, allied health, nursing and radiation oncology specialties.	Patient centred	All	Medium
	24	Patients and carers require oncology rehabilitation type sessions during active treatment phase	Consumer forum	Implement a Phase 1 (acute) oncology rehab program for patients and carers during active treatment	Patient centred	All	Medium

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EASTERN HEALTH CANCER SERVICES PLAN 2015-2020								
EASTERN HEALTH STRATEGIC DIRECTIONS AND GOALS		NO	PERFORMANCE GAP/ISSUE	REFERENCE SOURCE	INITIATIVES	THEME	TUMOUR STREAM	PRIORITY
A GREAT PATIENT EXPERIENCE		25	There is no specific cancer patient experience survey conducted at Eastern Health	Department of Health Victoria	Implement Department of Health Cancer Patient Experience Survey	Patient centred	All	Medium
		26	Residents living in the Nemics region have the highest 5 year survival rate in Victoria in 2013 (70%). Transitioning patients at end of treatment back into the community is ad hoc.	CCV, Nemics Survivorship report 2014, Eastern Health 2022 Ref 199 COSA 2014 paper	Development of a survivorship program for patients that will provide education, goal setting and survivorship plans in conjunction with patient's GP that will assist with the transition from acute cancer services	Patient centred	All	Medium
		27	Palliative care is a core cancer ambulatory/ inpatient service that is not aligned with the cancer service governance structure which (malignant palliative care 60%) hinders training and research opportunities. Patient care coordination may be impaired due to non-collaborative service provision within Eastern Health. Box Hill Hospital intends to expand its subacute focus with new services established in palliative care.	Eastern Health 2022	Collaborate with Palliative Care Services	Patient centred	All	Medium
	2.2: Aligning our services and resources to meet the changing needs of our communities	28	Lack of access to early palliative care in the ambulatory/outpatient setting. Community palliative care services are primarily available for end-stage palliation and are predominantly nursing services.	Eastern Health Nursing Consultation	Improve access to early palliative care in the ambulatory/ outpatient setting	Equity of Access	All	Medium

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EASTERN HEALTH CANCER SERVICES PLAN 2015-2020								
EASTERN HEALTH STRATEGIC DIRECTIONS AND GOALS		NO	PERFORMANCE GAP/ISSUE	REFERENCE SOURCE	INITIATIVES	THEME	TUMOUR STREAM	PRIORITY
A GREAT PATIENT EXPERIENCE		29	Victorian Chemotherapy Service Redesign Project conducted in 2013 identified only 26% (BHH) and 38% (MH) and 40% (YRH) direct care nursing time provided to patients. The introduction of a Flow Coordinator role removes non direct patient care activities from the nursing team. The introduction of this role at BHH has increased direct care nursing time to 47%.	Victorian Chemotherapy Service Redesign Project 2013	Implement Flow Coordinator role at MH/YRH	Strengthening the Workforce	All	Medium
	2.3: Ensuring services are easy to access and navigate	30	45% of patients with malignant acute Eastern Health admissions 2012/13 resided in Yarra Ranges or Maroondah Statistical Local Areas (SLAs). Historically the majority of cancer services within Eastern Health have been based at Box Hill Hospital therefore realignment of tumour stream based services across Eastern Health sites has commenced.	VAED 2012/13, Eastern Health 2022 Ref 203, 168	Provide services in catchment SLAs where demand is greatest. The Eastern Health strategic clinical services plan suggests establishing Box Hill Hospital and Maroondah Hospital as primary sites for particular tumour streams. This requires consideration within this initiative.	Patient centred	All	High
		31	There is no dedicated car parking for patients required to attend multiple cycles of chemotherapy and/or radiotherapy. This results in consumer dissatisfaction, potential delays to commencing treatment, increased anxiety, distress and cost	Consumer forum "cheaper if I attend private radiotherapy"	Limited access to car parking for patients when attending for chemotherapy and radiotherapy	Equity of Access	All	Medium

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EASTERN HEALTH CANCER SERVICES PLAN 2015-2020								
EASTERN HEALTH STRATEGIC DIRECTIONS AND GOALS		NO	PERFORMANCE GAP/ISSUE	REFERENCE SOURCE	INITIATIVES	THEME	TUMOUR STREAM	PRIORITY
A GREAT PATIENT EXPERIENCE	**2.4: Ensuring access to health services for the most disadvantaged within our community**	32	Lack of timely access to Non-PBS drugs	Tumour Stream consultation	Streamline the approval process for cancer related drugs on compassionate grounds	Equity of Access - Meds	All	High
		33	Rural and regional cancer patients undergoing combined chemotherapy/ radiotherapy treatments requiring daily treatments are disadvantaged when it comes to accessible and affordable accommodation close to the hospital	Tumour Stream consultation	Consider access to Medi-Hotel for rural/regional cancer patients	Patient centred	All	Low
		34	Poor cancer outcomes in Victoria for people who identify as Aboriginal/Torres Strait Islanders		Collaborate with Closing the Health Gap program at Eastern Health to increase access to cancer services and improve cancer outcomes	Patient centred	All	High
A GREAT PLACE TO LEARN AND WORK	**3.1: Ensuring flexible, highly skilled and capable workforce and volunteer networks**	35	Administration of chemotherapy on the ward at Maroondah Hospital is limited due to lack of experienced chemotherapy nurses	Nursing Consultation	Increase the Maroondah Hospital inpatient workforce capability to administer Chemotherapy	Strengthening the Workforce	All	Medium
		36	Inadequate allied health resourcing for cancer services	Allied health stakeholder input. Eastern Health 2022 Ref 207 Victorian Allied Health Leaders Council - Guidelines for allied health staffing levels in cancer services units (draft).	Increase allocation of allied health resources to cancer services. Adopt guidelines (currently in draft) for staffing levels for the provision of quality cancer services through the Victorian Allied Health Leaders Council – that recommend staffing levels for allied health disciplines across tumour streams and within different settings.	Strengthening the Workforce	All	Medium

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EASTERN HEALTH CANCER SERVICES PLAN 2015-2020							
EASTERN HEALTH STRATEGIC DIRECTIONS AND GOALS	NO	PERFORMANCE GAP/ISSUE	REFERENCE SOURCE	INITIATIVES	THEME	TUMOUR STREAM	PRIORITY
A GREAT PLACE TO LEARN AND WORK	37	Lack of sustainable funding for MDM Administrative Support Officers beyond 30th June 2016. 100% of multidisciplinary treatment planning discussion preparation is provided by clerical support. Without this support vital patient information for treatment planning will not be available.	Nemics Strategic Plan 2014-2016	Establish sustainable funding for MDM administrative support	Strengthening the Workforce	All	High
	38	Single point failure risk where service is reliant on a sole consultant in highly sub-specialised areas resulting in limited access and delayed patient care e.g. for melanoma, head and neck, hepatoma and gynaeoncology	Tumour Stream consultation, Eastern Health 2022 Ref 168	Increase medical oncology resources (consultant/clinic)	Strengthening the Workforce	Head and Neck Melanoma Hepatoma Gynaeoncology	Medium
	39	Lack of suitably trained Eastern@Home workforce to manage increased activity of chemotherapy administered in the home	VAED 2012/13	Ensure specialised training in oncology nursing to provide a robust and reliable service	Strengthening the Workforce	All	Medium
	40	Non-recurrent funding sourced for VCCCP via Supportive Care Screening project budget. Required for ongoing professional development for cancer services staff	Nemics Strategic Plan 2014-2016	To ensure sustainability of VCCCP programs and training of facilitators, transition to Professional Development Unit (PDU)	Strengthening the Workforce	All	Medium
	41	Genitourinary patient numbers at Eastern Health are ranked 2nd highest of total number of all malignant cancer admissions. Additionally Eastern Health ranks 2nd in Victoria for public hospital genitourinary patients numbers	VAED 2012/13	Academic strengthening – fellows in urology and uro-oncology	Strengthening the Workforce	Urology	Low

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EASTERN HEALTH CANCER SERVICES PLAN 2015-2020								
EASTERN HEALTH STRATEGIC DIRECTIONS AND GOALS		NO	PERFORMANCE GAP/ISSUE	REFERENCE SOURCE	INITIATIVES	THEME	TUMOUR STREAM	PRIORITY
A GREAT PLACE TO LEARN AND WORK		42	Not all pharmacy staff are trained or credentialed in the dispensing of chemotherapy	Eastern Health pharmacy consultation	Collaborate with Eastern Health Pharmacy to ensure all pharmacy staff who dispense chemotherapy are trained and credentialed	Research and Education	All	Medium
	3.3: Identifying leaders and providing learning opportunities to staff	43	Volunteer services currently underutilised across Eastern Health Cancer Services. Opportunities exist to utilise volunteers within cancer services e.g. activity facilitation, way finding, concierge, information support, assistance with supportive care screening, driving	Eastern Health 2022 Ref 215	Engage volunteer support to enhance the patient experience	Strengthening the Workforce	All	Low
		44	Opportunity to enhance the cancer services nursing workforce. There is a risk to service delivery due to retention issues highlighted by Eastern@Home. There is an inequality in training opportunities and access to Oncology Educator across Eastern Health	Eastern Health Nursing Consultation	Develop a Eastern Health cancer nursing workforce and training plan (consider advanced practice roles, nurse practitioner, transition specialty practice, role of Div. 2 and rotations between departments and Eastern Health sites)	Strengthening the Workforce	All	Medium
	3.4: Partnering with education and training organisations to drive research and education	45	Research is 100% self-funded relying on income from pharmaceutical sponsored trials resulting in dependency of patient recruitment for viability. Eastern Health is not maximising funding available through external grants. Lack of expertise in preparing grant applications for cancer services. E.g. – NEMICS, Victorian Cancer Agency, Eastern Health Foundation, Leukaemia Foundation, Prostate Cancer Foundation, Cancer Australia	Eastern Health 2022 Ref 210, 217	Maximise other sources of funding for research via Eastern Health Foundation, grants such as NHMRC, NEMICS, VCA, CCV, etc. In collaboration with Eastern Health Research Unit develop a system for notification of grants and application for grants.	Research and Education	All	Medium

