

# Grampians Integrated Cancer Service



**VICS** GRAMPIANS  
INTEGRATED  
CANCER SERVICE  
Together for better cancer care

**ANNUAL  
REPORT**  
2022-2023

# ACKNOWLEDGEMENTS

The Grampians Integrated Cancer Service (GICS) acknowledges the Traditional Custodians of the lands on which we operate, the Wadawurrung, Djab wurrung, Wotjobaluk, Jaadwa, Jadawadjali, Wergaia and Jupagulk peoples, and their connections to land, waterways and community.

We pay our respects to their Elders past, present and extend this to all Aboriginal and Torres Strait Islander peoples. GICS recognises and values the contributions that Aboriginal and Torres Strait Islander peoples make in our society.



Sovereignty has never been ceded. It always was and always will be, Aboriginal land.



GICS acknowledge the Victorian Department of Health for their continued support and extend our thanks to our partner health services and consumers to whom we are most grateful and whose contributions are not only highly valuable but critical to achieving success.



The Artwork "Hope and Connection- Bunjil" #1/1 by Vegas Fitzmaurice



# CONTENTS

---

<b>4</b>	Our Partners
<b>5-7</b>	A Word from Us
<b>8-9</b>	About us
<b>10</b>	Our People
<b>11-12</b>	Cancer in the Grampians
<b>13-15</b>	Our Work & Achievements
<b>16-18</b>	2020 Grants Program
<b>19-21</b>	2023 Grants Program
<b>22</b>	Presentations & Publications
<b>23-25</b>	VICS Statewide
<b>26</b>	Financial Summary

# OUR PARTNERS

---

GICS work with our partner health services to identify and address disparities in cancer care. Our health service partners include:





# A WORD FROM US

---

## Our Governance Group Chair

*Together for better cancer care*

On behalf of the Grampians Integrated Cancer Service, I am pleased to share with you our 2022-23 Annual Report.

Coming out of the effects of the COVID-19 pandemic we have continued to see challenges across the health sector. These effects have shown through on our wonderful staff with increased fatigue and difficulty in finding enough workforce to perform the required roles. One of the positive opportunities in all this has been the ability to access telehealth services for both patients and clinicians. Though we hear quite loudly from both groups that they are keen to get back to face to face, which is starting to return to a more normal state.

GICS has continued to work closely with our member health services and stakeholders to progress the implementation of the Victorian Cancer Plan. With a particular focus on the Priorities as identified by the Victorian Integrated Cancer Service (VICS) network.

I would like to thank the GICS leadership group Kerry Davidson, Director, Dr Wasek Faisal & Dr Fletcher Davies, Clinical Co-Directors and Mr Rob Grenfell, Chief Strategy & Regions Officer at Grampians Health for their support and continued desire to deliver quality improvement in oncology services in our region.

A big thank you to the entire GICS team for their continued commitment and determination to help make a difference throughout another challenging year.

To our consumers, clinicians and health service staff - thank you for your ongoing support and contribution to the various committee and projects to which you have so generously given your time and expertise.

The efforts you have all made to improve the experience and outcomes for people affected by cancer are greatly appreciated and we look forward to another big year just around the corner.

### Phil Catterson

*GICS Governance Group Chair*



---

## Our Clinical Directors

We are pleased to present you with the GICS annual report, which details the diverse work undertaken by the GICS team over the past 12 months. Our activities include quality improvement projects, technical innovations, performance measurement, service redesign, and data capture & reporting.

Clinician and stakeholder engagement remains a focus for us. We regularly engage with our clinical colleagues to obtain input to evolving initiatives and to encourage involvement in GICS events. We look forward to the recommencement of the Optimal Care Pathways Summits which bring together clinicians, consumers, and other key stakeholders to look at variations in cancer outcomes and for improvements in cancer care. We also hope to bring back similar local events which have been well received in the past.

This year we have become more involved in state-wide initiatives to ensure alignment with the needs of the patients and health services in the Grampians, and to better guide and inform local projects. The Cancer Services Capability Framework has been developed and is out for final consultation. The framework provides a mechanism for health services to ensure there are no gaps in their cancer care and to identify priority areas for future development.

The VICS Monitoring and Evaluation Framework Implementation Group has reviewed the state-wide focus area projects and is developing a suite of consistent metrics to be used for reporting.

This work will allow us to demonstrate the importance and value of the work that we do, in a reliable and consistent manner. It will also enable the comparison of projects and facilitate the implementation of learnings from one region to the state as a whole, so that improvement in care can be more quickly implemented.

Work is nearing completion on the development of a standard suite of performance indicators which will measure local performance against Optimal Care benchmarks and other health services. This is a critical first step in development of a performance dashboard that will allow health services, clinicians, and consumers to review and measure improvement in care.

As GICS looks to expand its activities over the coming year we hope that, as Grampians residents and GICS Clinical Directors, we will continue to provide valuable support and advice to projects with direct local impact.

### Dr Wasek Faisal & Dr Fletcher Davies



---

## Our Director

It is with great pleasure and pride that we present this Annual Report to you. This year has seen us farewelling long term members of the GICS team, welcoming new ones and for the first time being able to have a local presence in the broader Grampians region. Over the past year we have re-established projects and relationships and extended our networks further into the region.

I also take this opportunity to thank Kate Pryde our former Chair of the GICS Governance Group having stepped down from this role in February 2023. Kate undertook this role with vigour and we are lucky to have her as a continuing member of the GICS Governance Group.

This year has seen many successes due largely to our ongoing ability to work in agile and innovative ways in the context of the continuing impacts of the COVID 19 pandemic. This report highlights outcomes achieved in Phase One of the SMSpro Project which is investigating the feasibility of utilising SMS-based patient reported outcomes to support decision making and response to aspects of clinical care. We furthermore report on the outcomes of two very successful grant projects funded as part of the 2020 /21 Grant Program and congratulate and introduce our recipients of grant funding for the 23/24 Grants Round.

