



Health

South Eastern Sydney  
Local Health District



# SESLHD Cancer Clinical Services Plan 2019-2022

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# FOREWORD

Cancer survivorship rates have been improving over the past 20 years, and people receiving care from Cancer Services in South Eastern Sydney Local Health District have consistently better five year survival rates than the NSW state average across all cancers. However, cancer is now the largest cause of mortality in Australia.

The *Cancer Clinical Services Plan 2019-2022* outlines our aspirations, priorities and proposed actions to address this important health priority and reflects the strategic context of the *SESLHD Journey to Excellence 2018-21* and the *NSW Cancer Plan*. It was informed by our knowledge of the impact of cancer experienced by our patients, their families and carers and by our clinicians' contemporary thinking on models of cancer care.

As we strive for further improvements in care and outcomes for cancer patients, over the next four years we will strengthen our focus on their experiences of care; on cancer survivorship programs and the unique health needs of cancer survivors; on our best practice multidisciplinary team approach and on reducing tobacco use. This necessitates increasing our focus towards community and home based care, resilience and healthy lifestyles. It will involve Cancer Services, hospitals and primary care working in partnership and with patients, families and local communities as well as with other service providers. Research has been fundamental to advancements in cancer care, and our Cancer Services will build on research opportunities as identified in this Plan.

The Plan was endorsed by the SESLHD Board in February 2019.

We would like to thank the many people who have contributed to the development of this Plan to provide compassionate, high quality and equitable healthcare for cancer patients and achieve better health and wellbeing for cancer survivors.

Together, we are working towards our vision of Exceptional care: healthier lives.



Tobi Wilson  
Chief Executive SESLHD



Michael Still MBA  
SESLHD Board Chair



# INTRODUCTION

The South Eastern Sydney Local Health District (SESLHD) *Cancer Clinical Services Plan 2019-2022* (the Plan) outlines the priorities for clinical service improvement over the next four years.

It provides an overview of the impact of cancer in our community, recent service improvements and achievements, and proposes priorities for cancer services across the District.

The Plan has been informed by the *NSW Cancer Plan* and by the strategic directions of SESLHD. It was developed following extensive consultation within SESLHD.

The Plan focuses on person-centred, safe and compassionate models of care, making better use of our resources in cancer care to improve outcomes across the community. It also acknowledges that within SESLHD there are people or communities with higher risk of cancers, experiencing poorer cancer-related health outcomes, who require focus.

A SESLHD *Palliative Care Clinical Services Plan* is being developed in 2019, taking account of both cancer and non-cancer related palliative care, Commonwealth and state strategic directions and developments in advanced care planning and end-of-life care.

Progress on the Plan will be monitored by the Cancer Services Advisory Stream Committee and informed by the Cancer Institute NSW *Reporting for Better Cancer Outcomes Reports*.



## WHAT DO WE ASPIRE TO?

Consistent with the *NSW Cancer Plan*, we aspire to reduce the incidence of cancer, increase the survival of people with cancer and improve the quality of life of people with cancer.

We will work to empower individuals to take responsibility for their health and wellbeing and self-manage periods of ill health with informed carers and clinicians, in accordance with our Local Health District's *Journey to Excellence Strategy 2018-2021*.

We will continue transforming care through innovative and integrated models of care. Strengthening our participation in, and leadership of, translational research will contribute to this transformative care both and better outcomes for our patients.

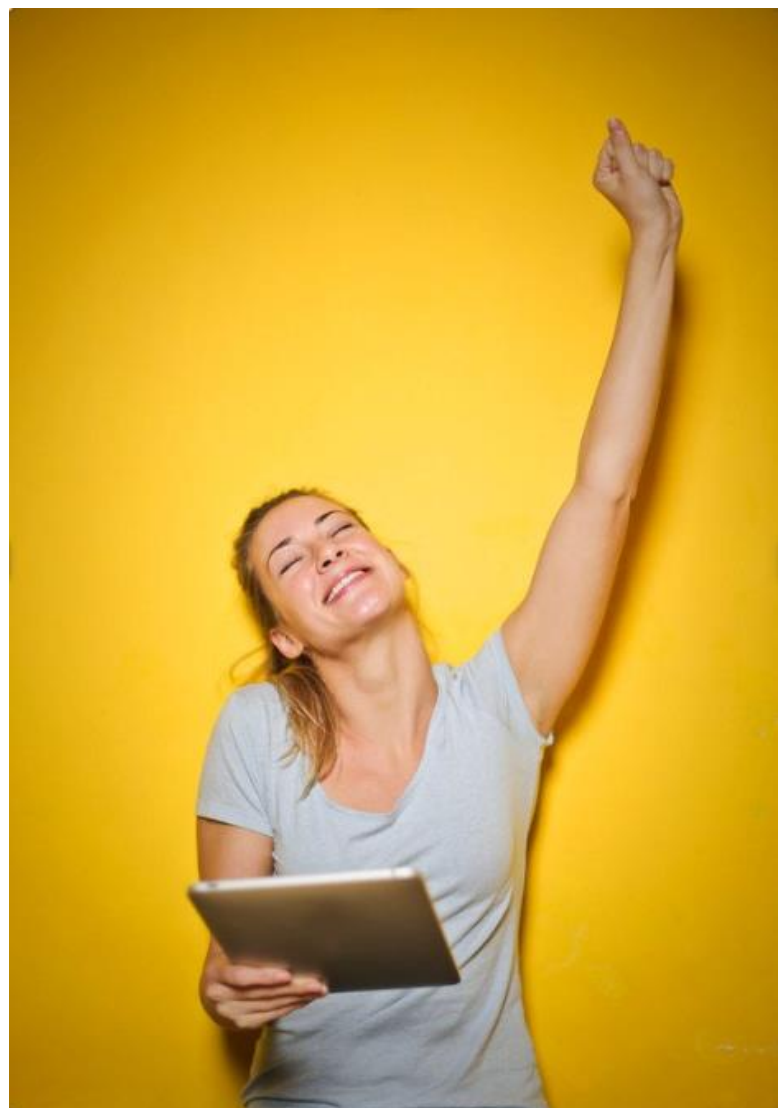
Realigning services and improving care processes, will also assist in reducing clinical variation, improving the quality and timely delivery of services and providing better value care.

We want to create capacity to compassionately, efficiently and effectively meet the current and future demand for cancer services.

## WHAT PRINCIPLES UNDERPIN OUR ASPIRATIONS?

Underpinning our aspirations are the following principles:

- Value based healthcare
- Exceptional patient and carer experience
- Health equity
- Integrated, evidence-based care
- Patient and staff safety
- Commitment to a strong translational research culture
- A whole of system approach
- Sustainable cancer care
- An adaptive and just workforce culture.



# WHAT CANCER SERVICES ARE AVAILABLE IN SOUTH EASTERN SYDNEY?

Cancer Services within SESLHD provide a comprehensive range of general and specialist cancer diagnostic and therapeutic services. It is important to note that many of these services are shared across facilities. The Adolescent and Young Adult Cancer (AYA) is a state-wide service that is based at Prince of Wales Hospital (POWH).

