



Annual Report 2021

Contents

Overview	3
About Loddon Mallee Integrated Cancer Service (LMICS)	4
About cancer in the Loddon Mallee Region (LMR)	7
Our Cancer Services	9
LMICS work and engagement with members	15
Financial report - 1 July 2020 to 30 June 2021	22
LMICS members	23

About this report

This report aims to give our stakeholders an insight into the diversity of the activities undertaken by LMICS during 2020-21. A financial summary is also contained within this report.



We acknowledge Aboriginal and Torres Strait Islander people as the Traditional Custodians of the land and acknowledge and pay respect to their Elders, past and present

Overview

Message from the Chair

Welcome to the Loddon Mallee Integrated Cancer Service (LMICS) 2020-21 Annual Report. It highlights our key achievements over the past year and a snapshot of some of our priorities for the year ahead.



Supporting COVID-19 response

LMICS has dedicated much of 2020-21 towards supporting the COVID-19 response. This includes:

- Development of the region's cancer COVID-19 contingency plans, which include scenario planning.
- Regular COVID-19 regional meetings to support chemotherapy sites across our region with contingency planning, patient flows, workforce, and covid related patient information.
- Practical support for cancer services and clinicians across the LMR to use Telehealth with patients
- Active participation in the Victorian Cancer COVID-19 Network (VCCN).
- Supporting processes and orientation in the (Bendigo Health) BH Covid home monitoring program.

Implementing the cancer plan

A further focus was in meeting our responsibilities under the Victorian Cancer Plan 2020-24 and working with our stakeholders in the implementation of the Optimal Cancer Care Pathways (OCPs). This work is detailed in this report.

Our farewells

This year is a sad farewell to June Dyson from the LMICS Governance Group. June was the LMICS chair for 7 years and participated actively in LMICS almost

from its inception. June steered LMICS through many changes and challenges with unwavering support. Her mentoring and passion for the LMICS secretariat is particularly appreciated.

Dr Rob Blum resigned as LMICS Clinical Director after many years of passionate and skilled contribution, for which we say a huge thanks. We are appreciative that he will continue as a member on the LMICS Governance Group.

The LMICS staff team have competently embraced the catch phrase of "being agile and able to pivot" in their adaptability to "working from home", taking on many tasks not usually part of their roles and providing valuable contributions and support to our member organisations. In addition to the dedicated and skilled LMICS staffing team, we sincerely thank the wide range of health professionals, executives and consumers involved in supporting our work.

I would also like to thank all members of the LMICS Governance Group for their valued contribution during the year and, on behalf of the Governance Group, express our appreciation of the dedication and commitment of the LMICS staff and the leadership of our Program Manager Ilana Solo.

Dan Douglass
LMICS Chair

About LMICS

LMICS is a part of the Victorian Integrated Cancer Services (VICS). This is Victoria's cancer services improvement network which the state government fund.

VICS was established in 2004-2005 to facilitate the implementation of cancer policy and improvements to cancer services across Victoria.

VICS comprises of nine individual Integrated Cancer Services (ICS) across Victoria all working collectively towards better cancer care. LMICS is one of the five regional ICS. There are also three metropolitan ICS and one state-wide paediatric service.



Last year VICS undertook an identity and branding refresh program designed to support a more cohesive approach and deliver impact at scale. This new branding launched in late 2020, enables the VICS to articulate its vision, purpose and values to all stakeholders in a well-planned, consistent and compelling way. VICS have created a [website](#) to share information and highlight the work of all ICS across Victoria.

In addition to local initiatives with our member organisations, LMICS has carriage of some key areas of the Cancer Plan that are being implemented through VICS and our team is well integrated into the VICS network.

LMICS members include health services that deliver services for people with all types of cancers within the Loddon Mallee Region (LMR). This includes public and private hospitals, primary health organisations and supportive care services.

LMICS role is to:

1. Build relationships between providers, health services and settings to plan cancer services across a geographic area based on access, appropriateness and effectiveness
2. Engage with consumers and clinicians to inform projects
3. Implement best practice models of cancer care
4. Improve the effectiveness of cancer care through system coordination and integration

5. Systematically monitor processes and outcomes of cancer care to improve system-wide performance.

LMICS activities supported the achievement of three of the five goals stated in the Victorian Cancer Plan 2020-2024, namely that:

1. Victorians know their risk and have cancers detected earlier
2. Victorians with cancer have timely access to optimal treatment
3. Victorians with cancer and their families live well.

VICS & LMICS Vision

Improving patient experiences and outcomes by connecting cancer care and driving best practice.

How we work

Collaboration: Working in partnership with government, the cancer sector and people affected by cancer to understand unmet needs and to drive evidence based improvements.

Facilitation: Accelerating opportunities to expand the quality and reach of cancer services to improve access to and equity of care.

Innovation: Creating new and different ways to deliver cancer services and support change that benefits the entire cancer community.



LMICS governance and structure

Governance Group

LMICS is formed via a Memorandum of Understanding with over 20 health services, and governed by a skills-based Governance Group. This group sets strategic directions and monitors overall performance for LMICS.

During 2020-21 LMICS Governance Group members were:

Dan Douglass (LMICS Chair), Chief Executive Officer, Heathcote Health

Donna Doyle, Director of Clinical Services, Boort Regional Health

June Dyson, Executive Director of Nursing, Echuca Regional Health

Paul Fenton, CEO Icon Cancer Centre, Australia & New Zealand

Solveig Grenfell, Campus Director, Peter MacCallum Cancer Centre, Bendigo

Marcus Guthrie, Chief Executive Officer, Mildura Heath Private Hospital

Janet Hicks, Executive Director of Nursing, Mildura Base Public Hospital

Philip McGuffie, Consumer Representative

Janice Radrekusa, Murray Primary Health Network

Tanya Smith, Consumer Representative

Chris White, Director of Cancer Services, Bendigo Health

Ex-Officio members were:

Rob Blum, Clinical Director, Bendigo Health Oncology and LMICS Clinical Director

Rob Campbell, Clinical Director, LMICS and Medical Oncologist, Bendigo Health

Tara Cramer, Executive Officer, Loddon Mallee Regional Clinical Council

Ilana Solo, Program Manager, LMICS.

Clinical reference and project steering groups

LMICS advisory and project steering groups help ensure active engagement and consultation with clinicians from a range of disciplines. Active groups include the Multi-Disciplinary Meeting (MDM) Assurance Group and Specialist Cancer Care Clinical Advisory Network (SCCCAN)

About cancer in the Loddon Mallee Region

Population

Approximately 342,000 people live in the LMR. This means that approximately 5% of Victoria's population resides in over a quarter of the state's area. The LMR population is concentrated in the south of the region in Bendigo and the Macedon Ranges. Mildura is also a significant population centre and is the regional hub for several remote locations.

The distribution of the population of the region is summarised in Table 1 below

Local Government Area	2015	2016	2017	2018	2019	2020
Greater Bendigo	109626	111783	113617	116045	118091	119980
Mildura	54134	54564	55071	55515	55779	55937
Macedon Ranges	46443	47512	48438	49388	50230	50971
Campaspe	37333	37429	37463	37592	37615	37675
Swan Hill	20919	20904	20849	20759	20650	20534
Mount Alexander	18706	18966	19171	19514	19751	20001
Central Goldfields	12903	13012	13073	13209	13182	13092
Gannawarra	10543	10563	10563	10547	10469	10400
Loddon	7537	7555	7505	7513	7502	7473
Buloke	6269	6230	6151	6184	6123	6101
LMR	324413	328518	331901	336266	339392	342164

Table 1: Estimated resident population by Local Government Area (LGA) and year. (Source: Australian Bureau of Statistics [ABS])

Incidence of cancer

Data on incidence (number of new cases) of cancer by Local Government Area are presented in Table 2 below.

Local Government Area	2016	2017	2018	2019
Greater Bendigo	717	764	754	778
Mildura	312	367	381	344
Campaspe	317	313	513	318
Macedon Ranges	268	331	54	279
Swan Hill	159	122	184	134
Mount Alexander	146	163	130	141
Central Goldfields	112	102	109	171
Gannawarra	109	107	116	92
Loddon	61	63	42	75
Buloke	41	55	47	69
LMR	2242	2387	2330	2401

Table 2: Number of new cases of all cancers in LMR, 2016-2019. (Source: Victorian Cancer Registry [VCR])

Table 3 shows that the leading types of cancer in the region are genitourinary, colorectal, breast, haematological and lung. These patterns are similar across Victoria.

Tumour Stream	2016	2017	2018	2019	Total
Breast	269	299	332	273	1173
Central Nervous System	33	35	44	28	140
Colorectal	280	289	323	300	1192
Genito-urinary	518	533	485	572	2108
Gynaecological	88	83	95	78	344
Haematological	255	240	310	256	1061
Head and neck	74	82	36	76	268
Lung	213	214	207	227	861
Skin (melanoma)	201	248	241	194	884
Endocrine glands and thyroid	37	31	23	37	128
Upper Gastro-Intestinal	207	196	199	204	806
Other	121	137	35	156	449
Total	2296	2387	2330	2401	9414

Table 3: Incidence of cancer in LMR by tumour stream, 2016-2019. (Source: VCR)

Prevalence of cancer

The 5-year prevalence of cancer is an estimate of the number of LMR residents diagnosed with cancer in the last 5 years. The estimates of 5-year prevalence by Local Government Area are summarised in Table 4 below.

Local Government Area	Males		Females		Persons	
	Prevalence	%	Prevalence	%	Prevalence	%
City of Greater Bendigo	1841.2	30.8	1479.6	32.8	3320.8	31.6
Mildura	895.7	15.0	715.6	15.8	1611.3	15.4
Campaspe	773.9	12.9	563.1	12.5	1337.1	12.7
Macedon Ranges	764.4	12.8	578.9	12.8	1343.3	12.8
Swan Hill	346.4	5.8	261.7	5.8	608.1	5.8
Mount Alexander	409.5	6.8	280.9	6.2	690.4	6.6
Central Goldfields	318.3	5.3	232.8	5.2	551.2	5.3
Gannawarra	255.3	4.3	193.1	4.3	448.4	4.3
Loddon	188.0	3.1	107.7	2.4	295.7	2.8
Buloke	169.3	2.8	101.4	2.2	270.6	2.6
LMR	5981.4	100.0	4514.6	100.0	10496.0	100.0

Table 4: Five-year prevalence of cancer in 2019 by LGA and sex (Source: VCR).

Our cancer services

Figure 2 (below) is a map showing the campuses where acute health services are provided in the LMR.

People with cancer and their carers may utilise urgent care, acute beds, and community-based programs in the smaller services and specialist cancer services in the larger services.

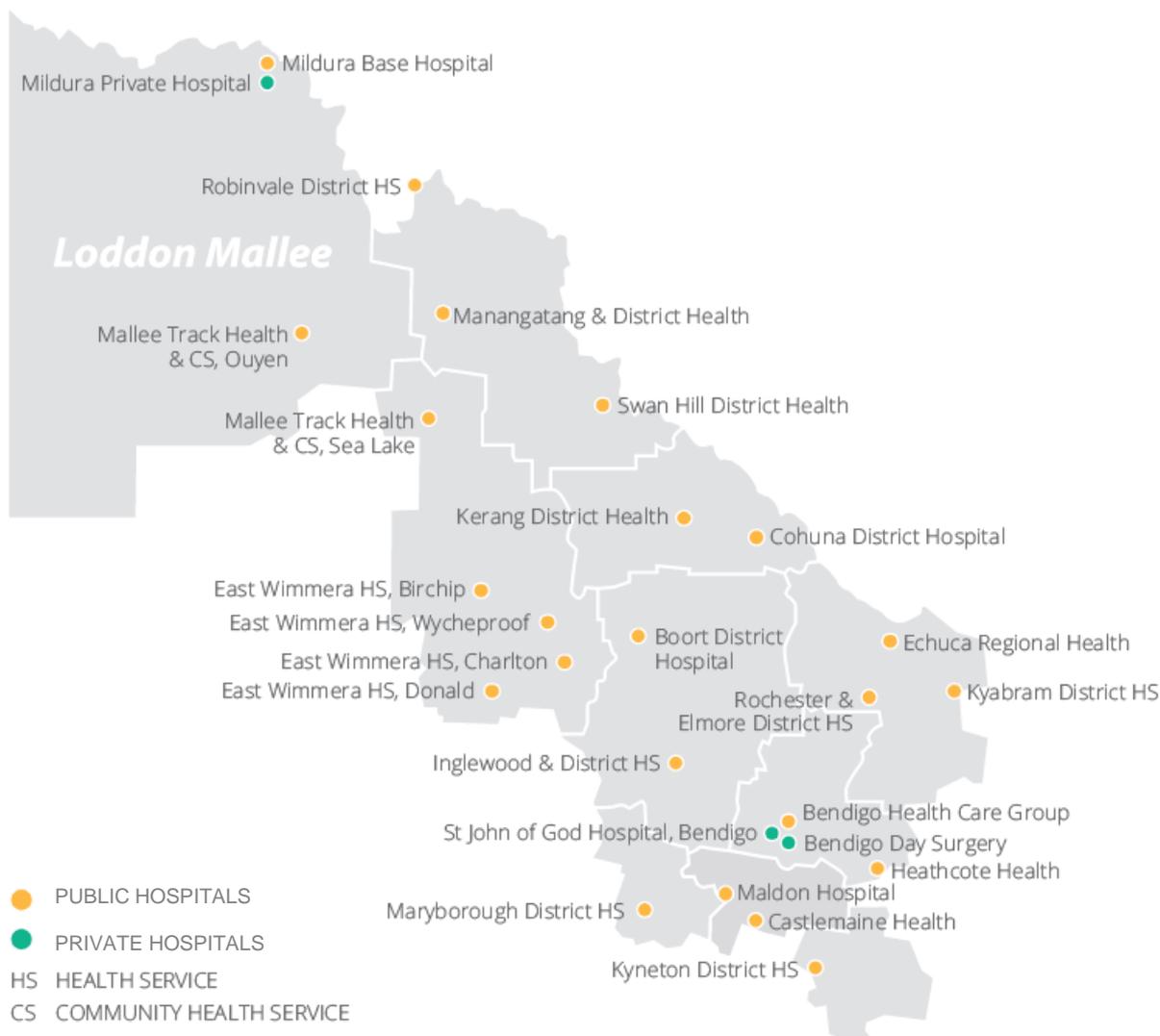


Fig 2 – LMR service map

Where are patients treated?

In 2019-20, 68% of admitted chemotherapy services and 66% of admitted surgical services provided to LMR residents with cancer were provided within the region (Source: Victorian Admitted Episodes Dataset [VAED]). The vast majority of other admitted, palliative and supportive care services were also provided in public and private hospitals in the region. Table 5 describes the common treatment locations for LMR residents by tumour group.

Tumour group	Where patients in LMR are most commonly treated
Breast	In LMR
Brain & Neurological	Royal Melbourne Hospital, St Vincent's Hospital
Colorectal	In LMR
Genito-urinary	In LMR
Gynaecological	Mercy Hospital for Women
Haematological	Joint Bendigo Health/Peter MacCallum Cancer Centre service, Royal Children's Hospital, Royal Melbourne Hospital, St Vincent's Hospital
Head & Neck	Peter MacCallum Cancer Centre The Austin
Lung	In LMR
Skin	In LMR
Upper gastrointestinal Oesophageal & Gastric	In LMR
Liver & Pancreatic	LMR St Vincent's Hospital Royal Melbourne Hospital The Austin

Table 5: Common treatment locations for LMR patients 2019/2020 (Source: VAED)

Chemotherapy

There are six full-time Medical Oncologists permanently based in the LMR. Five of the six are primarily based at Bendigo Health, with outreach clinics provided at Echuca Regional Health, Central Highlands Rural Health (Kyneton), St John of God Hospital, Bendigo, Kerang District Health, and Swan Hill District Health. One Medical Oncologist was based in Mildura, with services provided to Mildura Base Hospital and Mildura Private Hospital. A second Medical Oncologist in Mildura is currently supported by a locum.

There are eight public and two private hospitals in the LMR which provide chemotherapy services. These are:

1. Bendigo Health (BH)
2. Central Highlands Rural Health (Kyneton)*
3. Echuca Regional Health (ERH)
4. Kerang District Health (Kerang)*
5. Kyabram District Health Services**
6. Maryborough District Health Service (MDHS)***
7. Mildura Base Public Hospital (MBPH)
8. Mildura Private Hospital (MPH)
9. St John of God Hospital, Bendigo (SJOG)
10. Swan Hill District Health (SHDH)*.

*Bendigo Health outreach service

**Goulburn Valley Health outreach service

***Ballarat Health outreach service

Table 6 summarises the number of same-day admitted chemotherapy separations by health service in the LMR for the years between 2016 and 2020

Table 6: Same-day separations for chemotherapy by health service in LMR, 2016-2020 (Source: VAED).

Health Service	2016	% in 2016	2017	% in 2017	2018	% in 2018	2019	% in 2019	2020	% in 2020
BHCG	1915	44.2	3964	42.3	4853	47.3	4990	47.5	5098	48.0
MBH	837	19.3	1935	20.6	1789	17.4	1619	15.4	1663	15.7
Other Privates	802	18.5	1934	20.6	1914	18.7	2015	19.2	1875	17.7
ERH	465	10.7	838	8.9	970	9.5	1107	10.5	952	9.0
SHDH	151	3.5	304	3.2	300	2.9	355	3.4	364	3.4
Kerang	139	3.2	342	3.6	302	2.9	256	2.4	260	2.4
MDHS	19	0.4	11	0.1	<5	-	28	0.3	250	2.4
*Kyabram	<5	-	46	0.5	121	1.2	130	1.2	136	1.3
+Kyneton	<5	-	0	0.0	<5	-	0	0.0	25	0.2
LMR	4330	100.0	9374	100.0	10253	100.0	10500	100.0	10623	100.0

BHCG – Bendigo health, MBH – Mildura Base Public Hospital, ERH – Echuca Regional Health, SHDH – Swan Hill District Health, MDHS – Maryborough District Health Service

*Chemotherapy in Kyabram commenced in 2016

+ Chemotherapy in Kyneton commenced in 2020

Note: does not include some chemotherapy types such as oral chemotherapy.

Radiotherapy

The Bendigo Cancer Centre's radiotherapy service is provided by Peter MacCallum Cancer Centre. The centre has two megavoltage linear accelerators, a superficial X-ray treatment machine and a dedicated CT scanner for treatment planning. Nursing and allied health staff are provided through Bendigo Health.

In Mildura, a private Radiation Oncologist associated with ICON Cancer Centre's Epworth Campus receives Commonwealth funding to support monthly visits. The service incorporates telehealth consultations and participation in Mildura cancer multidisciplinary meetings (MDMs). Many of these patients then fly to the Epworth Campus in Melbourne to receive treatment. In some specific cases, their treatments may be arranged at other centres.

Plans are underway to develop an ICON radiotherapy service in Mildura. This will be delivered in partnership with Mildura Private Hospital. In recognition, ICON have now become members of LMICS and signed the Memorandum of Understanding.

Surgical services

There are 14 health services in the LMR where cancer patients may receive surgery, primarily using Visiting Medical Officers (VMOs). These are:

- Bendigo Day Surgery (Private)
- Bendigo Health
- Castlemaine Health
- Central Highlands Rural Health, Kyneton
- Cohuna District Hospital
- Echuca Regional Health
- Kerang District Health
- Kyabram & District Health Service
- Maryborough District Health Service
- Mildura Base Public Hospital
- Mildura Private Hospital (Private)
- Rochester & Elmore District Health Service
- St John of God Hospital Bendigo (Private)
- Swan Hill District Hospital



General practitioners (GPs)

There is some fluctuation in the numbers of GPs in the LMR. Table 8 below contains data from the Primary Health Network (PHN) about the number of GP practices in the LMR.

LGA	No. of GP Practices
Buloke	5
Campaspe	13
Gannawarra	4
Greater Bendigo	39
Loddon	3
Macedon Ranges	5
Mildura	18
Mount Alexander	4
Swan Hill	9
LMR	100

Table 8: GP practices as published by the PHN at January 2022

Specialist cancer coordinators

The McGrath Foundation, Leukaemia Foundation and Prostate Cancer Foundation of Australia all fund nurses in the region to support specific client groups.

Many of the health services in the region also include cancer coordinators as part of their model of care.

Palliative care services

Please visit the LMR Palliative Care Consortium for details of the palliative care services in the region: www.lmrpcc.org.au

Familial cancer services

Specialist familial cancer services in Mildura and Bendigo are provided by the Parkville Integrated Familial Cancer Centre.

Cancer resource centres and hubs

Cancer resource centres are located in a number of places around the LMR including in Mildura, Swan Hill, Castlemaine, Heathcote and Kyabram. They are an excellent resource for patients, carers, family members and health professionals.



Our work across the region

Working with consumers

LMICS consumers are people affected by cancer; including carers/support people. We include and value their voice, perspective and knowledge of the lived experience in our work. We partner with them in helping to improve services for others.

Over the past year there has been a focus on improving the satisfaction and contribution of consumer members of the LMICS Governance Group. A number of initiatives have been introduced to: raise the profile of their involvement; provide development opportunities and support; and evaluate current consumer engagement.

Here are some personal reflections from the consumer representatives on the LMICS Governance Group.

It has been really satisfying to be involved as a consumer representative over the past year, both with LMICS and in a broader capacity. The consumer voice is one that needs to be heard and if used appropriately can help to bring about meaningful change.

As a past breast cancer patient, I have been able to represent not just my own experience, but that of many other breast cancer patients to highlight areas that could be addressed to improve the patient experience. One of the key ways I did this was by being involved in preparation for the Breast Tumour Summit 2021. Along with another consumer, I spoke of the key areas that pre-summit research revealed consumers believe need addressing. The video of that presentation can be viewed [here](#).

*Bringing about meaningful change in the way we look after cancer patients, especially in relation to their psychological wellbeing, by providing better supportive care during treatment and afterwards is what continues to drive my involvement. **Tanya Smith***

I became a consumer of cancer services when I was diagnosed with Cholangiocarcinoma (bile duct cancer) late in 2016. After completion of my treatment, I was asked if I would be interested in joining a project team to assess and make recommendations for care of patients who receive care at both metropolitan and regional health services. I agreed, as I'd had personal

experience and saw it as a way of making a contribution. One that I was so fortunate to be in the position to make.

I later became a member of the LMICS Governance Group. This has been an extremely instructive experience. Ilana Solo (LMICS Strategic Manager) and Chair, Dan Douglass have been instrumental in encouraging and nurturing the consumer voice within this management group. I have seen a distinct improvement in consumer engagement during my current tenure. With the assistance of Julie Symons (LMICS Project Manager) I have been directed to many training and networking activities. This has led to the opportunity to join the Bendigo Cancer Centre Consumer Advisory Group, to network with other ICS consumers and explore consumer roles with the Victorian Comprehensive Cancer Centre.

*The consumer voice of patients, carers and families, together with health professionals, makes it possible to improve the outcomes for all people who have had cancer touch their lives. I can think of no better reason to be part of such a worthwhile process. **Philip McGuffie***

LMICS has also assisted Bendigo Health to reconvene their Cancer Centre Consumer Advisory Group and recruit several new members.

We look forward to further developments during the coming year, in particular linking consumer voices from across the LMR.

Dan Douglas, Chair of the LMICS Governance Group, made the following comments. *Consumer engagement is a key factor in developing and delivering quality and safe cancer care and informing the way we support people living with cancer and their carers. LMICS aims to give consumers a voice and to use their lived experiences to assist cancer services across the LMR in providing the best possible cancer care. We acknowledge that LMICS is on a consumer engagement journey with further improvement needed, however, we are committed to continuing to focus on ways we can strengthen consumer engagement in all aspects of cancer care and control, and to place the needs of the people most affected at the centre of our policy, planning, service delivery, research, information and support.*

Working with other ICS

VICS and the Victorian Government Department of Health (DH) have recognised the need to coordinate and jointly develop projects of state-wide significance. A state-wide approach is adopted when common outcomes are required. A number of projects fit this description and participation in these has been a significant focus of LMICS work this year, as described below.

Implementing OCPs

The nationally-endorsed Optimal Cancer Care Pathways (OCPs) outline key principles for evidence-based and best-practice care at key points along the cancer patient journey. They provide a framework to assess and improve cancer care throughout the health system. The OCPs are available for each tumour stream in a detailed clinical version and as a quick-reference guide for clinicians.

Consumer versions

Consumer versions have been updated and are available in plain English and six other languages. All are published online at www.cancervic.org.au.

Building on the work done by VICS and PHN across specific OCPs since 2017, 2020 saw the Department of Health commission VICS to embed the principles of the OCPs into core business and work with our stakeholders on relevant local projects that strengthen optimal outcomes for patients and carers.

Skin cancer OCP

For LMICS, a major focus has been on skin cancer, supporting the Bendigo Cancer Centre in a Safer Care Victoria review clinic and supporting Bendigo Health in applying for and receiving funding for a new Skin Cancer Outpatient Service to commence in 2022. Strong links have also been formed with the Murray PHN across a range of skin cancer initiatives that intersect with GPs.

Aboriginal and Torres Strait Islander OCP

Cancer is the third leading cause of burden of disease for Aboriginal and Torres Strait Islander people. While Australia's cancer survival rates are among the best in the world, Aboriginal and Torres Strait Islander people continue to experience a different pattern of cancer

incidence and significant disparities in cancer outcomes compared with non-Indigenous Australians.

The Optimal Care Pathway for Aboriginal and Torres Strait Islander people with cancer is designed to complement the tumour-specific OCPs, focusing on the unique needs of Aboriginal and Torres Strait Islander people with cancer to improve outcomes and experiences. Part of the aim of the OCP is to educate health professionals on the essentials for creating a culturally competent workforce.

Implementation of these pathways is part of the VICS Work plan. State-wide, there are plans to undertake educational sessions for VICS and health service staff to promote the intended outcomes of the OCP. Meanwhile LMICS has funded Bendigo Health, Sunraysia Community Health and Swan Hill District Health for local OCP implementation projects.

GP Oncology Hotline

GPs continue to utilise the BH GP Oncology Hotline LMICS helped to establish in 2019 as a way of supporting appropriate and timely referrals to a broad range of specialist cancer services.

From July 2020 to June 2021 the Hotline received an average of 11 calls each month.

The hotline, staffed during-hours by a roster of Oncologists in the Bendigo Cancer Centre, provides GPs with access to immediate advice. It was shortlisted in the final five applicants for the Bendigo Health Quality Awards in 2020.

“A few minutes on a phone call can help save some patients a few weeks in navigating the system and starting treatment.”

Medical Oncologist

Quality standards for cancer MDMs

LMICS coordinated a state-wide baseline audit against the Victorian MDM quality framework (MDMQF) in 2019. This was then duplicated in 2020 to help understand the impact of COVID-19 on MDM sites.

Sites identified 86 improvement projects and the final report is in progress.

LMICS continues to support the implementation activities associated with this audit and has a key leadership role in state-wide MDM initiatives within the Cancer Plan.

Cancer and older people

LMICS partnered with the Bendigo Cancer Centre and Bendigo Health geriatricians to identify meaningful changes that will impact care of older persons. This includes a trial of three new patient screening prompts for oncologists to consider. These were agreed by clinicians and added to the current supportive care screening tool:

Do you live alone? <input type="checkbox"/> YES <input type="checkbox"/> NO
Do you take more than 5 medications/day? <input type="checkbox"/> YES <input type="checkbox"/> NO
How many falls have you had in the last year? _____

A referral pathway for geriatric patients was developed and promoted and LMICS will be involved in this project evaluation.

Palliative care

The Palliative Care and Advance Care Planning State-wide Project was established via the VICS in 2019 based on the recommendations from Lung and Pancreatic Tumour Summits. Barwon South West Regional ICS led the scoping phase of the project, which aimed to explore and interrogate the current state across two key areas; palliative care referral and advance care planning discussions.