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EASTERN HEALTH CANCER SERVICES PLAN 2015-2020								
EASTERN HEALTH STRATEGIC DIRECTIONS AND GOALS		NO	PERFORMANCE GAP/ISSUE	REFERENCE SOURCE	INITIATIVES	THEME	TUMOUR STREAM	PRIORITY
A GREAT PLACE TO LEARN AND WORK		46	Clinical trial activity exceeds workload for current single Fellow. Tumours should be grouped to create portfolios which will increase trial recruitment leading to better patient access to clinical trials	Tumour Stream consultation, Eastern Health 2022 Ref 210, 217	Increase patient participation in cancer trials to 15% by 2021. This could include the creation of Fellow positions e.g. Women's cancer fellow (breast and gynae), genitourinary, lymphoma/Chronic Lymphocytic Leukaemia (CLL) (in collaboration with other NEMICS health services) ▪ Surgical GI fellow ▪ Colorectal oncology fellow (in collaboration with WEHI/RMH) ▪ Haematology Advanced Registrar	Research and Education	All	Medium
A GREAT PARTNER WITH OUR COMMUNITIES	**4.1: Delivering models of care with our community partners that provide a seamless patient journey and deliver the right service in the right place**	47	Lack of agreed referral pathways to tertiary health services e.g. CNS neurosurgical pathway, gynae oncology surgical pathway, etc. Neuro-surgical referral pathways for metastatic spinal cord compression, EUS, EBUS	Nemics, Eastern Health 2022 Ref 206, tumour stream consultation	Document clear surgical referral pathways to external health services for tumour streams/procedures not provided by Eastern Health	Equity of Access - Ref Pathways	CNS Gynaeoncology Lung	High
		48	Lack of agreed referral pathways for brachytherapy, stereotactic and whole body radiotherapy. In addition PMC move to VCCC in Parkville will exacerbate access issues	Nemics, Tumour stream consultation, Eastern Health 2022 Ref 169	Document clear radiotherapy referral pathways for all tumour streams	Equity of Access – Diagnostic	All	Medium

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EASTERN HEALTH CANCER SERVICES PLAN 2015-2020								
EASTERN HEALTH STRATEGIC DIRECTIONS AND GOALS		NO	PERFORMANCE GAP/ISSUE	REFERENCE SOURCE	INITIATIVES	THEME	TUMOUR STREAM	PRIORITY
A GREAT PARTNER WITH OUR COMMUNITIES		49	Lack of agreed referral pathways for external diagnostic testing	Tumour stream consultation	Document referral pathways for molecular/mutation testing, gene expression profiling – to ensure timely and funded access	Equity of Access - Diagnostic	All	High
	4.2: Partnering with other hospitals and community partners to provide a comprehensive and integrated range of services	50	Inconsistent GP knowledge of cancer referral pathways/ options and treatments. Currently 3 out of 12 MDMs communicate MDM recommendations to patient's GP, therefore not meeting best practice for patient care	Consumer forum Nemics Strategic Plan 2014-2016	Enhance partnerships with GPs. This should include all GP interaction points throughout the patient journey. Improve communication of MDM meeting outcomes to GPs	Patient centred	All	Medium
		51	Responsibility for patient care when multiple institutions involved in patient treatment plan is not defined resulting in potential delays to allied health services	Allied health consultation	Clarify and document roles and responsibilities for the provision of allied health services across Epworth Eastern, Peter Mac Callum and Eastern Health for shared care arrangements of patients in common.	Patient centred	All	Medium
		52	Increased demand for radiotherapy service along with projected increased need/patient numbers. Waiting times for palliative and curative radiotherapy currently outside DoH guidelines. Additional radiotherapy bunker in place at PMCC Box Hill.	Eastern Health 2022 Ref 218	Support the relationship between PMCC and Eastern Health to adequately resource the radiotherapy service	Equity of Access - Diagnostic	All	Medium
	4.3: Embracing technologies that enhance our partnerships	53	Lack of structure to the information available regarding Eastern Health cancer services (Internal and external audiences)	Eastern Health 2022 Ref 208	Develop and implement a community awareness program promoting cancer services at Eastern Health	Branding	All	Low

Continued on page 64

CHAPTER 6:
EASTERN HEALTH CANCER SERVICES STRATEGIC PLAN 2015-2020

EASTERN HEALTH CANCER SERVICES PLAN 2015-2020								
EASTERN HEALTH STRATEGIC DIRECTIONS AND GOALS		NO	PERFORMANCE GAP/ISSUE	REFERENCE SOURCE	INITIATIVES	THEME	TUMOUR STREAM	PRIORITY
A GREAT ACHIEVER IN SUSTAINABILITY	**5.1:** **Ensuring optimal utilisation of resources across the organisation**	54	There is projected increasing demand for cancer services. Opportunity to expand day oncology chairs and inpatient beds	Eastern Health 2022 Ref 163	Establish a robust process examining capacity and demand for day oncology, medical infusion and inpatient ward services	Equity of Access	All	High
	5.2: **Building flexible, sustainable environments and technologies**	55	Chemotherapy is an identified high risk medicine and therefore systems to reduce risks associated with prescribing are highly recommended. Limited automated clinical data available for research and audit purposes. Inability to generate OP clinic data by tumour stream	Eastern Health pharmacy consultation. Clinical Excellence Commission, Victorian Therapeutics Advisory Group. EH 2022 Ref 211, 171	Implement a comprehensive Clinical Oncology IT System with chemotherapy prescribing and audit capability and outpatient clinic by tumour stream functionality	Information and technology	All	Medium

CHAPTER 7: IMPLEMENTATION PLAN – EASTERN HEALTH CANCER SERVICES STRATEGIC CLINICAL SERVICES PLAN 2015-2020

The Eastern Health Cancer Service looks forward to working with its healthcare and community partners to implement the Eastern Health Cancer Services Strategic Clinical Services Plan 2015-20.

Each year, Eastern Health Cancer Services in collaboration with consumers will identify the elements of *The Plan* that need to commence or be implemented in the following year according to Eastern Health's planning framework. These initiatives will form part of the annual Cancer Services Operations and Improvement Plan.

The Operations and Improvement Plan is the mechanism for deploying and executing *The Plan*. This mechanism ensures that progress on the objectives are monitored and reported on a quarterly basis and reviewed annually.

Each initiative will be implemented in accordance with the Eastern Health Model for Improvement.

This includes the 4 phases of:

1. Commissioning
2. Diagnostics
3. Implementation
4. Evaluation and sustainability

Each of these phases includes risk assessment.

CHAPTER 7:
IMPLEMENTATION PLAN – EASTERN HEALTH CANCER SERVICES STRATEGIC CLINICAL SERVICES PLAN 2015-2020

7.1: IMPLEMENTATION PHASES

Figure 39: Implementation Phases

PHASE NO	IMPLEMENTATION PHASES	TIMEFRAME	RESPONSIBILITY
1	Annual Review of Plan to identify elements that need to commence/be implemented in the following year. Add identified elements to Eastern Health Cancer Services Operations and Improvement Plan.	Annual Review July/August	Eastern Health Director Cancer Services
2	Quarterly review of Operations and Improvement Plan to track progress.	Quarterly review March, June, September, December	Eastern Health Director Cancer Services
3	Develop an A3 Commissioning document for each element for Executive approval prior to commencing the actions. Form project steering committees consisting of key stakeholders.	Determined by the scope and complexity of each piece of work	Eastern Health Director Cancer Services
4	Undertake diagnostics for each identified element		Eastern Health Director Cancer Services
5	Design a solution for each element including details of processes, skills and knowledge required, tools and techniques, measures and roles and responsibilities		Eastern Health Director Cancer Services
6	Implement the solution		Eastern Health Director Cancer Services
7	Monitor the performance of the new system/process and revise as appropriate		Eastern Health Director Cancer Services
8	Complete a Mid Term Progress Report	2017	Eastern Health Director Cancer Services
9	Commence Cancer Services Plan 2020-2025	2019	Eastern Health Director Cancer Services
10	Complete a Final Progress Report	2020	Eastern Health Director Cancer Services

The Eastern Health Cancer Services Plan is on Eastern Health Operation Improvement Plan, governed by the Quality and Strategy Committee structure.

CHAPTER 8: REFERENCES

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APPENDICES

APPENDIX 1:
GLOSSARY OF ABBREVIATIONS

ABBREVIATION	FULL NAME
ABF	Activity Based Funding
ADT	Androgen Deprivation Therapy
AIHW	Australian Institute of Health and Welfare
AH	Austin Health
ATSI	Aboriginal and Torres Strait Islanders
AYA	Adolescent and Young Adults
BHH	Box Hill Hospital
BMT	Bone Marrow Transplant
BSRWICS	Barwon South Western Region Integrated Cancer Service
CALD	Culturally and Linguistically Diverse
CCV	Cancer Council Victoria
CDU	Chemotherapy Day Unit
CLL	Chronic Lymphocytic Leukaemia
CNS	Central Nervous System
CT	Computed Tomography
CVAD	Central Venous Access Device
DoH	Department of Health
EBUS	Endobronchial ultrasound
ECRU	Eastern Clinical Research Unit
EFT	Equivalent Full Time
EH	Eastern Health
EH 2022	Eastern Health Strategic Clinical Services Plan 2012 -2022
EMRPCC	Eastern Metropolitan Region Palliative Care Consortium
EUS	Endoscopic Ultrasound
GI	Gastro Intestinal
GICS	Grampians Integrated Cancer Service
GP	General Practitioner
GRICS	Gippsland Regional Integrated Cancer Service
HPB	Hepatobiliary
HBPCCT	Hospital Based Palliative Care Consultation Team
HITH	Hospital in the Home
HS	Health Service
HumeRICS	Hume Regional Integrated Cancer Service
ICS	Integrated Cancer Services
IP	Inpatient
KPI	Key performance indicator
LGA	Local Government Area
LMICS	Loddon Mallee Integrated Cancer Service

ABBREVIATION	FULL NAME
MBS	Medicare Benefit Schedule
MDM	Multidisciplinary Meeting
MH	Maroondah Hospital
MMC	Monash Medical Centre
MRI	Magnetic Resonance Imaging
NEMICS	North East Melbourne Integrated Cancer Services
NHMRC	National Health and Medical Research Council
OCCP	Optimal Cancer Care Pathways
OIP	Operational Improvement Plan
OP	Outpatient
PBS	Pharmaceutical Benefit Scheme
PDU	Professional Development Unit
PET	Positron Emission Tomography
PICC	Peripherally Inserted Central Catheter
PICS	Paediatric Integrated Cancer Service
PMCC	Peter MacCallum Cancer Centre
PMF	Patient Management Frameworks
RMH	Royal Melbourne Hospital
ROV	Radiation Oncology Victoria
SC	Supportive Care
SCS	Supportive Care Screening
SIRT	Selective Internal Radiation Therapy
SLA	Statistical Local Area
SN	Sentinel Node
SPF	Special Purpose Fund
VACS	Victorian Ambulatory Classification and Funding System
VAED	Victorian Admitted Episode Dataset
VCA	Victorian Cancer Agency
VCAP	Victorian Cancer Action Plan
VCCCP	Victorian Cancer Clinicians Communication Program
VAHLC	Victorian Allied Health Leaders Council
VCCC	Victorian Comprehensive Cancer Centre
VHIMS	Victorian Health Incident Management System
WCMICS	Western & Central Melbourne Integrated Cancer Service
WEHI	Walter and Eliza Hall Institute
WH	Wantirna Health
YRH	Yarra Ranges Health

APPENDIX 2:
LOCATION OF EASTERN HEALTH CANCER AND SUPPORT SERVICES

KEY	
	Full service on-site
	Limited service / sessional appointments/service located within 0.5km of hospital site
	Service (not patient) moves between sites within same provider/virtual service across NEMICS providers
	No service
DOT	Dedicated oncology time (funded for all or some oncology patients)
CO	Contracted out to another provider

LOCATION OF EASTERN HEALTH CANCER SERVICES AND CANCER SUPPORT SERVICES					
	BOX HILL HOSPITAL	MAROONDAH HOSPITAL	WANTIRNA HEALTH	YARRA RANGES HEALTH	ANGLISS HOSPITAL
Diagnostic imaging – general	CO	CO			CO
Diagnostic imaging – CT	CO	CO			CO
Diagnostic Imaging – MRI	CO	CO			CO
Diagnostic Imaging – PET	CO	CO			CO
Diagnostic Imaging – nuclear med	CO	CO			CO
Interventional radiology					
Pathology – anatomical					
Pathology – genetics					
Clinical Trials Coordination					
Tissue bank service (clinical trials)					
Oncology outpatient clinics					

Continued on page 71

LOCATION OF EASTERN HEALTH CANCER SERVICES AND CANCER SUPPORT SERVICES					
	BOX HILL HOSPITAL	MAROONDAH HOSPITAL	WANTIRNA HEALTH	YARRA RANGES HEALTH	ANGLISS HOSPITAL
Breast MDM (NOTE 1)					
Breast cancer surgery				1	4
Lung MDM (NOTE 1)					
Lung cancer surgery					
Gynae MDM (NOTE 1)					
Gynae cancer surgery		1			
Complex gynae surgery (NOTE 2)					
Head and neck MDM (NOTE 1)					
Head and neck cancer surgery					
Complex head and neck (NOTE 2)					
Thyroid cancer surgery					1
Complex thyroid surgery (NOTE 2)					
Brain and CNS MDM (NOTE 1)					
Neurosurgery					
Urology MDM (NOTE 1)					
Bladder and prostate cancer surgery				1	1
Complex bladder/prostate (NOTE 2)					
Penile and testicular cancer surgery					
Renal cancer surgery					
HPB MDM (NOTE 1)					
Hepatoma MDM (NOTE 1)					
Pancreatic cancer surgery					
Liver transplant service					
Upper GI MDM (NOTE 1)					
Oesophago-gastric cancer surgery		3			
Skin MDM					
Colorectal MDM (NOTE 1)					
Colorectal surgery					5
Lymphoma MDM					
Haematology MDM					
BMT (autologous)					
BMT (allogeneic)					

APPENDIX 2:
LOCATION OF EASTERN HEALTH CANCER AND SUPPORT SERVICES

LOCATION OF EASTERN HEALTH CANCER SERVICES AND CANCER SUPPORT SERVICES					
	BOX HILL HOSPITAL	MAROONDAH HOSPITAL	WANTIRNA HEALTH	YARRA RANGES HEALTH	ANGLISS HOSPITAL
Day surgery					
Prosthetics and orthotics					
Emergency department					
Intensive care unit					
High dependency unit					
Radiotherapy	CO				
Radiation oncologists					
Brachytherapy					
Medical oncologists					
Inpatient chemotherapy					
Day oncology unit					
HITH (oncology patients)					
Apheresis					
Infectious diseases unit					
Pharmacy					

LOCATION OF EASTERN HEALTH CANCER SERVICES AND CANCER SUPPORT SERVICES					
	BOX HILL HOSPITAL	MAROONDAH HOSPITAL	WANTIRNA HEALTH	YARRA RANGES HEALTH	ANGLISS HOSPITAL
Supportive care screening					
Social work	DOT				
Dietetics	DOT				
Rehabilitation physician					
Speech pathology					
Genetic counselling service					
Psychology	DOT	DOT	DOT		
Psychiatry					
Physiotherapy	DOT		DOT		
Occupational therapy	DOT				

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LOCATION OF EASTERN HEALTH CANCER SERVICES AND CANCER SUPPORT SERVICES					
	BOX HILL HOSPITAL	MAROONDAH HOSPITAL	WANTIRNA HEALTH	YARRA RANGES HEALTH	ANGLISS HOSPITAL
Dental services					
Interpreting services (excl. tele-service)					
Lymphoedema service					
Continence service					
Post-acute care programme					
GP liaison units					
Pastoral care - unit / dept					
Educational courses (NOTE4)					
Wellness services e.g. massage therapy					
External visiting services e.g. canteen, leukaemia foundation, Chinese Cancer Society					
Advanced care planning program					
Palliative care beds (ring fenced)					
Palliative care (team / consult service)					
Breast care nurses					
Prostate / urology cancer nurses					
Stomal therapy nurses					
Cancer liaison nurses					
Other specialty nurses (NOTE 3)					

*Source: NEMICS - **NB. Campuses that performed a very small volume of surgical procedures are indicated with the number recorded in 2011-12 rather than as a partial service***

Note 1

Where a limited MDM service is indicated at a site (orange), patients treated at that site are reviewed at an offsite MDM / the treating clinician regularly attends an offsite MDM

Note 2

Procedures defined as "complex" are listed for each tumour stream: Complex head and neck cancer surgery: Parotid gland excision, radical resection of head and neck tumours, radical neck dissection, Skull base resections, tumour resections that require reconstructive transfer of multiple tissue layers, malignancies requiring multidisciplinary approach

Note 3

Examples of other specialty nurses categories include stomal therapy, brain tumour support nurses, and clinical nurse consultants

Note 4

Examples of educational courses include: Living with cancer, look good feel better, communication skills, transitions psycho-oncology program, other education programs

APPENDIX 3: STAKEHOLDER CONSULTATION

3.1: STAKEHOLDER GROUPS AND FEEDBACK METHODS

3.1.1: Tumour Stream Multidisciplinary Meeting Participants

Each of the 12 tumour streams undertook a gap analysis using the information provided in Chapters 1-5 of this report combined with expert opinion and industry knowledge of current and future developments in their area of expertise. Feedback sessions were facilitated at the commencement of the MDM and additional information was provided via email. These sessions primarily captured the medical workforce.

3.1.2: Allied Health

The Optimal Cancer Care Pathways framework was sent to the Eastern Health Director of Allied Health following a meeting with allied health managers. The template was completed and returned via email.

3.1.3: Nursing

An interactive forum was held with representatives of the Eastern Health cancer nursing workforce. The Optimal Cancer Care Pathways framework was sent to participants in advance to assist them with developing ideas and issues. The nursing group then engaged in a facilitated critique of the summarised MDM feedback. This forum built on the feedback obtained by MDMs.

3.1.4: Supportive Care

The Supportive Care Project Officers provided input into *The Plan*, with particular focus on supportive care issues for cancer patients and their carers.

3.1.5: Pathology

Close relationships with Pathology via MDMs where pathology review is core to improving patient outcomes.

3.1.6: Pharmacy

Gaps and issues identified by the MDM participants relating specifically to Pharmacy were summarised and distributed to the Director of Pharmacy for feedback. The Director of Pharmacy provided a response to each of the issues raised by the MDM.

3.1.7: Medical Imaging

Gaps and issues identified by the MDM participants relating specifically to Medical imaging were summarised and distributed to the Medical Imaging Operations Manager for feedback. Medical

Imaging provided a response to each of the issues raised by the MDM.

3.1.8: Palliative Care

Close relationship with Palliative Care consult service and inpatient unit at Wantirna with cross collaboration between Directors.

3.1.9: Consumers

An Eastern Health consumer, Diane Fisher and a NEMICS consumer Janine Rossely have reviewed the draft document and provided feedback from a consumer perspective.

A forum of recent Eastern Health cancer services consumers was conducted by the Quality and Planning Unit in November 2014 to obtain further consumer input.

3.2: THEMES ARISING FROM CONSULTATION

A number of themes for service improvement arose from the consultation. It is interesting to note that each theme was aligned with the 9 overarching principles of *The Plan*.

APPENDIX 4:
OPTIMAL CANCER CARE PATHWAY FRAMEWORK

1: INTRODUCTION

1.1: Background

A Cancer Services Framework for Victoria 2003 recomended that a tumour stream model be adopted to reduce variation in cancer care. In response, the Department of Health supported the establishment of tumour stream groups across Victoria, and in collaboration with clinicians and consumers, developed the Patient Management Frameworks to provide a clear description of the patient journey across the continuum of care.

In 2012, the Department of Health commissioned the Cancer Council Victoria to review the Frameworks to ensure they continue to support the delivery of optimal care across Victoria. The title of the Patient Management Frameworks has been changed to Optimal Care Pathway, which better reflects their intent.

1.2: Intent of the Optimal Care Pathways

The Optimal Care Pathways are a guide to support the delivery of optimal care for people with cancer. They are intended to improve patient outcomes by facilitating state-wide consistent care based on evidence and best practice. They set out the key requirements for the provision of optimal care which needs to be considered at each step of the care pathway. In contrast to clinical guidelines that guide appropiate practice and decision making, the Optimal Care Pathways provide a guide to support the patient journey to ensure patients with cancer and their families receive high quality and appropriate care and support.

1.3: Key principles of care

Underpinning the care pathways are key principles that support all seven steps. These are:

1: **Patient centred care:**
an approach to the planning, delivery and evaluation of health care that is grounded in mutually beneficial partnerships between health care providers, patients and their families.

2: **Safe and quality care:**
enabled through appropriately trained and credentialed clinicians, hospitals and clinics that have the equipment and staffing capacity to support safe, high quality care, and the collection and evaluation of good quality treatment and outcome data.

3: **Multidisciplinary care:**
an integrated team approach to health care in which medical, nursing and allied health care professionals consider all relevant treatment options and collaboratively develop an indivdual treatment plan for each patient.

4: **Supportive care:**
encompasses all services that may be required to support people with cancer, their carers and family to meet physical, psychological, social, information and spiritual needs throughout the journey.

5: **Care coordination:**
ensuring patient care is coordinated and integrated over time and across multiple health services and different sectors.

More detail about the underpinning principles can be found on the Victorian Deparmtent of Health's website under **Cancer Services in Victoria.**

2: STEPS IN THE CARE OF PATIENTS WITH X CANCER

This section outlines the steps along the care pathway and the optimal care required. Not all patients will follow every step of the pathway. This will depend on the stage of cancer at diagnosis and the patient's decision about his or her care.

STEP 1: SCREENING AND EARLY DETECTION, THOSE AT HIGHER RISK, SIGNS AND SYMPTOMS AND PREVENTION

Step 1 identifies common signs and symptoms that should lead to further investigation, the types of people who may be at higher than average risk of developing cancer, recommendations for screening and early detection of cancer, as well as strategies for preventing cancer.

1.1: Screening and early detection

Recommendations for screening and early detection

1.2: Those at higher risk

Increased risk is indicated for people with:

1.3: Signs and symptoms that should lead to general/primary practitioner consultation

The following symptoms should be investigated, especially where there are changes in long term symptoms or new onset of symptoms:

APPENDIX 4:
OPTIMAL CANCER CARE PATHWAY FRAMEWORK

1.4: Timeframes for genera/primary practitioner consultation

The following symptoms are of particular concern and require consultation as soon as possible:

1.5: Prevention

Recommendations for preventing cancer and healthy living

Key references

This will not be an exhaustive list but key references only (for example references for National Screening Guidelines or NHMRC Clinical Guidelines)

STEP 2:
INITIAL DIAGNOSIS AND REFERRAL

Step 2 outlines the process of initial diagnosis and referral. Types of investigation undertaken by the primary/general practitioner will depend on patient preferences, access to diagnostic tests and access to a specialist. Decisions on investigations require discussion and agreement between the general practitioner, specialist and patient. There are a number of options. If the diagnosis can be confirmed with the initial tests, then referral to an appropriate oncologist is optimal. If the diagnosis is suspect, then referral to a specialist for further investigation may occur prior to a referral to an appropriate surgeon or oncologist.

2.1: Initial consultation with general/primary practitioner

- Diagnostic tests to be conducted/ ordered by general/ primary practitioner
- Recommend timeframe for completion

2.2: Referral

- Guidelines/recommendations for referring to appropriate specialist, multidisciplinary team or specialist clinic
- Timeframe for referral
- Minimum content to be included in referral documentation from the general/primary practitioner
- Referral to a Care Coordinator (or other key contact as determined by the multidisciplinary team)

2.3: Staging

Appropriate staging investigations and tools

2.4: Supportive care

Screening and referral

- Conduct routine supportive care screening
- Identify and manage symptoms (i.e. anxiety/depression, pain, fatigue, lymphedema)
- Explain referrals to the patient and carer; arrange as required
- Assess family and support person's issues regarding coping and understanding

Information provision

- Establish patient and carer preference for receiving information at this point in time
- Tailor information to meet the preferences of patients and carers

Key references

This will not be an exhaustive list but key references only

STEP 3:
TREATMENT PLANNING

Step 3 identifies the members of the multidisciplinary team who need to be involved in initial treatment planning. This will vary by cancer type but the general principle is that discussion and consideration of patient's medical and supportive care needs between the multidisciplinary team will guide treatment planning.

3.1: Members of the multidisciplinary team

- The multidisciplinary team comprises of (list in alphabetical order):
- The services that the multidisciplinary team should be linked to include: (i.e. hospital and community based support services including allied health, palliative care and psycho-oncology services)

3.2: Multidisciplinary planning

- The responsibilities of team members are:
- The optimal point in time in which MDT planning should take place is:

3.3: Clinical trials

- Participation in clinical trials should be encouraged where available and appropriate
- Include links to appropriate clinical trials databases (Cancer Trials Australia, Victorian Cancer Trials link, Australian Cancer Trials)

3.4: Supportive care

Screening and referral

- Review previous supportive care screening assessments and interventions
- Identify and manage symptoms (i.e. anxiety/depression, pain, lymphedema)
- Explain referrals to the patient and carer; arrange as required
- Assess family and support person's issues regarding coping and understanding

Information provision

- Explain the benefits of a multidisciplinary team care approach
- Seek patient consent prior to presenting case at the appropriate MDT meeting(s)
- Establish patient preferences for making decisions regarding treatment
- Written multidisciplinary treatment plan discussed and agreed with patient and carer

3.5: Role of the general practitioner

- Involve general practitioner in multidisciplinary team and treatment planning
- Provide general practitioner with a copy of the treatment plan
- Inform general practitioner of changes to treatment plan as required

Key references

- This will not be an exhaustive list but key references only

STEP 4: TREATMENT

Step 4 outlines the treatment options available and the suitability of patients to treatment. It is also concerned with the scope of clinical practice to deliver quality and safe practice. Scope of practice reflects both the expertise and experience of the individual as well as the organisational capability for the provision of safe, high quality cancer services.

4A: Surgery

- Identify patients who may benefit from surgery
- Timeframes for commencing treatment
- Common complications and side effects
- Outline training and experience required of the surgeon and other appropriate specialist(s)
- Hospital or treatment unit characteristics for provision of safe and quality care

4B: Chemotherapy

- Identify patients that will benefit from chemotherapy
- Timeframes for commencing treatment
- Common complications and side effects
- Outline training and experience required of the appropriate specialist(s)
- Hospital or treatment unit characteristics for provision of safe and quality care

4C: Radiotherapy

- Identify patients that will benefit from radiotherapy
- Timeframes for commencing treatment
- Common complications and side effects
- Outline training and experience required of the appropriate specialist(s)
- Hospital or treatment unit characteristics for provision of safe and quality care

4D: Hormonal therapy *(if appropriate)*

- Identify patients that will benefit from hormone therapy
- Timeframes for commencing treatment
- Outline training and expertise required of the appropriate specialist(s)
- Hospital or treatment unit characteristics for provision of safe and quality care

4E: Palliative care

- Conduct needs assessment to determine palliative care needs
- Refer to appropriate hospital and community based services as required
- Outline training and expertise required of appropriate specialists(s)
- Commence Advance Care Planning (if relevant)
- Hospital or treatment unit characteristics for provision of safe and quality care

4F: Complementary and alternative therapies

Discuss impacts of complementary and alternative therapies on treatment

APPENDIX 4:
OPTIMAL CANCER CARE PATHWAY FRAMEWORK

4.2: Supportive care

Screening and referral

- Review previous supportive care screening assessments and interventions
- Identify and manage symptoms (i.e. anxiety/depression, lymphedema)
- Explain referrals to the patient and carer; arrange as required

Information provision

- Explain intent of treatment, risks, benefits and expected outcomes
- Provide information on self-management and secondary prevention
- Provide information on the benefits of early referral to palliative care particularly for pain and symptom management
- Discuss and agree changes to the treatment plan with the patient and carer

4.3: Role of the general practitioner

- Provide general practitioner with the treatment plan including details of toxicity management
- Update general practitioner on changes to the treatment plan and/or medication Key references
- This will not be an exhaustive list but key references only

STEP 5:
FOLLOW-UP, LATE EFFECTS AND SURVIVORSHIP CARE

Step 5 outlines the process for monitoring disease status (including detection of recurrent local and metastatic disease) and the management of symptoms which may arise following the initial treatment. A clear follow-up and survivorship care plan needs to be established to avoid excessive follow-up by multiple specialists.

5.1: Follow-up and shared care

- Utilise risk stratification tool to determine risk of cancer recurrence and late effects.This will inform the level of follow-up care required (supported self-management, clinical supervised and complex care)
- Develop follow-up care plan to manage the risk of recurrence and/or late effects taking into the type of cancer, type of treatment received, and the person's overall health, including possible cancer treatment-related problems.
- Nutritional and functional status to be monitored as part of follow-up
- Identify who will lead follow-up care and develop appropriate shared care plan

5.2: Survivorship care plan

- Utilise risk stratification tool to determine the needs of the patient
- Develop written survivorship care plan including information on diagnosis and treatment, potential late and long term effects, recommended follow-up and strategies to prevent secondary cancers and other illnesses through the adoption of healthy lifestyle behaviours.
- Identify who will lead survivorship care and develop appropriate shared care plan

5.3: Supportive care

Screening and referral

- Review previous supportive care screening assessments and interventions
- Identify and manage symptoms (i.e. anxiety/depression, lymphedema)
- Explain referrals to the patient and carer; arrange as required
- Assess family and support person's issues regarding coping and understanding

Information provision

- Follow-up care plan to be discussed with and agreed by the patient and carer
- Survivorship care plan to be discussed with and agreed by the patient and carer
- Shared care plan to be discussed with and agreed by the patient and carer
- Educate patient and carer on identifying signs and symptoms of recurrent disease
- Educate patient and carer on living well to prevent secondary cancers

5.4: Role of the general practitioner

- Provide general practitioner with follow-up plan and survivorship care plan
- Agree on shared care plan and role of the general practitioner in follow-up care

Key references

- This will not be an exhaustive list but key references only

STEP 6:
RECURRENCE

Step 6 covers treatment for recurrent local and metastatic disease. This is rarely curative; it is usually disease control and, in many situations, palliative. Clinical evaluation and patient decision making will determine the focus of the treatment.

6.1: Investigative tests

Identify which investigations should be conducted

6.2: Multidisciplinary team

- The multidisciplinary team comprises of (list in alphabetical order):
- The services that the multidisciplinary team should be linked to include: (i.e. hospital and community based support services including allied health, palliative care and psycho-oncology services)

6.3: Treatment for recurrence

- Treatment will depend on the location, extent of recurring disease and previous management.
- Treatment may include:

6.4: Supportive care

Screening and referral

- Review previous supportive care screening assessments and interventions
- dentify and manage symptoms (i.e. anxiety/depression, pain, lymphedema)
- Explain referrals to the patient and carer; arrange as required
- Assess family and support person's issues regarding coping and understanding

Information provision

- Provide patient and carer with information regarding investigative tests and treatment options for recurrent cancers
- Discuss and agree on treatment plan for recurrent disease with patient and carer
- Discuss Advanced Care Planning and palliative care options with patient and carer Key references
- This will not be an exhaustive list but key references only

STEP 7:
END OF LIFE CARE

Step 7 is concerned with maintaining the quality of life for the patient and continuing to support their family with care that addresses physical, psychological, social and emotional needs. Referral to palliative care should be considered early for poor prognosis cancers.

7.1: Multidisciplinary team

- The multidisciplinary team comprises of (list in alphabetical order):
- The services that the multidisciplinary team should be linked to include: (i.e. hospital and community based support services including allied health, palliative care and psycho-oncology services)
- Develop transitions plan from active treatment to community based care if appropriate

7.2: Palliative care

- Assess need for management of pain and associated cancer symptoms
- Finalise Advanced Care Planning with patients and care givers
- Arrange appropriate referrals to hospital and community based services (i.e. home aids, psychosocial support, family support, bereavement counselling and pastoral care)

7.3: Supportive care

Screening and referral

- Review previous supportive care screening assessments and interventions
- Readminister screening tool as appropriate
- Referral to supportive care services as required
- Regularly review coping of primary support person and other family members

Information provision

- Provide information on pain and symptom management, palliative care services available including inpatient palliative care options and dying at home
- Assess family and support person's issues regarding coping and understanding

7.4: Role of general practitioner

- Discuss with GP their role in the patient's end-of-life-care
- Ensure all necessary information on patient's care needs has been provided to their GP

Key references

This will not be an exhaustive list but key references only

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