The Role Delineation at POWH and St George Hospital (SGH) for cancer services is similar, at Level 6. At Sutherland Hospital (TSH) and the Royal Hospital for Women (RHW) levels are 5 for Medical Oncology and 4 for Radiation Oncology. TSH Haematology is Level 4 (see Appendix for explanation).

Service	POWH	RHW	SGH	TSH
Adolescent and Young Adult Cancer	✓	x	x	x
Bone Marrow Transplant	✓	x	✓	x
Breast Cancer Care	✓	✓	✓	✓
BreastScreen	x	✓	✓	x
Cancer Care Co-ordination	✓	✓	✓	✓
Cancer Clinical Trials	✓	✓	✓	x
Cancer Genetics	✓	x	✓	x
Cancer Outreach	✓	x	✓	x
Diagnostic and Interventional Imaging	✓	✓ <sup>^</sup>	✓	✓
Gynaecological Oncology	x	✓	✓	x
Haematology	✓	x	✓	✓
• Apheresis	✓	x	✓	x
Inpatient services	✓	✓	✓	✓
Medical oncology	✓	✓	✓	✓
Medical physics	✓	x	✓	x
Peritonectomy	x	x	✓	x
Palliative Care	✓	✓	✓	✓
Patient and Carer support	✓	✓	✓	✓
Psycho Oncology	✓	✓	✓	✓
Radiotherapy including Brachytherapy	✓	x	✓	x
Surgical oncology	✓	✓	✓	✓
Survivorship Centre	✓	x	x	x
Wig Library	✓	x	✓*	✓*

## Key:

✓ Service is based at this facility

\* Wig Library: Patients of SGH and TSH access wigs at Calvary Health Care Kogarah, and patients of RHW access wigs at POWH. Palliative Care is provided by Calvary Hospital Kogarah, including the provision of community care for the residents in the Georges River Local Government Area (LGA), the former Rockdale LGA and Sutherland Shire.

<sup>^</sup> RHW provides diagnostic ultrasound via its ultrasound department to Gynaecological Oncology and all other diagnostic and interventional radiology is undertaken at POWH.

# WHO GOVERNS US?

South Eastern Sydney Local Health District, under the governance of the Board, is undertaking a process of transformation, radically changing the healthcare landscape across the District.

With our vision being “Exceptional care, healthier lives”, SESLHD sees our purpose “to enable our community to be healthy and well; and to provide the best possible compassionate care when people need it”. SESLHD’s *Journey to Excellence* strategy focuses on safe, person-centred and integrated care; workforce wellbeing; better value; community wellbeing and health equity; and fostering research and innovation. These are underpinned by partnerships that deliver; responsive information management systems; data and analytics; fit for purpose infrastructure; and a culture of continuous improvement.

## CLINICAL STREAMS WITHIN SESLHD ARE RESPONSIBLE FOR:

- supporting safe and high-quality patient care, including consistency of quality clinical outcomes across the District
- leading Service Rationalisation projects by coordinating District wide involvement and spreading local innovations
- improving equity of outcomes, equity of access, and equity of quality across the District at an international, best practice level
- ensuring consistent performance across the District
- leading strategic direction and service planning
- developing and assisting implementation of Models of Care
- being translators of research and innovation
- driving quality and safety
- coordinating responses to the pillars
- coordinating standardisation of relevant policies and guidelines
- promoting standardisation
- reducing unwarranted clinical variation
- providing advice and recommendations regarding the best use and resourcing of medical workforce across the District, and
- supporting site-based quality and improvement projects.

## FACILITY GENERAL MANAGERS AND CLINICAL DIRECTORS

The General Manager is responsible for management of physical, human and financial resources to ensure the delivery of safe and efficient patient care, as well as the achievement of other SESLHD and NSW Health objectives.

Cancer and Haematology Services at Prince of Wales, St George and Sutherland Hospitals report to the relevant General Managers through the local service line management structure.

The Cancer Services Advisory Stream Committee membership includes relevant clinical staff, service line/program managers from the facilities to enable the Clinical Stream to fulfil its responsibilities.



# WHAT IS THE IMPACT OF CANCER IN OUR COMMUNITY?

In our District in 2014, 4,749 new cases of cancer were diagnosed and 1,483 people died from cancer<sup>1</sup>. Projections suggest by 2021 there will be 5,546 new cases and 1,681 deaths<sup>2</sup>. On average, one-in-two people in NSW will be diagnosed with a form of cancer by the age of 85<sup>3</sup>. Cancer is now the largest cause of mortality in Australia, surpassing cardiovascular disease<sup>4</sup>.

We know that one year and five year survivorship rates have been improving across NSW over the past 20 years. The most recent figures show five year survivorship of 67.2% for people first diagnosed between 2005 and 2009<sup>5</sup>. Cancer patients who have attended SESLHD Cancer Services have consistently better five year survival rates than the NSW state average across all cancers<sup>6</sup>. Cancer survivors have unique health needs following the disease and experience a wide range of physical and psychological changes after cancer treatment ends. These include fatigue, cognitive changes, body image issues, sexual and fertility problems and worry about cancer returning.

Our District has higher incidence rates of breast, non-Hodgkins lymphoma, thyroid and other endocrine cancers, and urogenital cancer, when compared to NSW<sup>7</sup>. The most common cancer types experienced by our residents are prostate, breast, melanoma of skin, lung and colon<sup>8</sup>. When we look more locally, we see some variations. For example, the Sutherland Shire has higher age-standardised rates of melanoma than the national average and up to 160% higher incidence than other parts of our District; and Rockdale has higher than Greater Sydney premature mortality rates for cancer<sup>9</sup>.



<sup>1</sup> Cancer Institute NSW: Cancer Statistics NSW. Published 26 June 2018

<sup>2</sup> Cancer Institute NSW: 2018 Reporting for Better Cancer Outcomes. Published November 2018

<sup>3</sup> Cancer Institute NSW: Cancer Statistics NSW. Published 26 June 2018

<sup>4</sup> AIHW 2016

<sup>5</sup> Cancer Institute NSW: Cancer Statistics NSW. Published 26 June 2018

<sup>6</sup> See Appendix: Outcomes & Activity: Five-year all-cause survival, by cancer type, SESLHD of residence, 2010-2014

<sup>7</sup> Cancer Institute NSW: 2018 Reporting for Better Cancer Outcomes. Published November 2018

<sup>8</sup> Cancer Institute NSW: Cancer Statistics NSW. Published 26 June 2018

<sup>9</sup> AIHW Australian Cancer Database 2012. Accessed from Australian Government: My Healthy Communities. Web update: Incidence of selected cancers in 2006–2010. Released 4 May 2017.

Despite the profile of breast cancer in the media, data recently released by the Cancer Institute NSW shows 45,895 women aged 50 to 74 in the South Eastern Sydney region are either overdue for a mammogram or have never had one.

Lung cancer is the most commonly diagnosed cancer in Indigenous Australians, followed by breast cancer (in females), colorectal cancer and prostate cancer. For non-Indigenous Australians, the order is reversed with prostate and lung cancer. Differences may be related to higher prevalence of cancer-related modifiable risk factors (such as smoking and alcohol consumption), poorer access to health-care services and lower uptake of screening and diagnostics testing<sup>10</sup>.

We know that being given a diagnosis of cancer can be devastating for individuals, their partners, family and friends. More people fear a cancer diagnosis than any other health condition<sup>11</sup>.

When people are treated with care and compassion and are empowered to be an equal partner from their first encounter with cancer, their experiences throughout their cancer journey are improved along with their health and wellbeing. There are several patient-reported responses to aspects of care that are reportedly lower in SESLHD when compared to the NSW average, that we will seek to address<sup>12</sup>.



<sup>10</sup> AIHW updated 15 March 2018. <https://www.aihw.gov.au/reports/cancer/cancer-in-indigenous-australians/contents/incidence>

<sup>11</sup> AIA. December 2013. AIA Australia Healthy Living Index Survey: A complete picture of Australia's health and wellbeing. [http://www.aia.com.au/en/resources/aa7ce7804215e37491c3fb0f2cbf0f90/2013\\_HLI\\_Report.pdf](http://www.aia.com.au/en/resources/aa7ce7804215e37491c3fb0f2cbf0f90/2013_HLI_Report.pdf)

<sup>12</sup> 2018 Reporting for Better Cancer Outcomes).

# WHAT HAVE WE ACHIEVED?

SESLHD's *Cancer Clinical Services Plan 2015-2018* was an ambitious plan with a large number of proposed actions. During the period of the plan, a number of significant developments occurred which impacted on the delivery of cancer services. These included the building and transition to the Nelune Comprehensive Care Centre at Randwick, renovations at St George Hospital, a Parliamentary Enquiry into Underdosing, a statewide chemotherapy audit, a restructure of Sutherland and St George Hospitals and challenging workforce related matters. Much of the *Cancer Clinical Services Plan 2015-2018* was co-dependent on the activities of the Cancer Institute NSW and the time period of the plan coincided with a change in the strategic plan at the Institute. Notwithstanding these challenges, Cancer Services in SESLHD made considerable progress during the period.

## MEDICAL ONCOLOGY AND HAEMATOLOGY SERVICES

- Outpatient physical space has been enhanced at POWH through the completion of the Nelune Comprehensive Cancer Care Centre
- Refurbishment has begun in the outpatient space at St George Hospital, funded through community support, and will enhance the chemotherapy suite size and the number of clinic rooms
- At St George Hospital, haematology and oncology wards have moved to the new Acute Services Building and a PET scanner has been installed
- EviQ protocols are in use across the District through the oncology information systems Mosaiq and ARIA
- Increased numbers of multidisciplinary teams and increased care coordination activity has been established across all facilities and further work is required to improve their processes

## RADIOTHERAPY SERVICES

- Brachytherapy is consolidated at St George Hospital and has expanded to include breast brachytherapy (in addition to prostate)
- Migration of services at POWH to the Nelune Comprehensive Cancer Care Centre
- Stereotactic radiotherapy due to come on line at St George Hospital in 2017/18 with the installation of a new linear accelerator

## INPATIENT SERVICES

- Work with the local clinical councils to rationalise delivery of complex cancer surgery including ensuring multidisciplinary care
- New surgical appointments have led to some increase in surgical volume to bring the major facilities into relevant targets specified by CINSW

## CANCER OUTREACH SERVICES

- Significant activity has been undertaken tracking COP activity using electronic solutions. This has led to changes in type of activity undertaken

## SPECIALISED ALLIED HEALTH CANCER SERVICES

- Screening for psychological symptoms and distress has been increased across the District and referral pathways have been established
- A Swallow Clinic established at St George Hospital as a tertiary referral for patients with swallowing difficulties post treatment

## MULTIDISCIPLINARY CARE AND CARE COORDINATION

- The number and scope of the MDT has increased. There has been a restructure of care coordination across the District with the long term view to partner with CINSW to work towards care coordination KPI. Development of patient inclusion / exclusion criteria for each MDT is currently under way
- Projects are underway to establish connections with primary care through HealthPathways in partnership with the Central and Eastern Sydney Primary Health Network. Lung, Upper Gastrointestinal HealthPathways have been developed and a Liver HealthPathway is in progress



## CANCER CARE TAILORED TO THE NEEDS OF AN AGEING POPULATION

- St George and Sutherland Hospitals have incorporated a frailty tool into outpatient screening
- A geriatric oncology program is on the agenda of the UNSW SPHERE Cancer Advisory Group

## CANCER GENETIC SERVICES

- The unit is research active and participates in the state-wide cancer genetics service

## COMMUNITY PARTNERSHIPS IN CANCER SERVICES

- St George Hospital has established affiliations with a Cancer Navigator service established by a not-for-profit organisation



## PERSON CENTRED CANCER CARE

- POWH and SGH have had patient satisfaction outcomes reported by BHI and CINSW. This is a work in progress and will focus on collection and use of patient reported outcomes (PRO) through the Cancer SPHERE activities, in particular in partnership with SWSLHD and use of electronic systems. In addition, the CINSW is establishing a statewide roll-out

## CANCER SERVICE INFORMATION SYSTEMS ACROSS OUR DISTRICT

- Electronic prescribing has been fully implemented at POWH and RHW using MOSAIQ; and at SGH and TSH using ARIA
- A program to improve data quality through timely clinician entry is underway at SGH/TSH and is being migrated to POWH
- Enhancement of the Head and Neck electronic database
- Development of an E-shared care platform with funding from TIIC and CINSW
- The new genetics software is implemented

- Web based BRCA genetic testing for the Jewish community
- Programs concerning data extraction from the OMIS are ongoing both as projects in collaboration with the NSW Cancer Registry/CINSW and in-house research and administrative projects

## CLINICAL CANCER RESEARCH

- Monitoring of trial activity is underway in partnership with CINSW
- The Translational Cancer Research Network (TCRN) has received a second funding cycle and is well established. It is partnering with Cancer SPHERE in its activities
- Biobanking is established through the HAS Biobank, managed by the TCRN, and is expanding in volume across the District; engagement with NSW Health Pathology, surgeons and nursing teams
- A plan for linking data to the Biobank is in progress
- Scientia phase I unit has been established and a significant component of the work will relate to cancer



# WHAT ARE OUR PRIORITIES?

## PARTNERING WITH PATIENTS, CARERS, FAMILY AND COMMUNITY

It is imperative patients and families have a say in decisions regarding their treatment and care and that we provide value-based person-centred care by listening and responding to what matters most to them.

This partnership extends to informing the quality and design of our services and ensuring that our services are culturally appropriate.

We will:

- work with the CINSW Patient Reported Measures (PRMs) program to enable the LHD to electronically capture PRMs in the Oncology Medical Information System (OMIS)
- undertake routine psychosocial /distress screening with young adults and adolescents
- increase integration of Patient Reported Measures through Multidisciplinary Teams
- contribute to improving the health literacy in our District about cancer and our services
- develop a structured approach to support groups including cancer navigators at each facility
- promote amongst staff the need to ask about Aboriginality and referral to an Aboriginal Health Liaison Officer at intake and /or admission

- work with Aboriginal Health staff to improve the reach into the communities, with a focus on earlier detection and lifestyle factors
- increase the use of interpreter services
- increase partnership with Media and Communications to celebrate cancer group specific days e.g. World Brain Cancer Day
- invite patient and carer participation in system improvement planning and redesign, addressing priorities in NSQHS Standard 2 Partnering with Consumers.

**This priority addresses:**

***NSW Cancer Plan: Focus Areas - Aboriginal and CALD; Health care systems; Improve cancer outcomes***

***SESLHD Journey to Excellence: Safe, person-centred and integrated care; Community wellbeing and health equity.***



## CANCER SURVIVORSHIP

Survival rates are rising. Advances in prevention, early detection, diagnosis and treatment of cancer are allowing many more people to survive and live longer with the disease.

We will:

- ensure that all patients have treatment and survivorship plans, with those plans incorporating shared care with a general practitioner and primary health
- introduce survivorship clinics and embed survivorship models of care into routine practice
- develop programs and pathways with rehabilitation services for post-acute care and survivorship initiatives
- explore opportunities for fertility preservation for people diagnosed with cancer.

**This priority addresses:**

***NSW Cancer Plan: Encourage healthy lifestyle changes and support healthy living; Enhance the experiences of people affected by cancer.***

***SESLHD Journey to Excellence: Safe, person-centred and integrated care; Community wellbeing and health equity.***

## REDUCING USE OF TOBACCO AND TOBACCO PRODUCTS

Tobacco smoking is a leading cause of cancer and chronic disease. Smoking is linked to lung, oral, upper gastrointestinal, colorectal, genitourinary, haematological and gynaecological cancers.

The proportion of adults who smoke is 16.2% in South Eastern Sydney LHD (NSW = 15.2%). Referrals to NSW Quitline in SESLHD are 1 per 100,000 of the smoking population, which is the lowest rate in NSW (NSW= 3.1 per 100,000).

Cancer Services will work with CINSW to ensure strategies that contribute to reducing tobacco use are implemented across the LHD. These include:

- embedding brief interventions for smoking cessation and managing nicotine dependence in all clinical care and community settings, initially tested with cancer diagnosis and treatment services
- documenting tobacco history in patient's medical records
- partnering with the Directorates of Planning, Population Health and Equity (Health Promotion) and Primary, Integrated and Community Health (Aboriginal Health) to enhance the reach of health promotion initiatives with Aboriginal communities.

**This priority addresses:**

***NSW Cancer Plan: Reduce the use of tobacco and tobacco products.***

***SESLHD Journey to Excellence: Safe, person-centred and integrated care.***

## INNOVATIVE MODELS OF CARE

The growing demand and increase in complexity of cancer treatments can impact on our capacity to provide timely treatment. Investigating innovative new community-based models of care will improve capacity of outpatient and inpatient units whilst importantly improving the experience of patients and their carers..

Long term follow-up care for cancer patients by Cancer Services is unsustainable and the majority of these patients have GPs who are involved in their care but have little role in their long-term care and surveillance.

We will:

- expand nurse led models of care in all settings (inpatient, outpatient and community), including nurse practitioners
- investigate chemotherapy at home
- enhance melanoma services, with a focus on Sutherland Hospital
- offer extended hours treatment
- test online information and consent for genetic testing which could be expanded for low risk testing ordered by non-genetic specialists
- develop further HealthPathways in collaboration with the CESPHE. Cancer Services have been involved in the development of three HealthPathways to date
- investigate use of telehealth, electronic messaging and smart phone apps.

This priority addresses:

*NSW Cancer Plan: To increase the survival of people with cancer; Improve cancer outcomes; Enhance the experiences of people affected by cancer;*

**Focus Area: Health care systems – Primary care**

*SESLHD Journey to Excellence: Safe, person-centred and integrated care; Community wellbeing and health equity*



## SAFETY AND EFFECTIVENESS OF CARE

Patients who access our hospitals and services should be able to expect reliable, safe, and compassionate care.

Quality standards expect that clinical practice levels of activity, processes of care and outcomes are reviewed regularly and compared with data on performance from external sources and other similar health service organisations. Systems must be in place to monitor variation in practice against expected health outcomes; provide feedback to clinicians on variation in practice and health outcomes; review performance against external measures; support clinicians to take part in clinical review of their practice; use information on unwarranted clinical variation to inform



improvements in safety and quality systems; record the risks identified from unwarranted clinical variation in the risk management system.

The multidisciplinary cancer care team (MDT) approach is considered best practice for people with cancer as it improves cancer outcomes. SESLHD has a well-established connection of MDTs across the District, except for kidney and melanoma MDT access<sup>13</sup>. However, in a recent review it was agreed that MDT processes could be strengthened and standardised, reflect the recent advances in data analytics and have clearer lines of responsibility including the role of Chair.

We will:

- improve maturity of multidisciplinary care for specific tumour streams through enhancement of MDT processes, documentation and care coordination
- establish mechanisms to ensure oversight of all patients within a MDT
- establish audit and feedback mechanisms to monitor performance of MDTs
- establish a Melanoma MDT for Sutherland Hospital
- continue to engage with MDTs to increase standardisation across the District. Currently work has been undertaken at St George Hospital, this will roll out to include Prince of Wales Hospital
- use the OMIS systems improvisation by monitoring identified KPIs such as Performance status and stage
- collaborate with the CINSW and MOH to ensure the ongoing implementation of two

initiatives in the Tranche Two Leading Better Value Care program:

1. The LBVC Hypofractionated Radiotherapy for Early Stage Breast Cancer initiative aims to assess and address the variation observed in the application of hypofractionation for the treatment of breast cancer and seek to improve patient access to hypofractionated breast radiotherapy across NSW
  2. The LBVC Direct Access Colonoscopy initiative goal is to improve the management of colonoscopy wait lists and prioritise and streamline access for patients with a positive Faecal Occult Blood Test from the national screening program, who require colonoscopy in a timely manner
- improve links and collaborative care with surgical and medical and mental health / psychiatry specialities.

**This priority addresses:**

***NSW Cancer Plan:*** To increase the survival of people with cancer; Improve cancer outcomes; Enhance the experiences of people affected by cancer; Focus Area: Health care systems – Primary care

***SESLHD Journey to Excellence:*** Safe, person-centred and integrated care; Community wellbeing and health equity; Responsive Information management systems; data & analytics; a culture of continuous improvement

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<sup>13</sup> See Appendix: Table of MDT Access across SESLHD in August 2018

## FOSTERING TRANSLATIONAL RESEARCH AND EDUCATION

The *SESLHD Research Strategy 2017-2021* places research at the heart of SESLHD's work to improve individual care and community health and wellbeing and builds on our history of research excellence. It is guided by two major objectives: building research capacity in SESLHD and fostering research and translation within SESLHD.

There is considerable research and educational expertise available within the cancer services, across all disciplines.

Furthering our translational research and educational efforts, we will:

- participate in a five year project to increase the uptake and spread of evidence-based care in oncology. The project, funded by the National Health and Medical Research Council, is called the Centre for Research Excellence in Implementation Science in Oncology (CRE-ISO), and Professor Winston Liew is one of the Chief Investigators. Staff from CRE-ISO, which is based at Macquarie University, will meet with many LHD staff to understand how oncology care is delivered in the LHD, as a basis for developing interventions to improve care, and measure the changes that occur
- participate in Innovations in Cancer Control initiatives:
  - Priority 2: Bowel Cancer Screening – Improving access to public colonoscopy services within NSW Local Health Districts: *Virtual clinics for rapid assessment and access to endoscopy for*

*patients with positive faecal occult blood test*

- Priority 4: Building on Innovations in Cancer Care: *Sharing follow-up care for patients with colorectal cancer*
- Priority 5: Cervical Screening Program: *Increasing the uptake of cervical screening for young women across Western Sydney through an innovative social media campaign*
- Priority 8: Tobacco Control: Social Marketing Grants: *Raising awareness of the harms of water-pipe smoking*
- provide a Cancer Genetics Trainee program, which will provide employment of a Cancer Genetics Advance Trainee
- negotiate appointment of a chair in gynaecological oncology at the Royal Hospital for Women with the University of New South Wales
- Increase the ratio of cancer clinical trials enrolments to cancer incidence (per 100 cases). 2018 baseline is two for SESLHD compared to nine for NSW average
- participate in the Translational Cancer Research Network five flagships
- increase interaction between the MDTs/Tumour Streams and co-located basic science researchers on each campus
- increase nurse led translational research.

**This priority addresses:**

***NSW Cancer Plan: Foster translation and innovation from cancer research; Build globally relevant cancer research capacity***

***SESLHD Journey to Excellence: Foster research and innovation***



## HOW DO WE TURN OUR PRIORITIES INTO ACTION?

In order to enable successful delivery of the strategic priorities, each facility across SESLHD and the Cancer Clinical Stream will undertake an annual process to develop their own localised plans based on the strategic priorities.

This Clinical Services Plan was developed with the understanding that priorities will be addressed in different ways in different facilities and in accordance with the needs of local people.

These activities will be entered into the SESLHD Management and Planning System (MAPS), the District's web-based integrated planning framework based that allows facilities, wards and service units to document their business plans and quality improvement initiatives, projects and other initiatives which align to the District's *Journey to Excellence*.

Monitoring and evaluation will be conducted through the use of MAPS, progress updates at the local Heads of Department meetings and at the Cancer Services Advisory Stream Committee and through outcomes as reported by the Cancer Institute NSW in the *Reporting for Better Cancer Outcomes Report*.

The *Reporting for Better Cancer Outcomes Report* is an annual state wide report, which reflects the contract between the LHDs and the CINSW. It delineates Key Performance Indicators in areas spanning cancer prevention and screening, cancer treatment and service delivery, with a focus on surgical volumes as this is the most readily available and timely dataset. In addition, the report focuses on performance in clinical trials. The Report reflects some of the results of programs supported in the LHD-CINSW contract including care coordination, multidisciplinary teams, clinical trials, psych-oncology and genetics services, and the cancer registry team.

# IMPLEMENTATION PLAN

## 1. PARTNERING WITH PATIENTS, CARERS, FAMILY AND COMMUNITY

#	SES-LHD*	Activity	Outcomes	Activity Lead	Activity Shared	Start date	End date
1.1	1	Work with the CINSW Patient Reported Measures (PRMs) program to enable the LHD to electronically capture PRMs in the Oncology Medical Information System (OMIS).	Increased capture of patient reported measures Improved experience of people affected by cancers	Directors Cancer and Haematology Services LHD Nurse Manager Cancer Stream	CINSW	2/19	12/22
1.2	1, 3	Increase integration of Patient Reported Measures through Multidisciplinary Teams	Patient Reported Measures included in care planning and decision making, as evidenced by audit of care plans in 2022	Directors Cancer and Haematology Services	Chairs MDTs	7/19	12/22
1.3	1	Undertake routine psychosocial /distress screening with young adults and adolescents	Care plans include strategies for psychosocial problems and distress, resulting in lowered stress and anxiety	Directors Cancer and Haematology Services	AYA Service	7/19	12/22
1.4	1	Contribute to improving the health literacy in our District about cancer and our services	Increased self-management and improved health outcomes All facilities' internet sites provide information and service details, similar to the Nelune Comprehensive Cancer Care Centre on the POWH webpage	Directors Cancer and Haematology Services GM's SGH, TSH,RHW &ICT		7/19	6/20
1.5	1, 3	Develop a structured approach to support groups including cancer navigators at each facility	People affected by cancers are better supported and more health literate.	Directors Cancer and Haematology Services	Prostate and Breast Cancer Foundation	7/19	6/21
1.6	1, 4	Promote amongst staff the need to ask about Aboriginality and referral to an Aboriginal Health Liaison Officer (AHLO) at intake and /or admission work with Aboriginal Health staff to improve the reach into the communities, with a focus on earlier detection and lifestyle factors	Improved data collection and access to AHLO to support culturally appropriate care, with annual review undertaken.	Directors Cancer and Haematology Services	Aboriginal Health – District and AHLOs	2/19	12/22



#	SES-LHD*	Activity	Outcomes	Activity Lead	Activity Shared	Start date	End date
1.7	1, 4	Work with Aboriginal Health staff to improve the reach into the communities, with a focus on earlier detection and lifestyle factors	Improved survivorship rates and wellbeing of Aboriginal patients (long term). Increased community knowledge and participation in screening through the development of culturally appropriate resources.	Directors Cancer and Haematology Services	Aboriginal Health – District and AHLOs	3/19	6/21
1.8	1, 3	Increase the use of interpreter services, and liaise with Diversity Health Coordinators regarding auditing a sample of medical records for baseline and 2 year follow up	Appropriate use of interpreters throughout the patient journey Increased patient satisfaction, decreased adverse outcomes and improved positive outcomes	Directors Cancer and Haematology Services LHD Nurse Manager Cancer Stream	Diversity Health Coordinators	2/20	2/22
1.9	3	Increase partnership with Media and Communications to celebrate cancer group specific days e.g. World Brain Cancer Day.	Increased awareness of specific cancers, prevention, screening and outcomes. (number of hits on website: local and SESLHD media coverage examples)	Directors Cancer and Haematology Services LHD Nurse Manager Cancer Services	Media and Communications	3/19	12/22
1.10	1, 3	Invite patient and carer participation in system improvement planning and redesign, addressing priorities in NSQHS Standard 2 Partnering with Consumers.	Enhanced service quality and development leading to improved health care and wellbeing  Evidence of participation in quality and service improvement planning and evaluation	Directors Cancer and Haematology Services LHD Nurse Manager Cancer Services	DPPHE and IIHUB Directorates	2/19	10/22

## 2. CANCER SURVIVORSHIP

#	SES-LHD*	Activity	Outcomes	Activity Lead	Activity Shared	Start date	End date
2.1	1	Treatment and survivorship plans	All patients will have treatment and survivorship plans, with those plans incorporating shared care with a general practitioner and primary health	Directors Cancer and Haematology Services	Primary Health	2/19	12/22
2.2	1	Introduce survivorship clinics, including access to nutrition and physiotherapy/exercise physiology services to improve patient outcomes.	Survivorship models of care embedded into routine practice	Directors Cancer and Haematology Services		2/19	12/22
2.3	1	Develop programs and pathways with rehabilitation services for post-acute care and survivorship initiatives	Improved access to rehabilitation and survivorship programs	Director Cancer and Haematology Services for SGH & TSH	SGH Rehabilitation Director; GM TSH; CHCK	7/19	7/22
2.4	1	Explore opportunities for fertility preservation for people diagnosed with cancer	Access to fertility specialists provides patients with options for fertility and reproduction	Directors Cancer and Haematology Services	GM, Royal Hospital for Women	7/19	7/22

### 3. REDUCING USE OF TOBACCO AND TOBACCO PRODUCTS

#	SES-LHD*	Activity	Outcomes	Activity Lead	Activity Shared	Start date	End date
3.1	1	Embed interventions for smoking cessation and managing nicotine dependence in cancer diagnosis and treatment services	Reduced use of tobacco and tobacco products by cancer patients	Directors Cancer and Haematology Services LHD Nurse Manager Cancer Services	Cancer Clinical Stream Director and Nurse Manager	2/19	12/20
3.2	1	Embed brief interventions for smoking cessation and managing nicotine dependence in all clinical care and community settings.	Reduced use of tobacco and tobacco products by patients across all clinical settings	General Managers	Directors and Nurse Managers Clinical Streams	7/20	7/22
3.3	1	Document tobacco history in patient's medical records	Improved and accurate collection of data about smoking to enable intervention	General Managers	Directors and Nurse Managers Clinical Streams	3/19	6/22
3.4	1, 3	Partner with the Directorates of Planning, Population Health and Equity (Health Promotion) and Primary, Integrated and Community Health (Aboriginal Health) to enhance the reach of health promotion initiatives for Aboriginal communities	Reduced risk of developing cancer and better health outcomes for Aboriginal babies	LHD Director and Nurse Manager Cancer Clinical Stream Directors Cancer and Haematology Services	Aboriginal Health Planning, Population Health and Equity (Health Promotion)	3/19	6/21

## 4. INNOVATIVE MODELS OF CARE

#	SES-LHD*	Activity	Outcomes	Activity Lead	Activity Shared	Start date	End date
4.1	1	Expand nurse led models of care in all settings (inpatient, outpatient and community), including nurse practitioners	Reduction in the burden of health care costs by shifting to the community setting. Increased patient satisfaction Enhanced patient care and equity of access	Service Line Managers (Facility), LHD Nurse Manager Cancer Stream	GMs	2/19	12/22
4.2	1	Investigate chemotherapy at home	Increased patient satisfaction and well being Patients have a choice of chemotherapy setting.	LHD Director Cancer Stream	Directors Cancer and Haematology Services BIEU	2/19	12/19
4.3	1	Enhance melanoma services, with a focus on Sutherland Hospital	Ease of access to specialist service Decreased travel time to treatment	LHD Director Cancer Stream	General Manager TSH Medical Oncology Lead TSH	7/19	7/21
4.5	1	Offer extended hours treatment	Decreased waiting times Increased patient satisfaction and reduced impact on patient's and carer's work responsibilities	Directors Cancer and Haematology Services LHD Nurse Manager Cancer Services	GMs	10/19	9/22
4.6	1	Test online information and consent for genetic testing which could be expanded for low risk testing ordered by non-genetic specialists	Improved access to genetic testing	Directors Cancer and Haematology Services	Genetic Service Health Pathology	5/19	12/19
4.7	1, 3	Develop further HealthPathways in collaboration with the CESP HN. Cancer Services have been involved in the development of three HealthPathways to date	Streamlined referral process between General Practitioners and specialists in line with the Cancer Council's optimal care pathway. Improved access to appropriate care	Directors Cancer and Haematology Services LHD Nurse Manager Cancer Services	CESPHN	7/19	12/22

#	SES-LHD*	Activity	Outcomes	Activity Lead	Activity Shared	Start date	End date
4.8	1	Investigate the use of telehealth, electronic messaging and smart phone apps	Improved equity of access to services Reduction in unnecessary appointments Telehealth Service Access: Non-admitted services provided through telehealth (%) (SESLHD SLA)	LHD Director Cancer Services LHD Nurse Manager Cancer Services	ICT; Directors Cancer and Haematology Services	11/19	12/21

## 5. SAFETY AND EFFECTIVENESS OF CARE

#	SES-LHD*	Activity	Outcomes	Activity Lead	Activity Shared	Start date	End date
5.1	1, 3	Improve maturity of multidisciplinary care across the LHD for specific tumour streams through enhancement of MDT processes, documentation and care coordination	Standardised MDTs across the District All MDTs will have Terms of Reference, reviewed and updated every 12 months Audits of MDTs held regularly, demonstrate evidence of safe and effective practice.	LHD Cancer Clinical Stream Director	Directors Ca&H at POWH, SGH, TSH	2/19	12/22
5.2	1, 3	Establish mechanisms to ensure oversight of all patients within a MDT	All patients will be 'overseen' by a MDT.	Directors Cancer and Haematology Services LHD Nurse Manager Cancer Services	Chairs of MDT MDT members	2/19	12/22
5.3	1	Establish audit and feedback mechanisms to monitor performance of MDTs	MDT is working effectively with optimal team interaction	Clinical Stream Director and Nurse Managers Cancer and Haematology Services	MDT Chairs	2/19	12/22
5.4	1	Establish a Melanoma MDT for Sutherland Hospital	Improved service delivery in an area with high prevalence of a cancer (melanoma)	LHD Director Cancer Stream	TSH Medical lead	7/19	2/20



#	SES-LHD *	Activity	Outcomes	Activity Lead	Activity Shared	Start date	End date
5.5	1	Use the OMIS systems improvisation by monitoring identified KPIs such as Performance status and stage	Improved data collection and reporting	Directors Cancer and Haematology Services LHD Nurse Manager Cancer Services	Cancer Information Program Manager	2/19	12/22
5.6	1, 2	Collaborate with the CINSW and MOH to ensure the ongoing implementation of two initiatives in the Tranche Two Leading Better Value Care program: 1. Hypofractionated Radiotherapy for Early Stage Breast Cancer. 2. Direct Access Colonoscopy (DAC) for positive faecal occult blood test.	1. Decreased variation in the application of hypofractionated radiotherapy. Improved access to hypofractionated breast radiotherapy 2. Improved management of colonoscopy wait lists and streamlined prioritisation of access for patients with a positive Faecal Occult Blood Test from the national screening program, who require colonoscopy in a timely manner.	1. Directors Cancer Services SGH and POWH 2. Directors of Medicine 3. LHD Nurse Manager Cancer Services	HODs Radiation Oncology STG and POWH  Medicine Stream	2/19	12/22
5.7	1, 3	Improve links and collaborative care with surgical and medical and mental health /psychiatry specialities	Reduced unwarranted clinical variation Improved outcomes for patients	LHD Director and Nurse Manager Cancer Services	Medicine Stream Surgery Stream Directors of Mental Health	2/19	12/22

## 6. FOSTERING TRANSLATIONAL RESEARCH AND EDUCATION

#	SES-LHD*	Activity	Outcomes	Activity Lead	Activity Shared	Start date	End date
6.1	1	Participate in a 5-year project to increase the uptake and spread of evidence based care in oncology. Staff from CRE-ISO, which is based at Macquarie University, will meet with many LHD staff to understand how oncology care is delivered in the LHD, as a basis for developing interventions to improve care, and measure the changes that occur	Improved Multidisciplinary care provision Enhanced patient centred care, patient experience and PROMs Evidence of compliance with the use of eviQ protocols ensuring best practice.	LHD Director and Nurse Manager Cancer Services	NHMRC Macquarie University CRE-ISO SESLHD SWSLHD	2/19	5/23 (5 year funding)
6.2	1	Participate in Innovations in Cancer Control initiatives – 1. Priority 2: Bowel Cancer Screening – Improving access to public colonoscopy services within NSW Local Health Districts 2. Priority 4: Building on Innovations in Cancer Care 3. Priority 5: Cervical Screening Program 4. Priority 8: Tobacco Control: Social Marketing Grants	1. Virtual clinics for rapid assessment and access to endoscopy for patients with positive faecal occult blood test - Improved access to care. 2. Shared follow-up care for patients with colorectal cancer – Capacity built in clinics 3. Increased uptake of cervical screening for young women across Sydney 4. Increased awareness of the harms of water-pipe smoking	1. LHD Director Medicine Stream 2. LHD Director Cancer Stream 3. Priority Populations Manager 4. Priority Populations Manager	LHD Director and Nurse Manager Cancer Stream	1. 7/18 2. 7/18 3. 7/18 4. 7/18	6/19 6/20 9/20 12/20
6.3	1, 2	Cancer Genetics Trainee program, which will provide employment of a Cancer Genetics Advance Trainee	Workforce development for cancer genetics Increased access to genetics information for patients	LHD Director Cancer Stream	Cancer Genetics	2/19	12/20

#	SES-LHD*	Activity	Outcomes	Activity Lead	Activity Shared	Start date	End date
6.4	1, 2, 5	Negotiate appointment of a chair in gynaecological oncology at the Royal Hospital for Women with the UNSW	Leadership and improved clinical care	GM Royal Hospital for Women	LHD Director Cancer Stream UNSW	2/19	12/22
6.5	1, 5	Participate in the Translational Cancer Research Network five flagships	Advanced translation and innovation in cancer research	Director Cancer Services	TCRN	2/19	12/22
6.6	1, 3, 5	Increase interaction between the MDTs/Tumour Streams and co-located basic science researchers on each campus	Relevant cancer research undertaken that impacts on clinical care	Directors Cancer and Haematology Services POWH and STG	UNSW	2/19	12/22
6.7	1, 5	Increase the ratio of cancer clinical trials enrolments to cancer incidence (per 100 cases) (2018 baseline is two for SESLHD compared to NSW = 9)	Improved patient outcomes Persons recruited to cancer clinical trials (Number) see DHMR_5301 (SLA) Ratio of clinical trial enrolments to cancer incidence per 100 cases increased (CINSW RBCO Report)	Directors Cancer and Haematology Services – POWH, SGH, RHW	Managers of Clinical Trial Units LHD Director Cancer Stream Calvary: Kogarah	2/19	12/22
6.8	1, 5	Increase nurse led translational research	Number of senior nursing staff involved in leading translational research	Nurse Managers at Facility	LHD Nurse Manager Cancer Stream  Translational Cancer Research Network	6/19	12/22

# APPENDIX:

## PLANNING PROCESS

The development of this Plan was undertaken through several key stages:

- A scoping paper was written by the SESLHD Manager, Strategy and Planning Unit/Senior Health Services Planner (Manager SAPU) in collaboration with the Clinical Stream Director and Nurse Manager of Cancer and Palliative Care Services (C&PCS), outlining the parameters for the SESLHD *Cancer Clinical Services Plan 2019-2022*
- A desktop review of the current *Cancer Clinical Services Plan 2015-2018* was undertaken by the Nurse Manager (C&PCS) in consultation with the Director during January-February 2018.
- A set of 'key achievements' was compiled from this review and approved at the Cancer Services Advisory Stream Committee meeting
- Consultation meetings were held by the Stream Director and Nurse Manager of C&PCS and the Manager SAPU with the:
  - General Manager and the Director of Cancer and Haematology Services, Prince of Wales Hospital
  - General Manager of the Royal Hospital for Women
  - General Manager of St George Hospital
  - General Manager and the Director of Clinical Services of Sutherland Hospital.

This was to gain an insight into each site's priorities for cancer services and also gave the Cancer Stream leaders an opportunity to discuss with the General Managers the direction for cancer services for the next three years. The ideas generated from these meetings were compiled for inclusion in the themes for the planning forum/workshop.

- A half day planning forum/workshop was held in July 2018. Thirty four people attended the workshop, including senior medical and nursing staff from cancer services across the District from a variety of clinical subspecialties and professional roles. In addition, there was representation from the Central and Eastern Sydney Primary Health Network (CESPHN); Aboriginal Unit; Multicultural Health; Planning, Population Health & Equity Directorate and the Cancer Institute NSW (CINSW). The forum was facilitated by the SESLHD Director of Planning, Population Health and Equity.

The aim of the forum was to generate and prioritise strategies to develop the next Cancer Plan, and ensure alignment to both the NSW Cancer Plan and the SESLHD Journey to Excellence Strategy, focusing on providing better care for patients living with cancer.

- An online survey was conducted, which was sent to all staff members of Cancer Services across the SESLHD and the Directorate for Clinical Streams. Thirty eight responses were received from:

Prince of Wales Hospital	34.2%
St George Hospital	31.6%
Sutherland Hospital	13.2%
Calvary Hospital	10.6%
Other	21.0%

Professional groups were represented:

Allied Health	18.4%
Medical	18.4%
Nursing	42.2%
Health Manager	15.8%
Other	5.3%

The survey asked:

1. What do you consider the key priorities for cancer services development over the next 3 years? (Please tick as many of the 23 listed as you agree with, or list others)
  2. Are there particular initiatives your service is currently undertaking that could be included in the plan?
  3. Are there initiatives your service is proposing that could be included in the plan?
  4. Are there particular barriers/issues that need addressing within the next 3 years?
  5. How can the role of consumers and carers with cancer services be strengthened?
- Online survey results were compiled and analysed for themes, together with the forum and consultation meeting outputs
  - A brief review of the Cancer Institute NSW 2018 *Reporting for Better Cancer Outcomes Report* for South Eastern Sydney Local Health District was undertaken to inform the Plan
  - A draft Plan was prepared by the Manager SAPU
  - Features of the draft plan were presented to the SESLHD Clinical and Quality Council by the LHD Director Cancer Clinical Stream, and feedback noted
  - The draft was distributed to staff of cancer services, facility General Managers, Calvary Healthcare Kogarah, and District Directors for review and feedback
  - A final draft was prepared by the Manager SAPU in consultation with the LHD Director and Nurse Manager Cancer Stream
  - Final draft was submitted to and endorsed by the SESLHD Clinical and Quality Council.
  - Final draft was submitted to and endorsed by the SESLHD Board in February 2019.



## SESLHD Cancer Clinical Services Plan Workshop Attendees

<b>NAME</b>	<b>POSITION</b>
Shoma Barat	SESLHD Cancer Information Program Manager
Amy Bloomfield	Nurse Unit Manager Sutherland ODC
Boon Chau	Director, Cancer and Haematology Services Medical Co-Director, Program of Neurosciences, Cancer Services and Rehabilitation POWH
Melvin Chin	HOD Medical Oncology POWH
Damien Conway	Population Health Epidemiologist PPHE
Tim Croft	Manager Aboriginal Health Services
Jan Maree Davis	SESLHD Director Palliative Care Southern Sector
Julie Dixon	SESLHD Director Planning, Population Health and Equity (PPHE)
Sharryn Fitzgerald	Program Manager Health Pathways SESLHD
Justine Harris	Director Clinical Services TSH
Shir-Jing Ho	HOD Haematology St George Hospital
Rebecca Hodges	Nurse Unit Manager Gunyah TSH
Michael Jackson	HOD Radiation Oncology POWH
Ru Kwedza	Manager, Quality and System performance CINSW
Winston Liauw	SESLHD Director Of Cancer Services
James Mackie	SESLHD Medical Executive Director
Linda Magann	CNC Palliative Care St George Hospital
Julia MacLean	Speech Pathologist St George Hospital
Stephanie McMillan	Program Manager TCRN
Sarah-Jane Messum	Project Manager, Medical Directorate, SESLHD
Catherine Molihan	Nurse Manager Innovation SESLHD
Brona Nic Giolla Easpaig	Research Fellow
Andrewina Piazza Davies	SESLHD Nurse Manager Surgery, ED and Anaesthetics
Kim Rigg	SESLHD Nurse Manager Cancer Services
Hayley Smithwick	Nurse Manager Cancer Services St George Hospital
Robyn Schubert	Director SESI BreastScreen NSW
Kimberley Thomsett	SESLHD Nurse Manager Aged Care, Rehab & Medicine
Rebecca Tyson	Service Line Manager St George Hospital
Wendy Uptin	Health Services Planner PPHE
Nicole Wedell	Operational Nurse Manager TSH
Lisa Woodland	SESLHD Manager Priority Populations
Catherine Zammit	Health Services Planner PPHE

## SESLHD Cancer Services Advisory Stream Committee Membership

- LHD Cancer Clinical Stream Director (Chairperson)
- LHD Cancer Clinical Nurse Manager (Executive Officer)
- Allied Health Representative
- AYA Representative
- Director of Cancer Services from each site
- District Finance representative
- Directors of Palliative Care Service Northern and Southern sectors
- Director Hereditary Cancer
- Haematology Department Head from each site
- Manager Nursing Operations, Sutherland Hospital
- Medical Oncology Department Head from each site
- Nursing Co Director, St George Hospital
- Nurse Manager, Prince of Wales Hospital
- Nurse Unit Managers from each site
- Operations Manager , Prince of Wales Hospital
- Program Manager Cancer Registry
- Radiation Oncology Department Head from each site
- Representative, Translational Cancer Research Network
- Senior Nurse Representative, Royal Hospital for Women
- Service Line Manager, St George and Sutherland Hospitals
- SESI Director BreastScreen NSW

# THE STRATEGIC CONTEXT

The *NSW State Health Plan: Towards 2021*, provides the strategic framework for the NSW Health system and brings together NSW Health’s existing plans, programs and policies and sets priorities across the system for the delivery of ‘the right care, in the right place, at the right time’. It details three strategic directions:

- Direction 1:** Keeping people healthy
- Direction 2:** Providing world class clinical care
- Direction 3:** Delivering truly integrated care

The *NSW Cancer Plan* contributes to *the NSW State Health Plan*. It sets out a coordinated and collaborative approach to cancer control. It is the fourth cancer plan for NSW and builds on the success of previous plans, with the aim of lessening the burden of cancer in NSW. NSW is at the forefront of cancer control globally, with residents’ chance of surviving cancer being amongst the highest in the world. The vision is to end cancers as we know them, with the goals, objectives and focus areas as outlined below:

Goals	Objectives
1 To reduce the incidence of cancer	Reduce the use of tobacco and tobacco products Reduce over exposure to ultraviolet radiation Encourage health lifestyle changes and support healthy living
2 To increase the survival of people with cancer	Increase the early detection of breast, bowel and cervical cancers Improve cancer outcomes Build globally relevant cancer research capacity Foster translation and innovation from cancer research
3 To improve the quality of life of people with cancer	Enhance the experiences of people affected by cancer

The focus areas are:

Populations	Cancers	Health care systems
Aboriginal communities CALD communities	Lung cancer Bowel cancer Primary liver cancer	Primary care Patient centres quality cancer care

The Cancer Institute NSW is funded by the NSW Government and provides the state-wide strategic direction for cancer control in NSW.

**SESLHD Journey to Excellence Strategy: 2018-2021** aims to deliver optimal healthcare for our community now and into the future with a vision of “Exceptional care, healthier lives” and its purpose to “enable our community to be healthy and well; and to provide the best possible compassionate care when people need it”, delivered by a skilled and compassionate workforce.

Objectives focus on \*:

1. safe person-centred integrated care
2. workforce wellbeing
3. better value
4. community wellbeing and health equity
5. fostering research and innovation.

These are supported by partnerships that deliver; responsive information management systems; data and analytics, fit for purpose infrastructure and a culture of continuous improvement.

Through its emphasis on system and service improvement and innovation, continued efforts to reduce waste and duplication and commitment to ensure the organisation has the right structures in place, SESLHD seeks to secure financial sustainability whilst keeping high quality patient care at the centre of every decision.

Providing more care in the community, primary care or outpatient based settings, investing in health data and information sharing technology, and forming partnerships and alliances with primary and social care services will help us to support health and wellbeing of patients and carers and reduce the demand on hospital based services into the future.

The ***Translational Cancer Research Network*** has five flagships:

1. Hereditary Cancer
  - CONTACT Study - This study aims to investigate the psychosocial impact, perceived and actual technology reliability and acceptance of using Telehealth compared with standard models of care for genetic counselling via telephone consultation or in-person at initial consultations.
  - Behaviour Change for the Detection and Management of Lynch Syndrome
  - Increasing the Genetic Literacy and Communication Skills of Oncology Professionals
  - