

Cancer Services Framework: What does this mean for clinicians?

Cancer Coordination Unit

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Introduction

Victoria has made a significant commitment to policy and service development in cancer. This includes the *Fighting Cancer* policy, which commits to improving the coordination of cancer services and *A Cancer Services Framework for Victoria*, which outlines a model for integrated cancer services and tumour stream development.

Implementation of these commitments will require significant planning, development and coordination at local and statewide levels over a number of years. However, one of the key learnings from the Breast Services Enhancement Program is that key stakeholder involvement and ownership is critical to successful change. This includes the participation and contribution of clinicians, consumers and executive management. Clinicians include a range of multidisciplinary health professionals who provide services for cancer patients including nurses, allied health, general practitioners and medical specialists.

In particular, strong leadership by clinicians is critical to changing attitudes and behaviours and therefore is essential to sustainable changes in practice. The Department of Human Services is committed to ensuring that there are many opportunities for consultation and input to the cancer reform agenda. In addition, the Ministerial Taskforce for Cancer will provide advice to the Minister for Health on the implementation and evaluation of the Government's directions for cancer services reform. The Taskforce has a strategic and clinical leadership role and therefore the members of the Taskforce have been specifically chosen for their expertise rather than their organisational affiliation. Details of the Taskforce can be found at: www.health.vic.gov.au/cancer.

While this paper explores some of the early implementation issues, there is acknowledgement that these are only some of the many issues that require consideration. Consultation with clinicians will provide valuable feedback to consider other issues and shape the implementation process.

Integrated Cancer Services

The *Cancer Services Framework for Victoria* outlines an integrated approach to service delivery, which focuses on delivering the right treatment and support to patients, as early as possible in their cancer journey. The integrated service model to be adopted involves the establishment of three metropolitan and five regional Integrated Cancer Services (ICS), based on specified geographic populations. The philosophy of an ICS is that hospitals and primary and community health services develop integrated care and defined referral pathways for the populations they serve. This will promote more effective local coordination of care for cancer patients, and a more rational, evidence-based approach to cancer service planning and delivery.

The configuration of the metropolitan ICS are as follows:

Central Western ICS: Melbourne Health, Royal Women's Hospital, Royal Children's Hospital, Western Health, Peter MacCallum Cancer Centre, Mercy Werribee Hospital and St Vincent's Health.

North Eastern ICS: Austin Health, Northern Health, Eastern Health and Mercy Hospital for Women.

Southern ICS: Bayside Health, Southern Health and Peninsula Health.

Rural services are to be coordinated on a region-wide basis within the five DHS rural regions:

- Barwon South Western ICS.
- Gippsland ICS.
- Grampians ICS.
- Hume ICS.
- Loddon-Mallee ICS.

Host agencies are to be nominated in each ICS. The role of the host agency is to receive the funds on behalf of the ICS and to support the employment of staff and infrastructure capacity for the ICS.

Progress to date

Host agencies have been nominated for the Central Western ICS (Peter MacCallum Cancer Centre), Southern ICS (Southern Health), Barwon South Western ICS (Barwon Health), Gippsland ICS (Latrobe Regional Health), Grampians ICS (Ballarat Health Services) and Loddon-Mallee ICS (Bendigo Health Care Group). An interim host agency has been nominated for Hume ICS (Goulburn

Valley Health). Initial meetings have commenced among Health Services of Central Western ICS, Southern ICS, Gippsland ICS and Grampians ICS. An interim Director, Dr Syd Allen has been appointed at Southern ICS.

Structure and organisation of ICS

The *Cancer Services Framework* makes clear recommendations about the importance of leadership and the need for clear organisational structures to optimise cancer services in Victoria. Issues to be addressed within each ICS include: leadership to develop a positive culture for integration across services in the context of separate legal entities; authority to implement change; accountability for service delivery including patient safety and quality of services; ownership of the change process; and sustainability of the new cancer service system.

In order to address these issues it is proposed that each ICS:

- Establishes an Executive/Coordinating Group, comprising senior clinical and/or executive staff from the major participating health services;
- Develops a process to appoint a Director, as recommended in the *Cancer Services Framework for Victoria*;
- Develops a reference group with broad stakeholder representation, including consumer representatives, to guide cancer service development; and
- Establishes collaborating tumour groups based on the tumour streams that will provide formal leadership and direction in the development of tumour streams at the local level.

