



Annual Report 2011-2012



DAWNING OF CANCER
Image Courtesy of Isobel Harvie

Table of Contents

Report from Executive Chair	2
About Hume Regional Intergrated Cancer Service	4
Hume Region Cancer Statistics	6
Strategic Direction	7
Highlights	8
Multidisciplinary Care	10
Supportive Care	13
Care Coordination	17
Reducing Variation in Care	18
Clinical Engagement	21
Performance Indicator Reports	21
Future Directions	22
Financial Report	25
Governance	26
Hume RICS Organisational Chart	28
Our Partners & Acronyms	29

It is with pleasure, on behalf of the Hume Regional Integrated Cancer Service (Hume RICS) Governance Group, that I present the Hume RICS 2011 - 2012 Annual Report. The report emphasises the considerable progress that has been made in achieving our vision “positively making a difference.” It has been both a rewarding and yet challenging year. A year in which we made progress with the work required to meet increasing need and to positively influence the patient journey in a way that does make a difference for individuals and their carers.

I am pleased to report that 94% of the recommendations from the Governance Review of 30 March 2011 have been implemented and support the purpose of Integrated Cancer Service (ICS) governance arrangements ‘to provide clear guidance for the way in which health services within each ICS work together in the planning and provision of cancer services.’ Implementing the recommendations of the review has also provided an opportunity for the Executive Committee to consolidate strengths and to identify areas for improvement to support the next phase of initiatives and progress for Hume RICS.

Given Hume RICS has been in operation for over six years, we have consolidated our establishment and initial achievements and have turned our attention to achieving the goals and targets as outlined in Victoria’s Cancer Action Plan 2008 – 2011

(VCAP) and the principles upon which the Cancer Services Framework has been based. These include multidisciplinary cancer care to ensure effective and efficient patient management, maximal geographic access for patients and their carers/families, high quality and safe cancer services and address the four priority service improvement areas for reform. This has been an appropriate time for Hume RICS to implement the recommended changes and to reaffirm the effectiveness of its governance processes, to provide strong leadership and oversight of the Hume RICS program outcomes.

I would like to personally acknowledge our consumers and the valuable contribution they make by providing input into cancer service planning. A comprehensive Hume RICS Consumer Participation Model was developed to include formalised processes to ensure consumer engagement is effective and sustainable. Detailed procedures surrounding consumer recruitment and management have been developed to ensure that Hume RICS staff are able to best support participating consumers and offer a variety of methods for participation. The revised model, together with the Consumer Participation Plan, were endorsed by the Hume RICS Executive in December 2011 and implementation commenced immediately.

To date over 90 consumers have been recruited to the Hume RICS Community Participation Network and consumers have provided input to projects such as the Patient Pathways Mapping and the revision of Hume RICS brochures and policies.

Consumers have been recruited to Committees such as the Supportive Care Advisory Group, and have also been sent various information updates and invitations to attend local and state-wide forums. A formal evaluation will be conducted in January 2013 to measure the impact of this redeveloped model and participation plan. Feedback to date on this model of engagement has been encouraging from the perspective of both the consumers and health professionals.



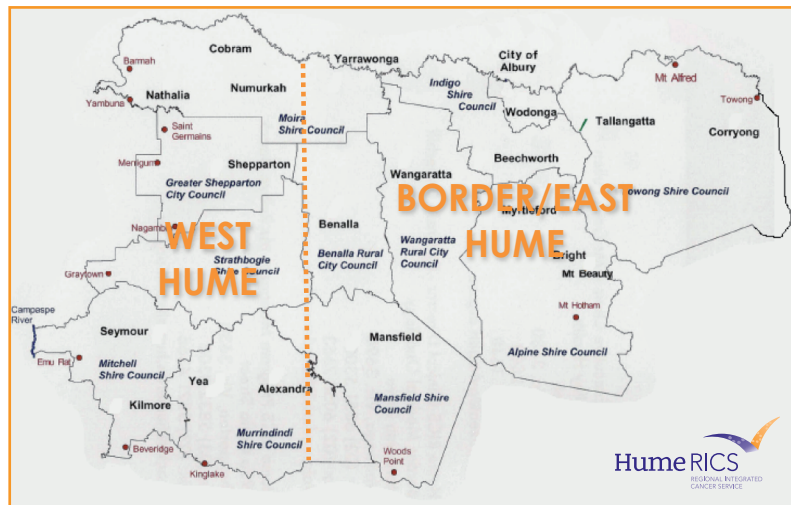
Ms Kerry Healy

Chair, Hume RICS Executive Committee
Chief Executive Officer, Goulburn Valley Health

There have been a number of highlights throughout the year and I invite you to read about some of these exciting initiatives throughout the Annual Report and for more details relating to this work I encourage you to visit the Hume RICS website at: www.humerics.org.au

I would like to thank the staff of Hume RICS, ably led by Strategic Manager – Chris Packer, together with the Clinical Directors and committee members for their ongoing efforts in our continuing endeavours to positively make a difference. The Hume RICS Executive Committee would also like to formally acknowledge and thank everyone who has contributed to the Hume RICS program over this past year. We are grateful for the continued support from all of our stakeholders.

// Our mission is to guide and coordinate the development of cancer services and positively make a difference to cancer support and treatment within the Hume region //



Hume Regional Integrated Cancer Service (Hume RICS) was established in 2004 as one of nine Victorian Integrated Cancer Services (ICS) funded by the Department of Health (DH) to assist with the implementation of the Victorian Government's cancer reform agenda.

The ICS are formal partnerships between health services that aim to improve the planning and delivery of cancer care so that it is coordinated, appropriate and effective. The role of the ICS is to:

- Build relationships between providers, health services and settings
- Improve cancer care through quality improvement processes
- Plan cancer services across a geographic area based on access, appropriateness and effectiveness.

The ICS are the platform through which improvements in cancer service delivery and patient care are being implemented.