Finally, we take this opportunity to extend our special thanks to the GICS team, our clinicians, consumers and health service executive teams, our many community stakeholders, as well as the Department of Health and the Victorian Government for their ongoing support of GICS. Without your support, commitment and passion, our work would not be possible and we look forward to continuing our work with you over the year ahead.

### **Kerry Davidson**

*Director, GICS*



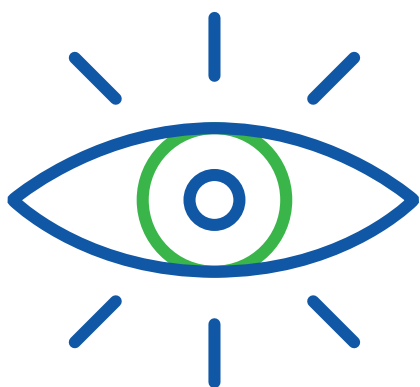


# ABOUT US

---

Grampians Integrated Cancer Service (GICS) are one of eight geographically based service improvement teams located in Victoria. GICS has a remit to facilitate quality cancer care, system integration & collaboration among service providers within the Grampians region.

We build relationships between health care providers and other cancer care stakeholders to develop, implement and evaluate initiatives that improve the Grampians health services providing care and support to people affected by cancer.



## VISION

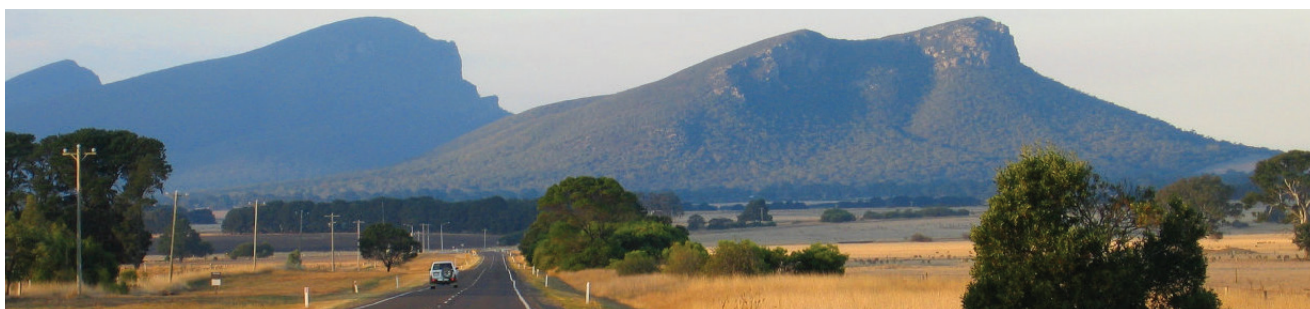
Improving patient experiences and outcomes by connecting cancer care and driving best practice



## MISSION

We inspire and support change at all levels of our health system through:

- **Collaboration** – working in partnership with government, the cancer sector and people affected by cancer to understand unmet needs and to drive evidence based improvements.
- **Innovation** – creating new and different ways to deliver cancer services and support change that benefits the entire cancer community.
- **Facilitation** – accelerating opportunities to expand the quality and reach of cancer services to improve access to and equity of care.



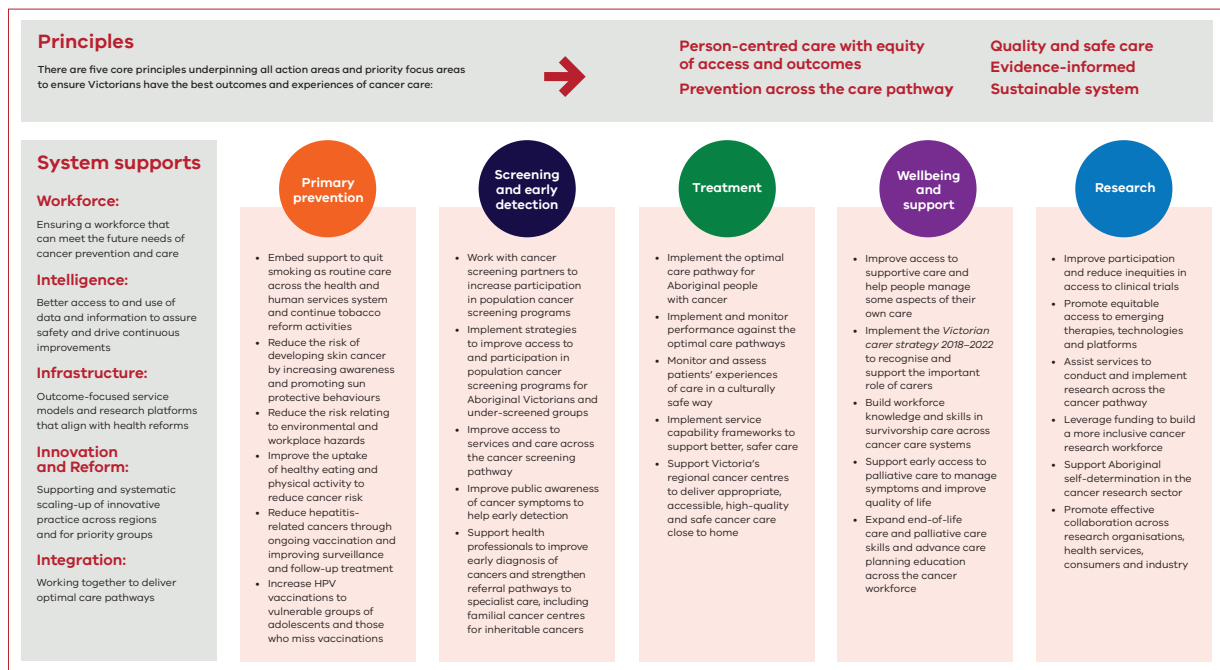
## GICS work to promote

- System integration across structural boundaries
- Collaborative approaches to evidence-based service development
- Quality improvement at the local level.

GICS, as part of the Victorian Integrated Cancer Services (VICS), has a core role in implementing the Victorian Cancer Plan locally and statewide, to support three of the plan's five goals:

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

### Plan on a page: Victorian cancer plan 2020–2024



# OUR PEOPLE

---

## Governance Group

GICS is an independent organisation overseen by a Governance Group comprised of key regional stakeholders. Current members of the GICS Governance Group include:

Phil Catterson (Chair)	Pohan Lukito
Carmel O’Kane (Deputy Chair)	Steven Medwell
Nick Bush	Kate Pryde
Alan Crouch	Mervin Quai-Hoi
Alex Demidov	Dr Sharad Sharma
Rob Grenfell	Naomi White

## Consumer Advisory Group

Consumer involvement is a key enabler for the service improvement work that GICS undertakes. We are fortunate to be supported by a group of passionate individuals who willingly give up their time each month.

Alan Crouch (Chair)	Pauline Prebble
Ian Kemp (Deputy Chair)	David Deutscher
Mary-Rose Maclaren	Joanne Thomas
Penny Johnson	

## Project Office

Wasek Faisal	Donna Bridge
Fletcher Davies	Glenn Reeves
Kerry Davidson	Kirsten Ives
Sharon Daly	Vicki Hillis
Louise Patterson	Robyn Howden