The Department does not propose to develop new legal entities, but will seek to outline the principles and protocols by which health services will work together within existing organisational structures. This will be described in a Governance Agreement document following testing of a governance model in metropolitan and regional ICS. It is proposed that this work should occur concurrently with the functional establishment of ICS by health services. ICS are encouraged to establish functional management arrangements whilst a common approach to the development of a Governance Agreement is undertaken.

Funding has been made available for the establishment of the ICS in 2004-05. For each Metropolitan ICS, funds of \$200,000 are available and for each Rural ICS, funds of \$150,000 are available to facilitate the appointment of a Director, strategic planner and administrative support. Further funding for service improvement activities within the ICS is available through the Cancer Services Improvement Program discussed later in this document.

Progress to date

A legal adviser has been engaged by the Cancer Coordination Unit to draft a common Governance Agreement that can be adapted for each ICS. The legal adviser will:

- Undertake ongoing consultation and liaison with ICS, DHS and other key stakeholders during the development of the governance framework;
- Identify options for the governance structure for further consultation with ICS;
- Recommend a preferred governance structure for ICS;
- Pilot the recommended governance model with one metropolitan and one rural ICS; and
- Produce a template governance agreement that sets out the requirements for each ICS.

An Advisory Working Group has been established to oversee the work of the legal adviser. The Advisory Group includes members of the Taskforce, clinicians and Departmental staff.

Establishment of tumour streams and role designation

More than 90 per cent of cancers in Victoria are accounted for by 10 organ/system specific tumour streams. These are: genito-urinary cancers (prostate, bladder, kidney, testis); colo-rectal cancer; breast cancer; lung cancer; skin cancers (notably melanoma); haematological malignancies (lymphomas, leukaemias, myeloma); gynaecological cancers; head and neck cancers; upper gastrointestinal cancers (oesophagus, stomach, pancreas, hepato-biliary system); and central nervous system. The *Cancer Services Framework for Victoria* recommends the development of cancer services in tumour streams as a means to drive service improvement and ensure consistency across

Victoria. Tumour streams will include: standards of care, facility standards, clinical and performance indicators and role designation of services based on specification of the range of services that could be provided at an institutional level. Tumour streams will exist within an overall quality framework for cancer services that includes a local quality improvement approach supported by mechanisms for accreditation and performance monitoring.

Within each ICS, collaborating tumour groups based on the ten major tumour categories will be established to provide direction in the development of tumour streams at the local level. This will expand the role of existing clinician networks to provide formal leadership to the ICS and feedback to the Cancer Coordination Unit about the development and implementation of tumour streams. The exact composition and number of collaborating tumour groups will vary depending on the ICS and their service activity. For example, some of the more specialised cancers will not need collaborating tumour groups in every ICS. Similarly, a regional ICS may have collaborating tumour groups that span more than one tumour category. The organisation of the collaborating tumour groups will be locally driven to meet clinician and service delivery needs.

Clinicians have a strong leadership role in the establishment and implementation of the tumour streams and are encouraged to meet and discuss the most effective way to establish collaborating tumour groups in their ICS.

Members of the collaborating tumour groups will be nominated to the Statewide Reference Groups for each of the tumour streams. Statewide Reference Groups for each tumour stream will provide a focus of expertise to advise on standards development in each tumour stream and to support local tumour collaborating groups at MICS and RICS level. They will also have a role in the development of role designation based on facilities and expertise available to meet standards of care in each tumour category, and a sufficient workload to maintain safe and effective services. Role designation will provide clear guidelines for hospitals to practice within agreed limits and when to refer to a larger centre.