In 2008, Hume RICS formed two clinical networks – the West Hume and Border / East Hume Cancer Networks. These two networks reflect clinical practice across the Goulburn Valley and Hume Highway corridors and enable more rapid cancer service development.

Whilst ICS are a Victorian DH Initiative, Hume RICS also works closely with cancer services in southern New South Wales (NSW) to ease the burden on patients receiving cross-border cancer care.



VICTORIA PARK LAKE, SHEPPARTON
Photo courtesy of Greater Shepparton City Council

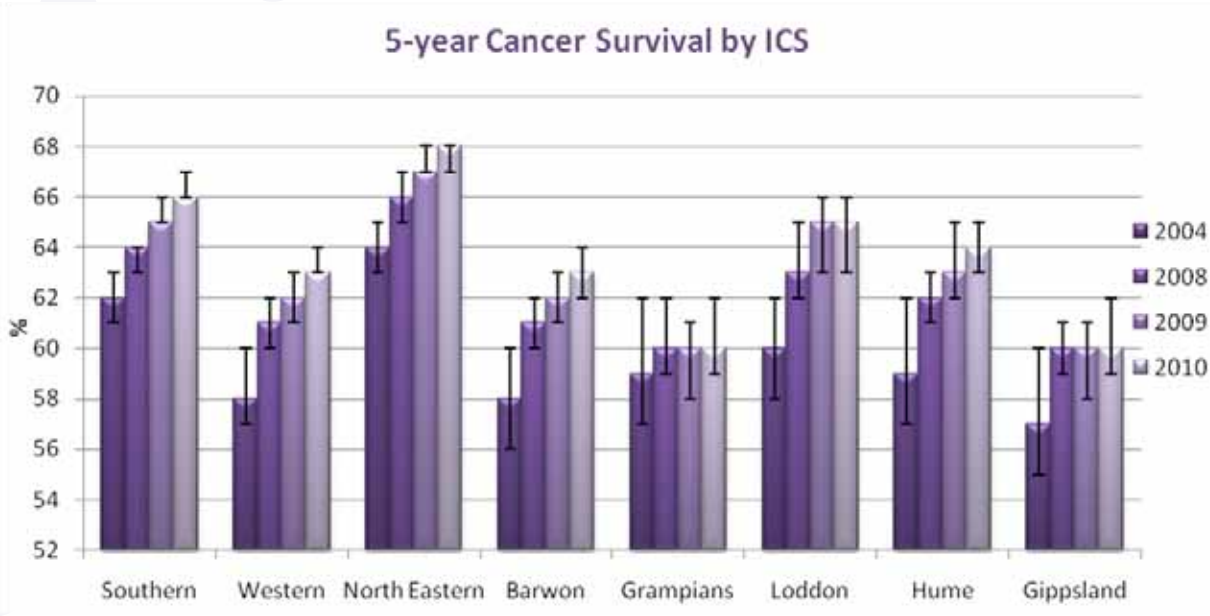
In 2012 the Victorian Cancer Registry (VCR), Cancer Council Victoria (CCV), released updated survivorship data in a report Cancer Survival Victoria’.

This report details the survival of Victorians affected by cancer in 2006 - 2010 and in comparison with earlier periods.

Data is provided as survival by year from diagnosis to 5 years for all Victorians presented by place of usual residence at the time of diagnosis.

As represented in Table 1, at 64% in the year 2010, the 5 year cancer survival of Hume residents is one of the best in regional Victoria and has shown clear improvement over a 6 year period.

Table 1.



Source: VCR,CCV

The work of the Hume RICS guided by the Victorian Government Cancer Service Framework, VCAP and the *Hume RICS Strategic Plan 2011 – 2012*. VCAP is being reviewed in 2011 - 2012 and may impact on Hume RICS strategy for 2012 - 2013.

CANCER SERVICES FRAMEWORK

The principles upon which the Cancer Services Framework has been based include:

- multidisciplinary cancer care to ensure effective and efficient patient management
- maximal geographic access for patients and their carers/families
- high quality and safe cancer services.

The structures and processes that support optimal cancer care:

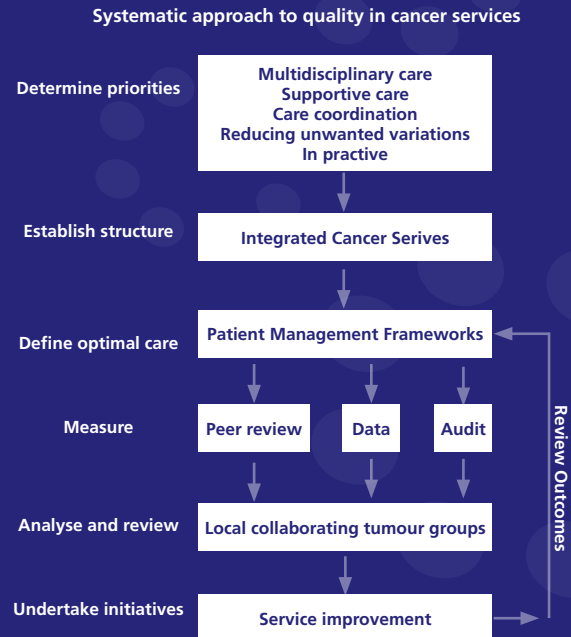
- ICS driving change at the local level.
- Patient Management Frameworks (PMF) to guide the delivery of consistent cancer care for a range of tumour streams.
- The development of a model for safety and quality in cancer care.
- Four priority service improvement areas for reform:
 - multidisciplinary care
 - care coordination
 - supportive care
 - reducing unwanted variation in practice (quality monitoring and support)

VICTORIA'S CANCER ACTION PLAN 2008 - 2011

VCAP outlines the vision for cancer reform in Victoria, with the overall objective of increasing the five year cancer survival rate by a further 10% to 74% by 2015.

VCAP identifies four Action Areas: Prevention, Research, Treatment and Support.