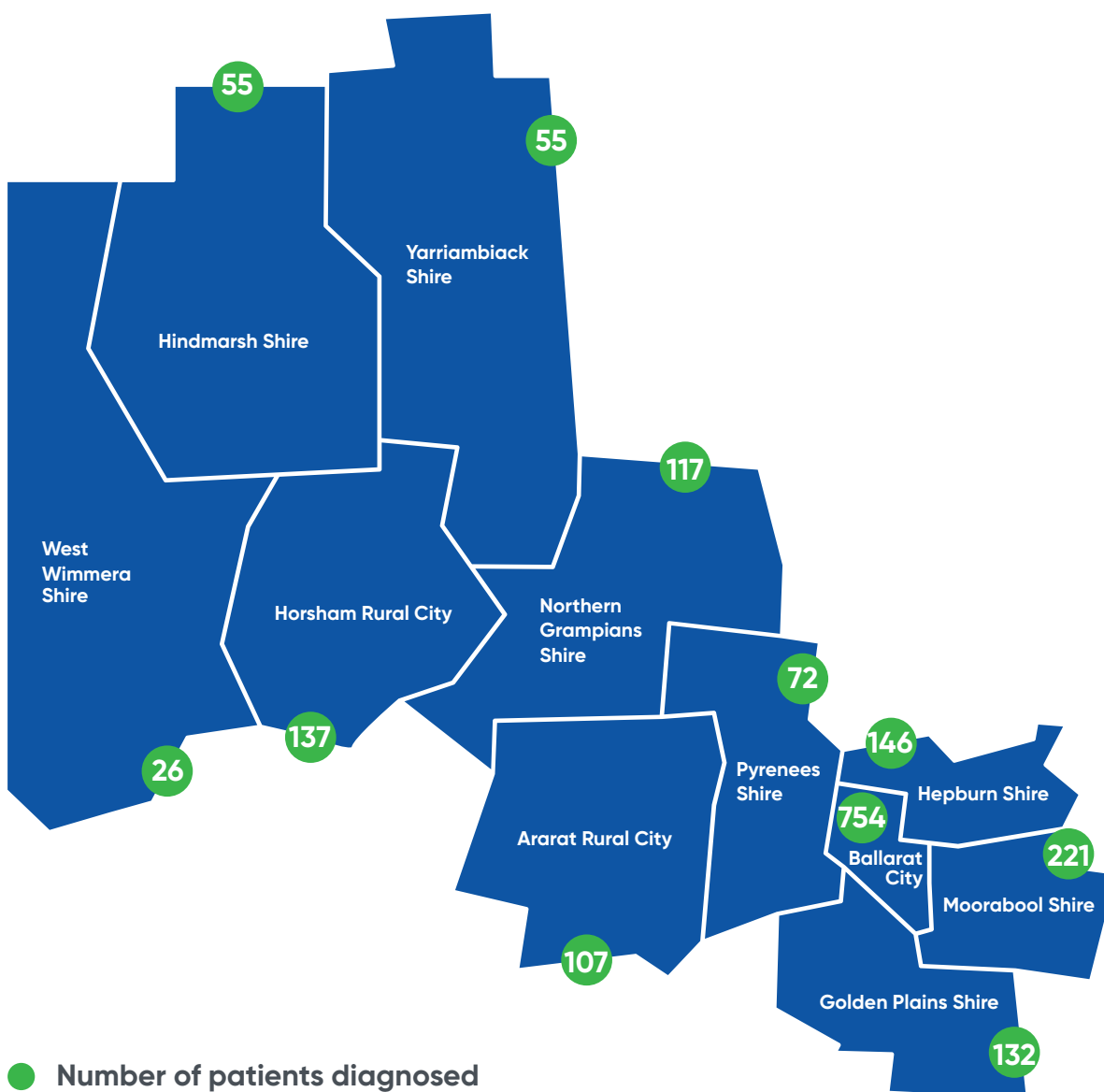


# CANCER DIAGNOSIS

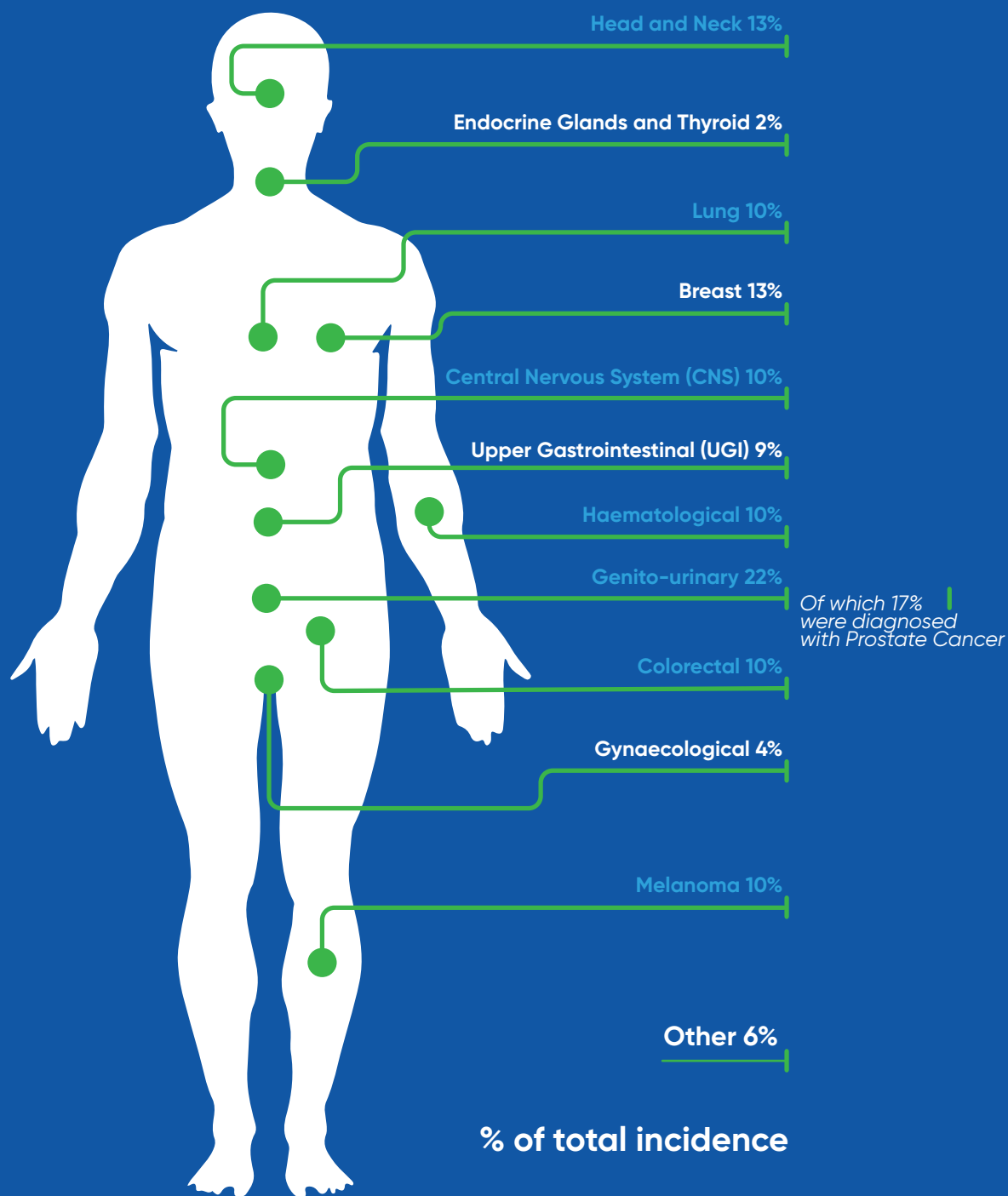
## 2021 IN THE GRAMPIANS REGION

# 1822

*Grampians residents diagnosed during 2021*



# THE TOP 5 HIGHEST INCIDENCE CANCERS MAKE UP FOR 68% OF OVERALL CANCER INCIDENCE BY TUMOUR STREAM – GRAMPIANS REGION



# OUR WORK & ACHIEVEMENTS

## Quality and Performance Monitoring

### Cancer Service Performance Indicators (CSPI) Audit

The CSPI audit is used to measure progress across Victoria in relation to multidisciplinary meetings (MDM's), supportive care and care coordination, based on a sample of 250 patients diagnosed within the previous calendar year and receiving treatment in the Grampians region.

The GICS results from the latest audit completed in 2022 for patients diagnosed during 2021 are compared with those of audits undertaken in the preceding 5 years with the exclusion of 2019 where no audit was performed due to resource limitations brought about by the pandemic.

Indicator	2015	2017	2018	2020	2021	Target
Documented evidence of multidisciplinary team meeting recommendations	62%	40%	43%	48%	47%	85%
Documented evidence of disease staging in multidisciplinary team meeting recommendations	93%	88%	93%	71%	↑ 99%	85%
Documented evidence of patient ECOG performance status in the MDT meeting recommendations	N/A	76%	88%	84%	81%	100%
Documented evidence of communication in initial treatment plan to GP	54%	35%	76%	66%	↑ 78%	100%
Documented evidence of supportive care screening	23%	35%	38%	30%	33%	80%

Evidence of multidisciplinary team meeting recommendations and supportive care screening have remained consistently low for a significant period of time. An under representation of Wimmera based patients being discussed at MDM's was additionally noted and has been adopted as a priority area for improvement.



## Supportive Care Screening Audit

A new approach was adopted to improvement work in this space with a supplementary Supportive Care Screening audit completed in November 2022.

Supportive care screening is the first stage of identifying needs. The purpose of screening is to identify possible risk factors that may preclude patients receiving cancer treatment and to supportive care needs using a brief screening tool

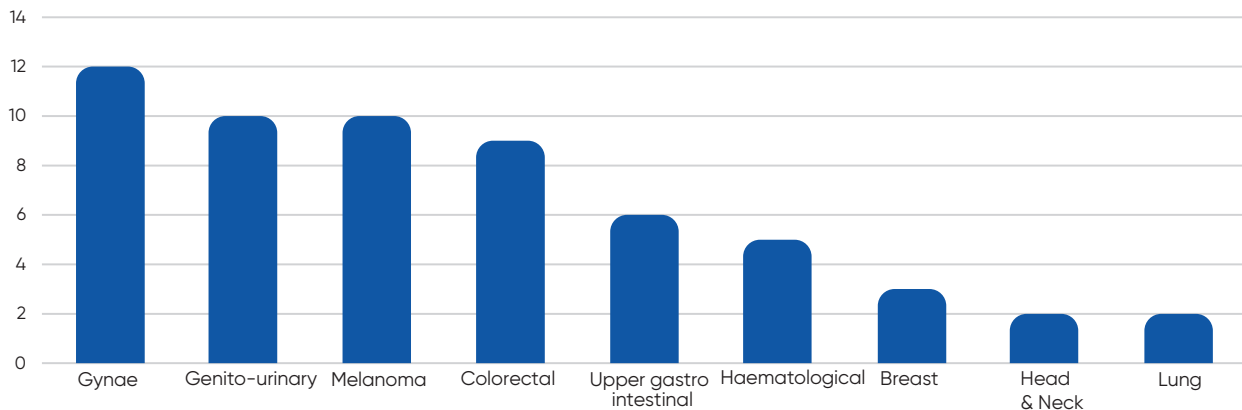
Supportive Care screening rates have been continually lower than the 80% target threshold set by the Department of Health.

Across settings there is vast variation with some settings demonstrating screening embedded in routine care, whilst in others there has been no notable improvement or regression of supportive care screening over time.

In order to tailor supportive care screening service improvement activity, GICS set out to investigate the characteristics of patient cohorts where supportive care screening activity is low.

The sample for this study was derived from the CSPI audit with additional information fields completed for patients who were found to have no evidence of supportive care screening in the CSPI audit.

60 patients across eight different tumour groups are represented in the audit as follows:



Each patients' history was reviewed from the point of diagnosis through treatment up to and including the most recently recorded entries pertaining to their current cancer diagnosis. A thematic analysis of audit outcomes was undertaken identifying:

- No identification (formal or informal) of supportive care needs: 43%
- Where needs were identified they were most commonly in the physical (53%) or practical (32% domain)
- Patients with gynaecological cancer and melanoma were the least likely to have supportive care needs identified.
- Where patients were referred to Allied Health this was commonly associated with blanket referral pathways being established in individual tumour streams.

# SMS PRO – PHASE ONE

## Rationale and project aims

This project was initiated in acknowledgment that although patients receiving cancer treatment are encouraged and invited to contact their treating team if they are experiencing problems there is a reticence to do so. Lack of timely care contributes significantly to increased emergency department presentations, unnecessary hospitalisation, poor quality of life and poor treatment outcomes.

The SMS Pro project aims to assess the acceptability and feasibility of using online questionnaires to improve communication between health service staff and community-based cancer patients living in the Grampians region.

## Results and deliverables

In November 2021 six sites were recruited to participate in the study with pilots launching in July 2022. This study experienced significant setbacks attributable to a range of reasons inclusive of impact of the COVID 19 pandemic, workforce shortages, extended staff leave and complicated consent processes for participants.

In response to staff and patient feedback, a number of alterations have been made to the pilot protocol. These include; rescoping of pilot participants, adapting consent processes to an opt out nature and modification of existing questionnaires to ascertain more specific details of patient reported problems including whether they were new or unexplained as opposed to long term or pre-existing in nature. This also included the addition of a digitised National Comprehensive Cancer Network (NCCN) Supportive Care tool as a questionnaire used by the BRICC McGrath Breast Care Nurses site.

## Next steps

A subsequent second phase of the pilot study commenced in August 2023 with a smaller number of sites. It is anticipated that a combined total of 150 patients will participate in the study across the pilot sites (50 patients per site)

Pilot Site	Recruited to Phase 1 July 2022 – May 2023	Recruited to Phase 2 August 2023 – February 2024
BRICC McGrath Breast Care Nurses	✓	✓
BRICC Prostate Cancer Support Nurses	✓	✓
Horsham Cancer Centre - Chemotherapy Day Unit	✓	✓
BRICC Dietetics	✓	✗
East Grampians Health Service - Chemotherapy Day Unit	✓	✗
Stawell Regional Health - Chemotherapy Day Unit	✓	✗

# 2020 GRANTS PROGRAM

---

As a direct impact of the COVID 19 pandemic, staffing shortages and ethics processes, an extension of the 2020 Grants Program was required in order to support and accommodate project completion. We are pleased to be able to report on the outcomes of the following grant projects and phases.

## *Feasibility on intra-infusion exercise in a regional chemotherapy day unit. Ballarat Integrated Cancer Centre Exercise Physiology.*

### **Rationale and project aims**

Patients attending Chemotherapy Day Units (CDU) for treatment are sedentary for long periods of time. This time provides an opportunity to increase physical activity and increase confidence in the safety of physical activity even with a cancer diagnosis whilst additionally reducing boredom.

This scoping project aimed to explore the feasibility, acceptability of an Exercise Physiology and Nursing collaborative approach to providing low intensity exercise and education to cancer patients during systemic anti-cancer therapy infusions in the BRICC (Ballarat Regional Integrated Cancer Centre) Day Unit.

### **Results and deliverables**

This project led to:

- the development and review of a seated exercise protocol
- the training of 18 nurses (modules incorporating the benefits of exercise in general, benefits of exercising during cancer treatment, the protocol for the seated exercise regime and outcome measures required for appropriate monitoring and data collection).
- 33 patients being recruited to the program with 14 participating (10 females and 4 males)



---

## Evaluation

A focus group of 12 nursing staff was undertaken to inform the further development of the protocol. On the basis of this feedback, changes have been adopted that support sustainability and the adoption of the protocol as standard care.

Patient feedback was sought regarding each session in addition to information gathered from interviews with 7 of the recruited patients.

## Next steps

- Extending the CDU exercise program from two to five days per week.
- Refining educational resources
- Establishing nursing champions to assist in the promotion of the program as well as providing peer support and education to other colleagues where required.

*Why Wait for Wellness Program Evaluation and Regional Expansion: Enhancing early access to health education and support for oncology patients in the Grampians region.*

## Rationale and project aims

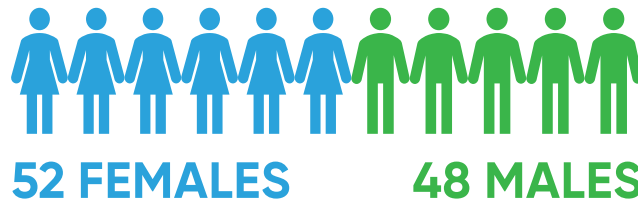
This project aimed to evaluate and inform the redevelopment of the Why Wait for Wellness (WWW) health education program phase one focused on a retrospective file audit and review of evaluation forms from referrals and participants of the face to face WWW program between June 2019 and July 2021. A subsequent phase two focuses on a prospective audit and evaluation for participants from July 2022 and is underway with a final report due in December 2023.

- To evaluate the acceptability and feasibility of virtual delivery and compare with face to face delivery of the WWW program
- To redevelop the program based on participant feedback.

## Results and deliverables

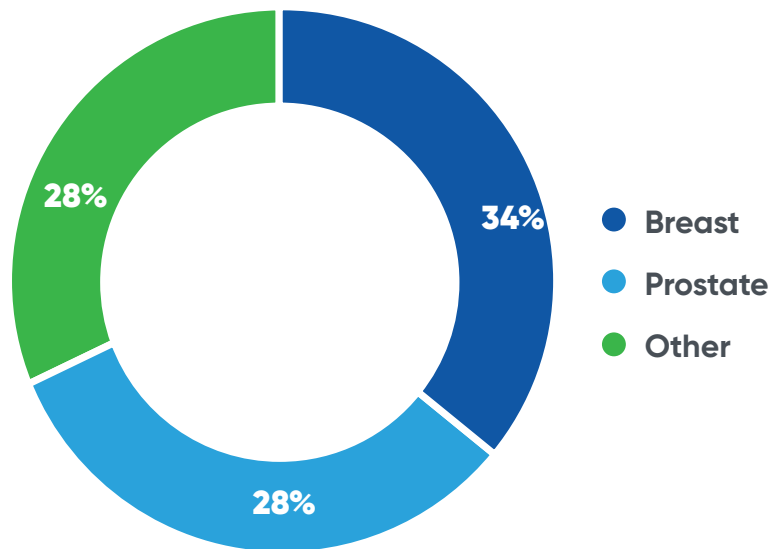
Baseline data around current patient characteristics and perceptions of attendance to the program compiled.

A total of 100 referrals made to the WWW program between 01/06/2019 and 30/07/2021 were reviewed for phase one.



*The average age was 64 years with an age range of 28 years to 86 years.*

### ATTENDEES BY TUMOUR TYPE



Average number of days between diagnosis and referral 315 days (range of 7 days to 1948 days)

- Based on average ratings from 57 responses
- the importance of making a change was rated as 8.47 /10
- and having confidence to make a change rated as 7.97 /10 as a result of taking part in the program.

## Next steps

Through identification of the enablers and barriers to attendance and perceived value of the various components, ongoing shaping, development and re-evaluation of the program is planned.

Phase two is currently in progress and is anticipated to be completed by December 2023.

# 2023 GRANTS PROGRAM

---

In May 2023, GICS were very pleased to award funding to 6 successful service improvement grant applicants as part of the 2023 Grants program.



<p><b>Rural Northwest Health</b></p>	<p>Led by Rural Northwest Health, and in response to reduced survival and higher presentation of patients with more advanced stages of disease at diagnosis, this project aims to enhance cancer awareness and early detection in Yarriambiack Shire by conducting 6-8 community workshops over the next year. Additionally, it aims to strengthen community transport services, promote screening and establish a local cancer support group, improve telehealth pathways and install digital billboard displays in high-traffic areas to sustainably communicate cancer-related information.</p>
<p><b>Ballarat and District Aboriginal Cooperative Limited</b></p>	<p>This project seeks to develop and distribute an Aboriginal Community Cancer Calendar design highlighting the importance of Cancer Screening with the overall aim of increasing Cancer screening rates and health literacy in cancer.</p>
<p><b>Central Highlands Rural Health</b></p>	<p>This project is associated with the launch of the pilot program "Moving Through Cancer" and will be an eight week program containing individualised exercise programs and weekly information sessions on topics that are interesting and helpful to people living with, or who have survived cancer. This project incorporates the voice of our community and consumers to tailor the program to best meet patient needs in the design of the pilot program.</p>
<p><b>BRICC Chemotherapy Day Unit (CDU) Patient Experience Improvement Project</b></p>	<p>Delays and cancellations to treatment can lead to unnecessary costs for patients and their carers who must take time off work, and they might have some long distances to travel. It can also have an impact on their wellbeing. In addition, if medications cannot be used, this is an added impost on the healthcare budget. The project addresses these issues and the group hope that their findings and the improvements that they make to procedures will be transferable to other chemotherapy treatment centres across the state.</p>

<p><b>GHH Survivorship clinic including consideration of a wellness clinic business plan</b></p>	<p>The Wimmera Cancer Centre will work to integrate a Cancer Survivorship Clinic and Model of Care into its current service. This model will ensure that patients finishing active curative treatment will have their ongoing needs identified routinely so that they can be directed to the supportive care that is required to keep them well. The Wimmera Cancer Centre has been working towards delivering such a service as survivorship care provides a focus on the health and wellbeing of people living with and beyond cancer. It aims to reduce and manage the effects of treatment and to sustain recovery.</p>
<p><b>BRICC Why Wait for Wellness Evaluation and Expansion</b></p>	<p>Phase 2 of this grant project provides an ongoing opportunity to shape and develop program content based on findings of the phase one and to re-evaluate the program with the associated revisions made.</p>
<p><b>West Wimmera Health Service Skin Check Clinic</b></p>	<p>This project seeks to implement a place-based, nurse/allied health led skin cancer screening and care initiative that provides regular Skin Check Clinics and events to reach rural and remote communities, including Nhill, Kaniva, Goroke, Natimuk, Rainbow, Jeparit, Minyip, Murtoa and Rupanyup. A qualified team of staff is being trained to expand a initial first phase and well established program, ensuring sustainability and ongoing peers support for the team and thereby supporting the ongoing local ability for early detection of skin cancers and improved health outcomes.</p>



# PRESENTATIONS AND PUBLICATIONS

---

## 2022 Annual Forum

The GICS Annual forum entitled 'Patient reported outcome measures living up to the PROMise of better care' was delivered in a virtual capacity on Wednesday 9 November 2022 to a live audience of 56 attendees from a total of 118 registrations for the event.

The agenda incorporated presentations from:

- Dr Ethan Basch (as pictured) outlining the research and best practice basis to PROMS.
- Dr Carolyn Mazareigo (as pictured) providing practical application of the implementation science approach to identifying and addressing barriers to uptake of research.
- Mr Glenn Reeves outlining the key aspects of the GICS smsPRO Project and challenges to implementation.



## Australian Healthcare Week Sydney

In March 2023, GICS represented by Kerry Davidson and Glenn Reeves, presented at the Australian Healthcare Week in Sydney as part of the patient experience program.

AHW 2023 brings together over 6000 healthcare professionals with a collaborative vision of creating an integrated health care system.

A well-received presentation focussed on insights and learnings associated with embedding real-time Patient Reported Outcome Measures (PROMs) into the patient journey to reduce hospitalisations and improve patient wellbeing and provided significant networking opportunities to inform subsequent phases of the SMS Pro project.

# VICS STATEWIDE

---

The VICS Implementation Plan was developed to guide the work of the VICS by providing a consistent statewide approach, built around nine areas of focus for service improvement work:

1	Adoption of quality cancer care closer to home
2	Alignment with the Multidisciplinary Meetings (MDM) Quality Framework
3	Addressing the needs of the older person in routine cancer care
4	Implementing the Optimal Care Pathways (OCP) for Aboriginal and Torres Strait Islander people with cancer
5	Addressing unwarranted variations against the OCPs
6	Monitoring and communicating alignment with the OCPs
7	Supportive care
8	Survivorship care
9	Referrals to palliative care and advance care planning.

## Types of work undertaken by the VICS include:

- Implementation of a new model of care for improved cancer care closer to home.
- Development and application of resources that inform improved delivery of cancer care for the older person.
- Increased awareness and understanding by clinicians of the need for cultural awareness and practices to improve cultural safety for Aboriginal and Torres Strait Islander cancer patients and carers.
- Policy implementation by health services to support best-practice survivorship care practices.

For more information visit [www.vics.org.au](http://www.vics.org.au)

For more information please scan me



# ACTIVITY SPOTLIGHTS 2022–2023

---

## VICS Optimal Care Summits

The VICS Optimal Care Summits (OCP's) program delivers strategic consultation, multidisciplinary engagement, data and information analysis, and reporting to identify unwarranted variations in clinical practice and cancer outcomes and priority activities to address them. This statewide program is administered by North Eastern Melbourne Integrated Cancer Service (NEMICS) on behalf of the VICS network.

The program, formerly known as the Victorian Tumour Summits, involves the examination of tumour stream cancer care, experience and outcome measures against the standards and targets set out in the OCPs. It aims to identify data-informed patterns of cancer care and outcomes, variations in cancer care, agree priorities for reducing variations, and deliver quality improvement initiatives to reduce variation.

Two summits were delivered in 2022.

The **Pancreatic Cancer Summit (August 2022)** identified three priority areas of unwarranted variation: Multidisciplinary meeting (MDM) patient presentation rates; timeliness of care; and palliative care referral rates. For each area, several further investigations and actions were recommended.

The **Melanoma Summit (October 2022)** identified three priority areas of unwarranted variation: MDM patient presentation rates; timeliness and access to Sentinel Lymph Node Biopsy; and supportive care screening rates. Specific actions were identified to help improve outcomes and equity in these areas. The VICS work with health services and other stakeholders to support implementation of each summit's recommendations.

## Care of the Older Person with Cancer toolkit

The VICS developed the Care of the Older Person with Cancer Toolkit to help health services and ICS improve care of the older person with cancer. The toolkit provides information to help identify and address existing barriers, examples of existing

geriatric oncology services, and key resources including how-to guides, education opportunities and patient resources.

[www.vics.org.au/resourcesadult/care-of-the-older-person-with-cancer-toolkit](http://www.vics.org.au/resourcesadult/care-of-the-older-person-with-cancer-toolkit)

**Our Vision: To improve patient experiences and outcomes by connecting cancer care and driving best practice**

## Improve equity of access to high quality cancer care

- Improve adoption of quality cancer care closer to home
- Increase alignment with the Multidisciplinary Meeting Quality Framework
- Address the needs of the older person in routine cancer care



## Support the effective implementation of the Optimal Care Pathways (OCPs)

- Implement the Aboriginal and Torres Strait Islander OCP
- Address variation in quality and timeliness of cancer care
- Monitor and communicate alignment with OCPs



## Improve well-being and support for all Victorians affected by cancer

- Facilitate high quality supportive and survivorship care
- Address variation in palliative care referrals and advance care planning



For further information please email [info@vics.org.au](mailto:info@vics.org.au) or visit [www.vics.org.au](http://www.vics.org.au)



For more information please scan me



## Palliative Care and Advance Care Planning

The VICS report, 'Palliative Care and Advance Care Planning: Current Practices in Victorian Cancer Services' has important insights for all organisations and services about advance care planning, palliative care, and end-of-life care. The report makes 18 recommendations to address different variations including the timing of access to palliative care and advance care planning and quality improvement activities. The VICS will work with cancer services and other stakeholders to help prioritise the recommendations for implementation. This work also informed the peer reviewed publication by **Philip et al, Palliative Medicine 2022, Vol. 36(9) 1426–1431.**

## Victorian Statewide Collaboration project to improve Cancer Survivorship Care

This is a strategic partnership between the VICS and the Australian Cancer Survivorship Centre (ACSC). This work is still in progress and aims to:

1. Facilitate high quality survivorship care through supporting Victorian hospitals to ensure appropriate policies are in place.
2. Facilitate high quality survivorship care through collaborating to implement survivorship care models. This is supported by ICS working with member services to implement local change.
3. Improve VICS and member services' confidence, capacity and capability around survivorship through reducing the gap in survivorship education and training.

# FINANCIAL SUMMARY

---

## Revenue and Expenditure

(1 July 2022 to 30 June 2023)

### Income

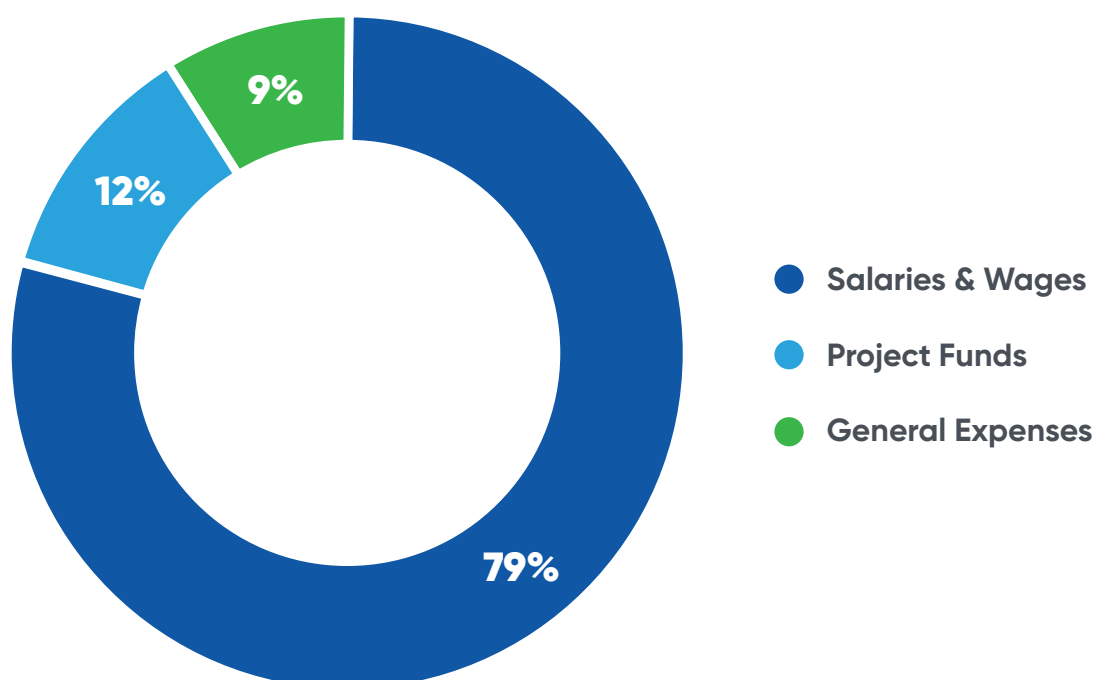
Integrated Cancer Services	\$1,315,883
Income Other	\$0
<b>Income Total</b>	<b>\$1,315,883</b>

### Expenditure

Salaries & Wages (incl. on costs)	\$891,775
Project Funds	\$132,576
General Expenses	\$101,502
<b>Expenditure Total</b>	<b>\$1,125,853</b>

Current Surplus / (Deficit)	\$190,029
<b>Accumulated Surplus</b>	<b>\$744,797</b>
<b>Total Equity</b>	<b>\$934,826</b>

## GICS EXPENDITURE BREAKDOWN





**GICS**

BRICC Level 2, Grampians Health - Ballarat 1 Drummond Street VIC 3350

Email: [GICS@gh.org.au](mailto:GICS@gh.org.au) - Phone: (03) 5320 4782 - Web: [www.vics.org.au](http://www.vics.org.au)