LMICS conducted a very detailed qualitative review of 10 patients who died from advanced cancer. The main objective of this study was to describe the palliative care issues and how they are addressed.

A final report, including several recommendations, has been compiled. This report will form the basis of future implementation activities.



Victorian Tumour Summits Program

The Victorian Tumour Summits (VTS) Program is a series of clinician-led, tumour stream forums to identify unwarranted variations in tumour-based clinical practice and cancer outcomes that could be addressed through state-wide action.

VTS are attended by cancer stakeholders from across Victoria. Available state-wide data sources are used to create a broad picture of common themes, variations, and outcomes for the tumour stream, in line with the OCPs.

These data are analysed under the guidance of an expert clinical working party for each tumour stream.

The program is led by North Eastern Metropolitan ICS and jointly funded by the DH and VICS. All ICS including LMICS are involved in VTS recommendations to reduce variation in cancer care across the state. For more information, visit nemics.org.au

Brain VTS

The online Brain Cancer 2020 Summit attracted 80 active participants and 35 observers. The summit brought together multi-disciplinary clinical working parties to analyse and present state-wide data on variations in brain cancer care for discussion.

The Loddon Mallee region was represented by program staff, clinical directors, clinicians working in the specialties and supportive care staff.

Variations identified and selected by the summit clinical working party and consumers are leading a state-wide program of activities to improve the care and support patients receive from our health services. LMICS will assist health services in assessing the current service provision and implementing any improvements that may be required.

Survivorship Care

The Embed and Spread Optimal Cancer Survivorship Care project has been an important state-wide project funded by the DH and led by the Australian Cancer Survivorship Centre (ACSC) in collaboration with Cancer Council Victoria (CCV) and implementation support from each ICS. Sites for the LMR included Mildura Base Public Hospital and Bendigo Health.

Participation included:

- a baseline site survey about current survivorship care
- Webinar "Delivering Cancer Survivorship Care" run by ACSC and CCV via zoom
- Summary report for each site of their responses to the baseline site survey, outlining strengths and areas for improvement in survivorship care.
- Recommendations for improving survivorship care at the site along with numerous survivorship resources to assist including online Survivorship Care Plans.

The project will conclude in 2022 with repeat site surveys and a final report.

CancerTHON

The CancerTHON project has been on hold due to COVID-19

Skin Cancer

LMICS has actively worked across a range of skin cancer service improvements in 2020/21 including supporting BH in securing funding for a specific skin cancer outpatient clinic and a range of primary care initiatives in collaboration with the Murray PHN and Cancer Care Victoria.

Connecting with our members

LMICS has delivered regional priority projects this year by working closely with member health services to support their initiatives and/or implement projects on their behalf.

Regional Cancer Services

Optimising Oncology Outreach

LMICS continues to optimise partnered oncology outreach services between Bendigo Health and its three outreach services, Swan Hill, Kerang and Kyneton by embedding robust governance structures and supporting annual reporting meetings between services. This work builds upon the tailored Memorandums of Understanding (MOU) agreements that were signed in 2019 and seeks to drive improvements in shared service design, operational management and quality of service.

Key progress made in 2020-21 includes the:

- Key performance indicator (KPI) reporting-introduced to define parameters for service arrangements, equity and access
- Terms of reference (TOR) for individual joint governance groups
- Data intelligence reports detailing shared and local service activity and
- Quality and safety associated improvement.

Regional cancer service planning and equity of access

LMICS works with its regional members in a partnership approach to ensure directives of the Victorian Cancer Plan (VCP) are implemented and advocates for the local needs of stakeholders. LMICS has achieved this by:

- Developing Models of Care (MOC) and workforce planning. LMICS has funded the Cancer MOCs work at Mildura via Impact Consulting group and Echuca Regional Health and Swan Hill for their individual communities.
- Increasing access to Clinical Trial participation to rural and regional patients. LMICS connected regional service partners to expand a low risk clinical trial to Swan Hill District Health patients
- Future work will focus upon developing regional oncology capability frameworks aligning with state-wide best practice in oncology care.

Regional Governance Meetings

LMICS has provided strong support to regional chemotherapy services¹ by establishing Regional Oncology Governance meetings early in the 2020 COVID19 response period to enable shared response planning and to centralise communications. This initiative has been sustained throughout 2021 on a monthly basis, providing a strongly valued medium for connecting cancer services across the LMR. The meeting objectives are to: discuss priorities of partnered regional service delivery, risk mitigation, share regular updates from both regional outreach and nurse-led services, workforce planning, border changes and streamlined patient communiques.

The regional oncology governance model leverages off strong networks across oncology nursing teams and outreach partnerships involving clinicians and executives, where trusting collaboration has improved timeliness and quality of communications between members.

¹ LMR chemotherapy services: Bendigo Health, Echuca Regional Health, Kerang District Health, Swan Hill District Health, Central Highlands Regional Health, Kyabram District Health Service,

Maryborough Health Service, Mildura Base Hospital, St John of God Hospital, Mildura Private Hospital.

Using data

LMICS data team offers continuous support to the member organisations by supplying cancer data, data evaluation reports and summary statistics. To help them plan service delivery and to improve the quality of cancer services, the data team is equipped to provide the following service to its member organisations:

1. Cancer summary reports:

LMICS has access to a wide range of data sources. These data sources include registries (e.g., Victorian Cancer Registry, Tumour-specific registries), administrative data (e.g., Victorian Admitted Episodes Data Sets), Victorian Cancer Performance Monitoring Framework and Australian Bureau of Statistics (ABS) Census data. The data team can provide cancer summaries and comparative reports to member organisations using these resources to help them plan and improve service delivery.

2. Cancer service evaluation reports:

The data team helps member organisations to evaluate a cancer-related project or initiative. The data team has the expertise to analyse data using various statistical tools and methods to provide evaluation reports. This service helps member organisations to reduce bias, internal workload and to receive statistically sound and reliable reports and recommendations to improve the quality of services.

3. Data visualisations:

The data team has the expertise to provide data visualisations using power bi and various infographics software, which helps member organisations quickly access and interpret complex data.

4. Quality improvement projects:

LMICS staff have received training on the contemporary quality management methods and approaches such as Lean, Six Sigma and Project Management. Member organisations may approach LMICS to address specific areas of service improvement or project management.

Supporting Local Initiatives across the LMR

LMICS offered grants of upto \$40,000 for projects that align with the Victorian Cancer Plan. In total, LMICS allocated \$200,000 towards local project initiatives.

We received 10 application and five of those received full funding, two projects received partial funding, two projects were submitted to the LMICS Governance group for alternative funding and one project was not successful.

Below table shows the Health services that were successful in receiving a grant.

Health Service	Project	Amount
Bendigo Health Bendigo Cancer Services (Rehab)	Cancer Pre-habilitation program for the Loddon Mallee region	\$39,700
Kyabram District Health Service	Palliative Care and Advance Care Planning in the acute setting	\$40,000
Central Highlands Rural Health (Kyneton)	Pre-habilitation and Rehabilitation Multidisciplinary Patient Support Program	\$34,000
Swan Hill District Health	Aboriginal cancer care and implementation of the Optimal Cancer Care Pathway	\$34,392.50
Bendigo Health Specialist Palliative Care Service	Development and Evaluation of a Palliative Care Liaison Nurse Role	\$40,000
Bendigo Community Health Services	Optimal Care – Cancer Screening and Education (scoping project)	\$5,952.75
Mildura Health Private Hospital	End of life care and Advanced Care Planning	\$5,952.75

Echuca Regional Health and Swan Hill District Health received \$40000 each to develop a Cancer Model of Care.



Financial report - 1 July 2020 to 30 June 2021

LMICS profit and loss statement

	Actual \$	Budget \$
Revenue		
DHHS grant	1,526,287	1,267,288
Other	0	110,000
Total Revenue	1,526,287	1,377,288
Expenditure		
Salaries & Wages	654,876	712,374
Superannuation	63,862	69,738
Other Personnel Costs	98,013	102,130
Contracted Services	91,364	0
Administration	102,479	516,640
Capital Expenditure	0	3,000
Internal Transfers	7,881	4,245
Corporate Charges	127,992	127,995
Total Expenditure	1,146,466	1,536,122

LMICS Balance Sheet

Net Surplus/(Deficit) year to date	\$379,821
Opening Balance Accumulated Surplus/(Deficit) at 30 June 2020	\$717,798
Closing Balance Accumulated Surplus/(Deficit) as at 30 June 2021	\$1096,619
Bendigo Cancer Centre amounts brought forward	\$166,349
New Bendigo Cancer Centre amounts	\$258,999
Ring-fenced funds held	\$63,364
Available LMICS funds as at June 30 2021	\$607,907

LMICS Members

Bendigo Community Health Services, Bendigo Day Surgery, Bendigo Health, Boort District Health, Castlemaine District Community Health, Castlemaine Health, Central Highlands Rural Health (Kyneton), Cobaw Community Health Services, Cohuna District Hospital, Echuca Regional Health, Heathcote Health, Inglewood & Districts Health Service, Kerang District Health, Kyabram and District Health Service, Maldon Hospital, Mallee Track Health & Community Service, Maryborough District Health Service, Mildura Base Public Hospital, Mildura Private Hospital, Northern District Community Health Service, Peter MacCallum Cancer Centre (Bendigo Campus), Robinvale District Health Services, Rochester & Elmore District Health Service, St John of God Hospital, Bendigo, Sunraysia Community Health Services Inc. Swan Hill District Health.