The ICS have key responsibility for the delivery of a number of the priorities under Action Areas 3 and 4. VCAP is available from the DH cancer website - www.health.vic.gov.au/cancer/vcap



Source: DH - *Achieving best practice cancer care, A guide for implementing multidisciplinary care* - Mar 2007

CONSUMER PARTICIPATION

In collaboration with consumer representatives, Hume RICS undertook a review of the model of consumer participation in order to develop an enhanced framework for consumer recruitment and engagement. Subsequently, a new model was implemented in 2011 which included the establishment of a Community Participation Network, whereby consumers have been recruited to a registry and afforded opportunities for participation in focus groups, indepth interviews, strategic planning, committees, working parties and feedback on policies/documents.

The new model provides the framework and tools to ensure effective consumer involvement from the strategic planning stage through to evaluation and monitoring. To date 90 consumers have been recruited to the registry, from which a number have subsequently been successfully engaged in specific Hume RICS projects and committees.

KILMORE & DISTRICT HOSPITAL ONCOLOGY REVIEW

Hume RICS, in consultation with Kilmore & District Hospital (K&DH) Executive, engaged a consultant to undertake a review of oncology services in collaboration with Northern Health to review chemotherapy services at K&DH.

The Executive were responsible for the project governance with Hume RICS assuming responsibility for funding, project management and administrative support for the review.

North East Metropolitan Integrated Cancer Service have been working in partnership with Hume RICS and K&DH to support this review.

CARE COORDINATION OF OLDER AUSTRALIANS WITH CANCER

The Care Coordination of Older Australians with Cancer (CCOAC) project aimed to improve care coordination and supportive care for elderly cancer patients (>70 years) in the Hume region and develop a system for routine supportive care screening. The self-completed, multidimensional geriatric assessment was scored by a Geriatric Cancer Care Coordinator who then contacted the patient (and carer) by telephone and referred them to support services as required.

Issues most commonly identified by the tool related to memory, falls, pain and distress and accordingly the key referral destinations were community aged care assessment, carer support organisations, palliative care and cancer care coordinators. A major achievement of this project was developing a strong collaboration between the oncology and aged-care sectors in a community setting. This project has been recognised both nationally and internationally within Geriatric Oncology.



"...being able to be treated locally has been wonderful...
and having a nurse (someone) to support me and my
family through my cancer treatment has made a huge difference..."

- MS MARGARET DARMODY, CONSUMER

MULTIDISCIPLINARY TEAMS AT GOULBURN VALLEY HEALTH

The monthly breast multidisciplinary team meetings (MDTM) have continued at Goulburn Valley Health (GV Health) with the inaugural gastrointestinal, skin and other MDTM held in October 2011. These meetings are supported by the two GV Health newly appointed medical oncologists in addition to St Vincent's Hospital medical oncologists. Video-conferencing linkages enable the attendance of a Peter MacCallum Cancer Centre Radiation Oncologist.

The patient's recommended treatment plan is documented in the CANMAP database, and disseminated to the treatment team. Hume RICS is continuing to support the development of MDTMs at GV Health. In 2013, gynaecological MDTMs through remote linkages initially with the Royal Women's Hospital will commence, plus local lung MDTMs.

ALBURY WODONGA HEAD AND NECK CLINIC

Hume RICS has facilitated refinement of the processes and procedures of this clinic to better reflect the needs of patients and clinicians. Significant changes include adopting a model of multidisciplinary team discussion followed by a patient clinic.

This model has allowed a broader multidisciplinary team membership in line with PMF recommendations, as well as a dedicated (NSW) - funded Cancer Care Coordinator and Oncology Social Worker who provide supportive care, including screening.



BENEFITS OF MULTIDISCIPLINARY CARE FOR CANCER PATIENTS

Cancer incidence in Victoria is increasing and this places a significant pressure on the cancer services in the regional areas. The demand is increasing due to more treatment options, increased complexity of treatment, improved out-comes and increased ambulatory care setting of treatment. This is putting significant demands on the health service to improve infrastructure, access and service delivery.

Modern cancer care is complex, and involves a large number and range of health care providers and institutions. This is more complex in the regional areas due to organisation of health services, distance from major metropolitan areas and service availability. Communication and co-ordination are an important part of service provision in any setting but it is vital in regional areas. Multidisciplinary care (MDC) remains the corner stone in health care in many medical specialties and has transformed the cancer care in many countries. MDC maintains patient at the centre of decision making and consider all treatment options and collaboratively develop an individual treatment plan.

It is well established that MDC approach results in positive outcomes for patients and the benefits include improved survival outcomes, consideration of all treatment options, better understanding of the supportive care needs, improved care co-ordination and increased involvement in clinical research. It has also shown to reduce the time from diagnosis or presentation to commencement of treatment. These significant benefits are likely to improve the outcomes for cancer patients.

These meetings also have significant effect on the local multidisciplinary teams and the health services. It has been shown to improve communication between the teams, increased evidence based practice, adherence to treatments that align with staging, improved education opportunities and provide peer support opportunities which are very important in regional setting.

The MDC discussions provide valuable educational opportunity for the team and also for training doctors, medical students, nurses and other health care providers which are very important in a regional setting where there are limited opportunities. Many studies have shown improved patient satisfaction associated with this care model. Prospective data collection from MDC allow clinical audit of patient outcomes and would reduce variations in cancer care.

Future of cancer care in the Hume region is going through some exciting changes since the start of cancer reform and Hume RICS have taken a leading role in this. The core cancer services and MDC meetings are well established in both networks. It has improved communication between health care providers that will lead to significant benefits to health care services in regional areas.

Dr. Mahesh Iddawela MBBS PhD
Consultant Medical Oncologist
Goulburn Valley Health





KILMORE & DISTRICT HOSPITAL

Photo courtesy of Kilmore & District Hospital

SUPPORTIVE CARE SCREENING

Hume RICS provided service grants for the implementation of a validated supportive care screening tool into clinical care at the four public oncology sites in the Hume region to assist with the systematic identification of supportive care needs. All sites reported that screening has enhanced discussions between patients and professionals in the early stages of a cancer diagnosis so that important issues around supportive care can be addressed promptly.