Progress to date

The Ministerial Taskforce for Cancer is sponsoring a series of workshops and activities that will bring together clinicians and consumers across tumour categories to consider the issues related to optimal care for people with cancer. The purpose is to develop patient management frameworks for each tumour category. The Frameworks will identify the critical points for optimal patient management across the continuum of patient care from diagnosis to palliation and terminal care, if applicable and consider the requirements to ensure optimal care at each critical point of the patient pathway. The Frameworks will be used to map service delivery across the Integrated Cancer Services and identify opportunities for improvement in service delivery. The proposed activities include:

- Clinical treatment workshops (Dec 04 and Feb 05)
- Palliative and supportive care workshop (March 05)
- Broad clinician and consumer consultation (April – Jun 05)
- Public forum (Sept 05)

Cancer Services Improvement Program

There are a number of common areas for service improvement that need to be addressed across all tumour streams. Service development in these areas will be funded through a Cancer Services Improvement Program (CSIP). Each ICS will need to take stock of its current activity by mapping services and referral patterns, and commencing shared planning to develop a service plan that identifies gaps and priorities for service improvement.

Common areas for service improvement across all tumour streams include:

- Developing multi-disciplinary approaches to treatment planning and ongoing management.
- Ensuring early diagnosis and referral for appropriate specialist care.
- Coordination of patient care, and ensuring continuity of care across acute, community and primary care settings.
- Development of psychosocial assessment, support and referral services.
- Care of patients with advanced disease including links to palliative care services.
- Workforce training and support.

- Improving accountability through protocol development and audit.
- Reducing variations in practice.

There are two parts to CSIP funding:

1. Cancer care and service coordination. This funding is to enable scoping and trialling of appropriate models of cancer care and service coordination. In the 2004-05 financial year \$250,000 is available to metropolitan ICS and \$150,000 to Regional ICS. In the Regional ICS this funding allocation is inclusive of the Regional Cancer Nurse Coordinator positions that are a policy commitment.

2. Priority projects. This funding is for specific priority service improvement projects identified through the service mapping undertaken by each ICS. Funding of \$110,000 is available to metropolitan ICS and \$80,000 to Regional ICS in the 2004-05 financial year.

Progress to date

The Cancer Coordination Unit is currently developing a range of service mapping tools that can be used by the ICS to assist their planning and identification of priority projects. Guidelines for the submission of projects are also being developed and will be available in October 2004.

What do the reforms aim to do?

These reforms represent a significant change in thinking about how services will be delivered in the future. The table below identifies some of the differences in how the delivery of cancer services across Victoria will change.

Current cancer service system	Integrated Cancer Service
Health service planning focused on the needs of health services	Health service planning focused on the needs of populations
Health services work independently to deliver services	Health services work together to deliver cancer services
Treatment and care options delivered by location	Treatment and care options planned by streams along the patient pathway
Clinical treatment based on local practice and interpretation of clinical practice guidelines	Clinical treatment based on State-wide standards of practice
Unexplained variation in practice across Victoria	Agreed best practice implemented across Victoria
Management of resources for treatment and care by individual health services	Management of resources for treatment and care by integrated cancer service
Levels and scope of service delivery historical or based on individual experience and expertise	Levels and scope of service delivery based on agreed standards and needs of population

Integrating Research and Service Delivery

There is evidence that people with cancer who participate in clinical trials during their treatment have improved clinical outcomes. Participation in clinical trials and the translation of research into clinical practice are important issues that need to be addressed in the cancer reforms. This has been clearly identified in the *Fighting Cancer* policy and is a priority of the Ministerial Taskforce for Cancer who have established a Research Working Group to develop mechanisms for integrating research and services, and to foster translational research. The Senior Medical Adviser Unit, under the leadership of Dr Mary Turner, is responsible for managing the cancer research agenda including the work to deliver on research initiatives within the *Fighting Cancer* and supporting the Research Working Group. The Senior Medical Adviser Unit is coordinating the cancer research effort, which is

being addressed through a survey to identify current research activities, capability and capacity in Victoria, and investigation of the long-term trends in cancer research. This will inform the development of the cancer research strategy.

Key activities of the Senior Medical Adviser Unit are:

- Development of options and business case for a Comprehensive Cancer Centre for Victoria which is an entity that enables and facilitates the translation of research findings into clinical practice;
- Consideration of tissue banking and enhanced molecular pathology;
- Development of a statewide cancer research strategy; and
- Consideration of mechanisms to streamline Ethics Committee processes to facilitate patient participation in clinical trials and other types of research.

Further Information

Further information about the cancer reform agenda including contact details for staff of the Cancer Coordination Unit is available at: www.health.vic.gov.au/cancer.