At GV Health screening practice and referral pathways were developed around the Peter MacCallum Cancer Centre's Supportive Needs Screening Tool (SNST). Supportive care screening is now built into a comprehensive initial assessment, which captures all new patients for screening on their first presentation to oncology prior to the patient consultation.

At K&DH screening practices were also developed around the Peter MacCallum Cancer Centre's SNST. K&DH has increased knowledge of supportive care screening to oncology clients, staff and GP's and is continuing as part of the Quality Plan of the Day Oncology Unit and Acute Ward

At Albury Wodonga Health (AWH) Albury campus, screening practices and referral pathways were built around the Distress Thermometer and Problem Checklist. New oncology patients complete the

screening tool, which are then reviewed by the Oncology Social Worker.

At Northeast Health Wangaratta (NHW) the Distress Thermometer was introduced into the Breast Care Service and Day Oncology Unit. Supportive care education was provided to the acute sector Social Workers, Oncology and Breast Care Nurses. This training enabled health professionals to provide patients with screening utilising the Distress Thermometer at specified points throughout their cancer journey.

COUNSELLING PROJECT

This project aimed to improve access to community based counselling services, identified as a priority in the Hume RICS Supportive Care Strategic Plan. Service mapping was conducted to identify the location, referral process, cost and waiting times of public counselling providers across the Hume region.

Strategies are now being developed to implement the project recommendations including promotion of the Human Services Directory to enable clear referral options and processes; inclusion of 24 hour counselling options in standardised information packs and provision of professional development opportunities for frontline cancer staff to build their capacity and confidence to engage in discussions with cancer patients.

IMPROVING ABORIGINAL AND TORRES STRAIT ISLANDER ACCESS TO CANCER SERVICES IN THE HUME REGION

In April 2012, The Australian Lung Foundation, in collaboration with Hume RICS, successfully applied for Cancer Australia funding to pilot the 'Let's Yarn to the Whole Aboriginal Community of Albury / Wodonga about Cancer Prevention, Early Diagnosis and Better Outcomes' project. This community engagement and education project aims to increase knowledge around early diagnosis, cancer treatments and supportive care for the local Aboriginal community, including health professionals to increase the number of Aboriginal cancer patients referred to local services.

SUPPORTIVE CARE ADVISORY GROUP

The Hume RICS Supportive Care Advisory Group (SCAG) was established to provide advice on the Supportive Care Strategic Direction, highlight local emerging issues and make recommendations about further action. A key role of the SCAG is to participate in the development of the revised Supportive Care Strategic Plan. This group focuses on the five broad supportive care themes of survivorship, carers, wellness, health literacy and spirituality.

CANCER COUNCIL NSW INFORMATION CENTRE

In partnership with Ramsay Health, Murray Valley Radiation Oncology Centre and Hume RICS, the Cancer Council NSW has established an Information Centre at Murray Valley Private Hospital in Wodonga to connect cancer patients, their carers and their families with information and support services. Trained volunteers assist patients and carers to access free booklets and DVDs about cancer, its treatments and related emotional and practical issues, internet access to cancer-related web sites and information about the support services available in the local community.

STANDARDISED INFORMATION PACKS

In response to consumer and health professional requests, standardised information packs to meet the information needs of consumers at the point of diagnosis have been distributed throughout the Hume region. The basic packs are provided by the Cancer Council and local information is then added as appropriate. Evaluation of the packs with consumers and health professionals has provided very positive feed-back regarding the timing and amount of information provided.



Artwork Elements for Partnerships: The middle circle represents meetings & gatherings of health and community agencies. The outer circles symbolises different organisations and individuals working collaboratively to advance health and well being in our area. The lines signify the many links and networks.
Image courtesy of Making Two Worlds Work Project, Mungabareena Aboriginal Corporation and Women's Health Goulburn North East, 2008

DEAN STREET, ALBURY
Photo courtesy of Albury City Council



PATIENT PATHWAYS

The aim of this project was to use the PMF to identify opportunities for 'whole system' improvement and development to guide consistent and coordinated cancer care across the Hume Region.

The Border / East and West Hume Cancer Network Clinical Reference Groups, and the respective Network committees were consulted to identify the top priority tumour types in each network: ovarian, melanoma, head and neck, prostate, testicular, pancreatic, colon, rectal, intermediate grade non-Hodgkin lymphoma, non-small cell lung, cerebral metastases, malignant glioma and breast cancer. Extensive data have been collected for this project, with the final reports due to be completed in late 2012.

GENERAL PRACTITIONER REFERRAL PROJECT

Hume RICS developed cancer referral criteria and pathways for general practitioners in the Goulburn Valley region for all tumour streams using the PMF as a roadmap. The purpose of the project was to provide information to aid General Practitioner (GP) referral to appropriate specialists with the required initial work-up to allow for timely and appropriate referral. Extensive consultation was held with key stakeholders, including Goulburn Valley Medicare Local. In order to be cost effective, accessible and sustainable, the referral tool has been embedded on the Hume RICS website with a link provided to GP practices. A GP educational breakfast will be held to launch the tool and introduce the new medical oncologists.

"...having Hume RICS representing cancer services on the Upper Hume Primary Care Partnerships and Hume Medicare Local is a significant step in breaking down the silos in the health system and working towards improving the coordination of care for patients with cancer in the Hume region."

*- Daniel Whiting, Clinical Services Leader,
Hume Medicare Local*

GV HEALTH SERVICE PLANNING INITIATIVE

In January 2012 Hume RICS, in partnership with GV Health, completed a consultancy to undertake a West Hume Cancer Network Service Planning initiative with the aim of enhancing the cancer service system. A number of recommendations were made including:

- Develop a regional cancer centre at GV Health
- Implement a sub-regional collaborative model across West Hume
- Implement a shared model of care and a common information system architecture across West Hume
- Develop linkages and support a research agenda

GV Health and Hume RICS will continue to work collaboratively to address these recommendations to improve cancer services across the West Hume network.

BRAIN TUMOUR PROJECT

Austin Health partnered with Hume RICS to implement a regional clinical support network between GV Health, Goulburn Valley Hospice and the Austin Brain Tumour Support Service. The key objective, which was met, was to investigate, design and implement a regional clinical support network for health professionals, who are likely to have contact with people diagnosed with malignant brain tumours.

EDUCATION CALENDAR

An annual strategic education calendar has been developed by Hume RICS in collaboration with health service nurse educators, local academic institutions and the community health sector. Hume region oncology education, may be delivered or facilitated by Hume RICS key personnel in a sustainable and structured manner. Clinical education has also been delivered by the Cancer Institute NSW funded Cancer Care Coordinators based with the Hume RICS team.

SUPPORTIVE CARE HEALTH PROFESSIONALS GROUP

Hume RICS facilitated a number of supportive care meetings across the region providing a forum for discussion of supportive care needs of oncology patients with complex needs.

The meetings have assisted with the development of supportive care planning and have facilitated early referrals to the appropriate supportive care services with the outcomes documented in CANMAP and disseminated into the patient's central medical record.

DEVELOPMENT OF SHARED CARE MODEL OF CHEMOTHERAPY AT DENILIQIN HOSPITAL

Hume RICS were contracted by NSW Murrumbidgee Local Health District (MLHD) to establish a shared care model of chemotherapy at Deniliquin Hospital by facilitating management of oncology patients between AWH and Deniliquin Hospital, in collaboration with Border Medical Oncology. Hume RICS role was to develop the shared care model in order to provide a framework for a safe, high quality, best practice service to increase the number of patients able to have chemotherapy closer to home.

The model defined the requirements of referral practices to facilitate shared care, increase access for rural patients to a local treatment service and reduce the financial burden for patients and carers and the health system. The model of service was developed and submitted in June 2012 to MLHD who are responsible for implementation and evaluation of this model.

LYMPHOEDEMA PROJECT

Lymphoedema projects were undertaken in both networks with the aim of identifying service models which would provide equitable and effective early intervention, support and treatment to people with cancer who are at risk of, or have developed lymphoedema.

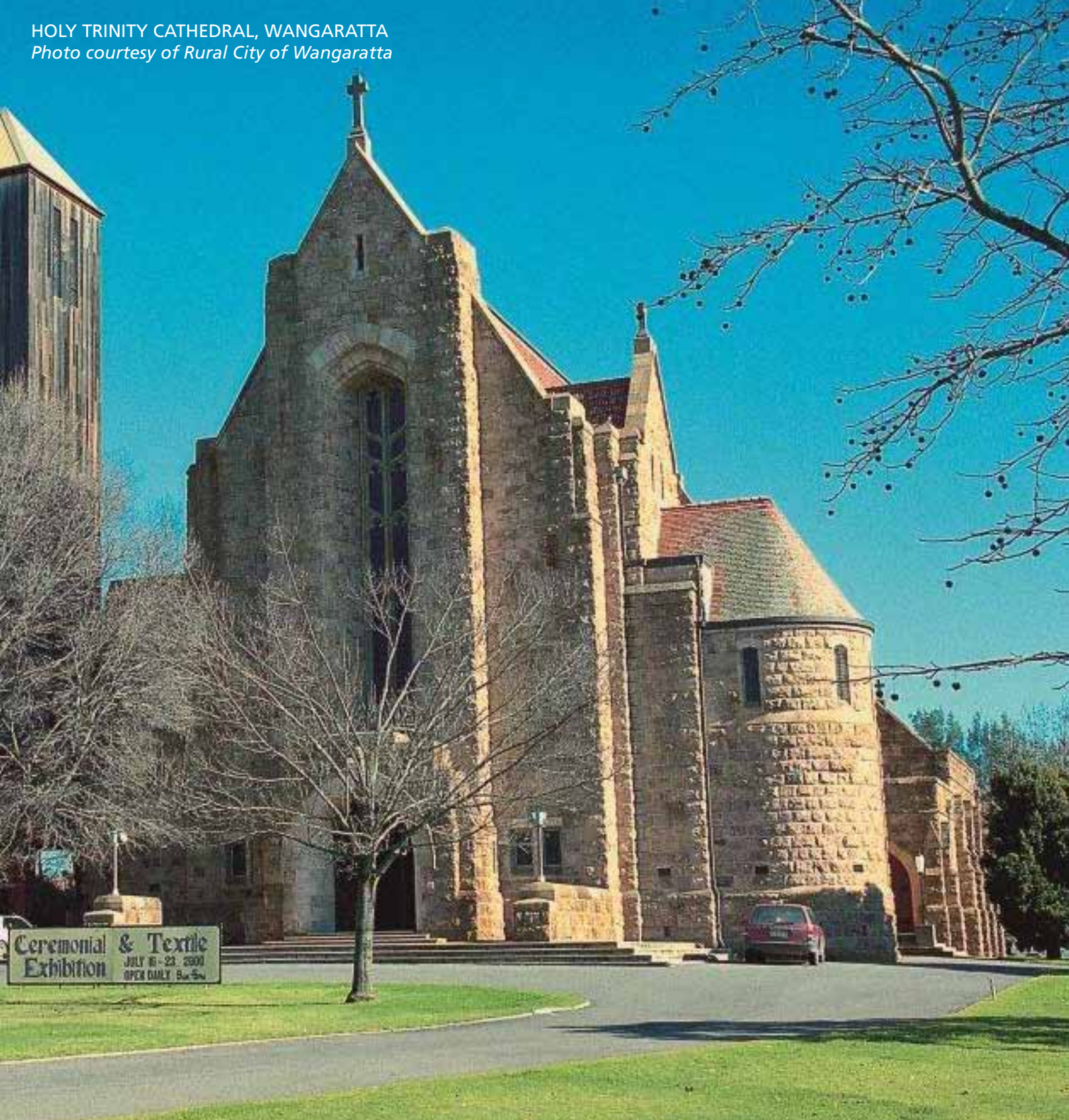
These projects identified existing practitioners with knowledge and experience in providing lymphoedema treatment and facilitated professional development education on lymphoedema to health professionals. Steering committees were established to further progress work on this important survivorship issue and Hume RICS will continue to support these by providing ongoing administrative support and direction.

HUME RICS WEBSITE

The Hume RICS website has been further developed and enhanced during the year and continues to improve and support effective communication and information sharing between Hume RICS and all stakeholders including consumers. The use of the Workspaces section by committees and project groups to share information has significantly developed and expanded. The website continues to keep consumers and health professionals up-to-date with information, projects and achievements, with a survey of website users providing very positive feedback.

View further information on Hume RICS initiatives on our website: www.humerics.org.au

HOLY TRINITY CATHEDRAL, WANGARATTA
Photo courtesy of Rural City of Wangaratta



Clinical Engagement



Dr Craig Underhill
Clinical Director,
Border / East
Hume Cancer Network
Chair, Border /
East Hume Clinical
Reference Group

The Hume RICS Clinical Reference Groups (CRG) were established in 2009 to provide advice and response to service planning, service improvement, treatment and research issues, including input on implementation of the clinical aspects of the VCAP. Since their inception, the CRGs have worked closely with Hume RICS staff to develop a process across tumour streams

to identify gaps and prioritise service improvement initiatives across the Hume region as well as guide the local implementation of performance indicators developed at the state-wide level.

As chair and clinical lead of the Border / East Hume Cancer Network CRG, one of the key strengths of the CRGs is the involvement of clinicians who have embraced the role of clinical leadership and are involved in care delivery and hence bring a detailed knowledge and understanding of local practice and services, and expertise relevant to the specific tumour stream. This has informed the development and implementation of local cancer service improvement activities that focus on the four key areas of multidisciplinary care, care coordination, reducing variations in care and supportive care. A major achievement for the CRGs has been the continuous enhancement of MDTM, both for local MDTMs, as well as the metro-regional linkages. Ultimately, the CRGs have had a major role in determining strategies and interventions that reduce unwanted variance in care and have improved the outcomes for people with cancer in the Hume region.

Performance Indicator Reports

Hume RICS participated in the Victorian DH Cancer Service Performance Indicator Audits in 2011-2012. The audit program was established in 2007 and is one component of a number of cancer quality evaluation and benchmarking strategies used by the Department. In 2011 the program involved the collection and reporting of data for three performance indicators through audits of patient central medical records;

- Documented evidence of multidisciplinary team recommendations
- Documented evidence of disease staging in the multidisciplinary team recommendations
- Documented evidence of supportive care screening

A number of locally relevant indicators have also been collected and reported as requested by service sites.

Future Directions



Ms Chris Packer
Strategic Manager
Hume RICS

HEALTH LITERACY - A NATIONAL AND LOCAL ISSUE

Research undertaken by Hume RICS as part of the CCOAC project discovered an alarming number of patients with low levels of health literacy. That is people may not understand what the

health care team are saying, or even who they are. Hume RICS aims to develop a strategy of improving communication and understanding for the cancer patient and their family.

TRANSFER OF CARE

The PPM Project identified gaps in the transfer of care of patients, particularly from metropolitan treating hospitals back to regional/rural health services. Hume RICS has identified this piece of work as a priority area over the coming twelve months and hopes to work in collaboration with other ICS to ensure the seamless transfer of patients between health service settings.

COORDINATION OF CARE IN RURAL COMMUNITIES

Rural communities potentially face a range of health and aged care challenges. Many rural health services do not have separate cancer service models, but rather leverage off existing services in an attempt to meet the diverse range of supports that might be necessary for cancer patients, their families and carers across the cancer care continuum.

The overall intent of Hume RICS is to promote the development of an integrated, coordinated, multidisciplinary, evidenced based approach to the provision of cancer services in the Hume region.

Hume RICS will focus on the development of integrated care and defined referral pathways for the Hume Region's health services, primary and community care services to improve service coordination for patients in the rural towns.

SURVIVORSHIP (LYMPHOEDEMA)

One of the recommendations from the Lymphoedema Project was for Hume RICS to continue to support the Border / East and West Hume Lymphoedema Steering Committees by providing administrative support and direction. Hume RICS will continue to facilitate the development of a system wide coordinated approach to better deliver lymphoedema services in the Hume region.

ALBURY WODONGA REGIONAL INTEGRATED CANCER CENTRE

Hume RICS will continue to be involved in the planning and development of service models to support the \$65 million cancer centre comprising of radiotherapy facilities, including three linear accelerator bunkers with room for a fourth in the future, a clinical trials unit, 30-chair private / public day oncology unit and 30-bed inpatient ward, consultation rooms, seminar and conference rooms which will utilise state-of-the-art equipment for multidisciplinary team meetings, as well as education sessions.

Patient, carers and families will be able to take advantage of the Wellness Centre providing a welcoming and relaxing environment to access a number of evidence-based complementary therapies. It is anticipated that the design development will be completed by December 2012, with construction to begin in August / September 2013, and the centre to open in September 2015. A \$5 million PET-CT scanner will be installed at AWH by June 2013.

Work has progressed with the Paediatric Integrated Cancer Service and AWH to pilot a regional chemotherapy frame-work to underpin the paediatric chemotherapy service. A two chair paediatric oncology service is proposed to be operational by early 2013.

GOULBURN VALLEY HEALTH ONCOLOGY UNIT

The \$1.9 million Peter Copulos Cancer and Wellness Centre at GV Health was officially opened in October 2011, using funds donated and raised by the local community. Hume RICS have provided support to developing the patient information area. The twelve chair Oncology Day Unit provides chemotherapy and supportive treatments to people affected by cancer. It also provides a range of treatments for people with other chronic illnesses. With two new full-time medical oncologists, Dr Zee Wan Wong and Dr Mahesh Iddewela on staff, patients can now receive high quality oncology care locally, reducing the need for travel to Melbourne for treatment. Hume RICS is working closely with the oncologists through the clinical reference group and with GV Health to develop and improve cancers services for the West Cancer Network.



Dr Zee Wan Wong,
Consultant Medical Oncologist / Clinical Director
of Oncology, GV Health, in the new Peter Copulos
Cancer and Wellness Centre.



HAIR LOSS
Image Courtesy of Isobel Harvie

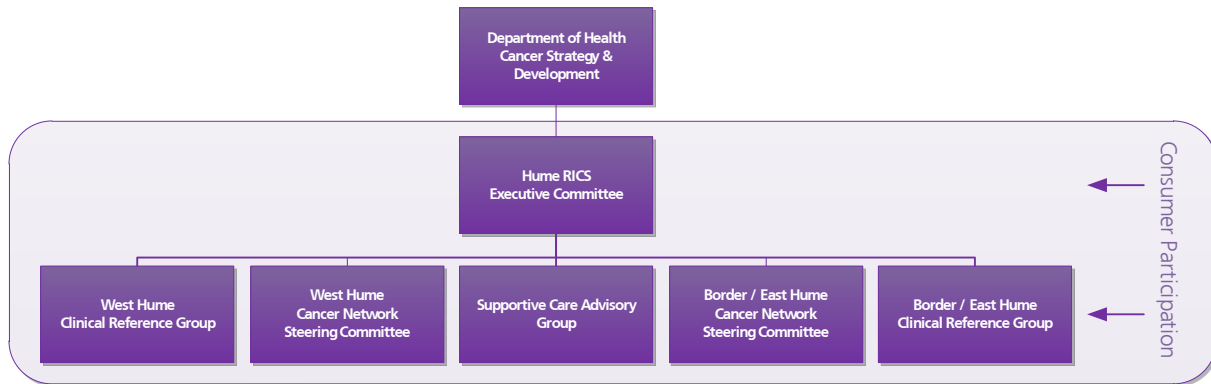
For the period July 2011 - June 2012

REVENUE		\$
ICS DH grant	\$	1,174,060.00
Other DH grants	\$	10,000.00
Accumulated interest	\$	-
Other revenue	\$	141,281.00
	\$	1,325,341.00

EXPENDITURE		\$
Administrative salaries	\$	1,372,534.00
Computer software	\$	1,082.00
Administration & Office Supplies	\$	161,423.00
Consumables	\$	8,492.00
Repairs and maintenance	\$	1,044.00
Capital/asset purchases	\$	16,838.00
Equipment < \$2500	\$	20,563.00
Recruitment	\$	986.00
Motor vehicles and travel	\$	18,409.00
Corporate/management charge by host agency	\$	113,275.00
Rent	\$	52,023.00
Staff training and education	\$	29,768.00
Conferences & travel	\$	37,461.00
PROJECT EXPENSES		
Consultancy	\$	133,600.00
	EXPENDITURE TOTAL	\$ 1,967,498.00

TOTAL		\$
Opening Balance 1 July 2011	\$	921,455.00
Revenue Total	\$	1,325,341.00
Expenditure Total	-\$	1,967,498.00
	Balance of Funds June 30 2012	\$283,423.00

HUME RICS GOVERNANCE COMMITTEE STRUCTURE 2011-2012



HUME RICS EXECUTIVE COMMITTEE

- **Ms Kerry Healy (Chair)**
Chief Executive Officer
Goulburn Valley Health
- **Dr Craig Underhill**
Border / East Hume Cancer Network Clinical Director
- **Ms Diana Quin**
Representative
Department of Health
- **Mr Les Lambert**
Representative
Department of Health
- **Ms Wendy Lewis**
Chair, West Hume Cancer Network Steering Committee
Chief Nursing Officer,
Goulburn Valley Health
- **Ms Catherine O'Connell**
Chair, Border / East Hume Cancer Network Steering Committee
Executive Director of Clinical Operations,
Albury Wodonga Health
- **Ms Chris Packer**
Strategic Manager
Hume Regional Integrated Cancer Service

BORDER / EAST HUME CANCER NETWORK STEERING COMMITTEE

Representation from:

- Albury Wodonga Health
- Southern NSW & Murrumbidgee Local Health Districts
- Albury Wodonga Private Hospital
- Murray Valley Private Hospital
- Northeast Health Wangaratta
- Alpine Health
- Gateway Community Health
- Hume Region Palliative Care Consortia
- Mercy Health
- Murray Valley Radiation Oncology Centre
- Consumers
- General Practitioners
- Surgeons
- Hume Regional Integrated Cancer Service

WEST HUME CANCER NETWORK STEERING COMMITTEE

Representation from:

- Goulburn Valley Health
- Numurkah District Health Service
- Kilmore & District Hospital
- Seymour Health
- Shepparton Private Hospital
- Goulburn Valley Hospice
- GV Medicare Local
- Consumers
- Hume Regional Integrated Cancer Service

BORDER / EAST HUME CANCER NETWORK CLINICAL REFERENCE GROUP

Representatives from Hume RICS along with clinicians from the following tumour streams are involved in this meeting:

- Lung
- Gastrointestinal (Upper & Lower)
- Breast
- Skin Cancer (Melanoma)
- Gynaecological
- Urology
- Central Nervous System
- Haematology
- Head and Neck (Ear, Nose and Throat)

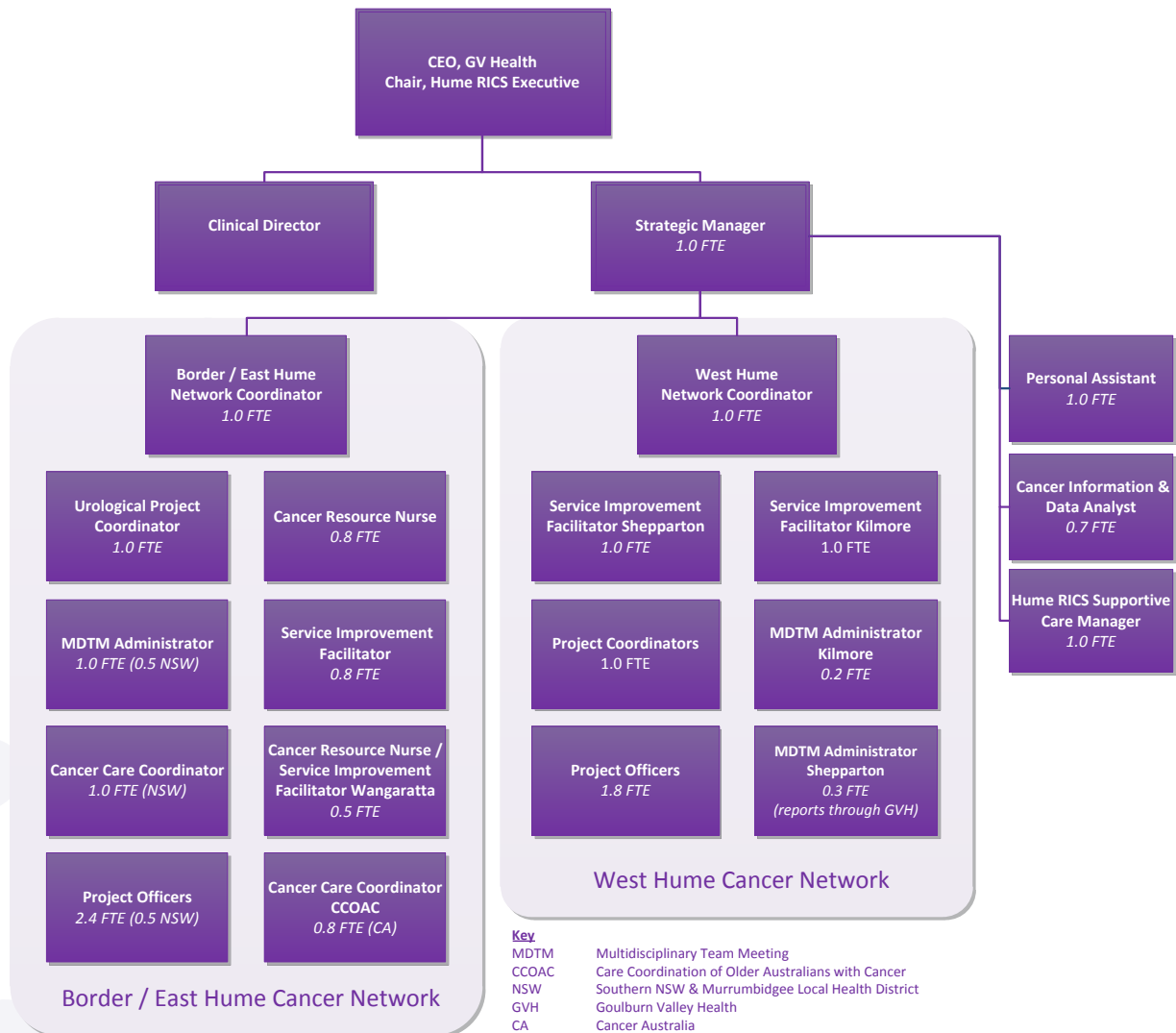
WEST HUME CANCER NETWORK CLINICAL REFERENCE GROUP

Representatives from Hume RICS, Palliative Care, Day Oncology and Allied Health along with clinicians from the following tumour streams are involved in this meeting:

- Gastrointestinal (Upper & Lower)
- Breast
- Lung
- Skin Cancer (Melanoma)
- Gynaecological
- Genitourinary
- Haematology

Further information on our committees and a complete list of representatives is located on our website: www.humerics.org.au

Hume RICS Organisational Chart 2011 - 2012



Goulburn Valley Health
 Albury Wodonga Health
 Northeast Health Wangaratta
 Kilmore & District Hospital
 Shepparton Private Hospital
 Albury Wodonga Private Hospital
 Wangaratta Private Hospital
 Benalla & District Memorial Hospital
 Alpine Health
 Gateway Community Health
 Yarrawonga District Health Service
 Numurkah District Health Service
 Seymour Health
 Euroa Health
 Nagambie Hospital
 Yackandandah Bush Nursing Hospital
 Cobram District Hospital
 Alexandra District Hospital
 Beechworth Heath Service
 Mansfield District Hospital
 Tallangatta Health Service
 Nathalia District Hospital
 Yea & District Memorial Hospital
 Upper Murray Community & Health Services
 Walwa Bush Nursing Centre

Hume Regional Integrated Cancer Service Hume RICS
 Integrated Cancer Services ICS
 Victoria's Cancer Action Plan 2008-2011 VCAP
 Goulburn Valley Health GV Health
 Albury Wodonga Health AWH
 Northeast Health Wangaratta NHW
 Kilmore & District Hospital K&DH
 Victorian Cancer Registry VCR
 Cancer Council Victoria CCV
 Department of Health DH
 Care Coordination of Older Australians with Cancer CCOAC
 Multidisciplinary Care MDC
 Multidisciplinary Team Meeting MDTM
 New South Wales NSW
 Supportive Needs Screening Tool SNST
 Patient Management Frameworks PMF
 Murrumbidgee Local Health District MLHD
 Clinical Reference Group CRG
 General Practitioner GP



Hume RICS Contact Details:

Hume RICS Directorate and West Hume Cancer Network

63 Wyndham Street
SHEPPARTON VIC 3630
Phone: 03 5832 8301
Fax: 03 5821 4366

Border / East Hume Cancer Network

107 Hume Street
WODONGA VIC 3690
Phone: 02 6057 5200
Fax: 02 6057 5222

Email: info@humerics.humehealth.org.au

Website: www.humerics.org.au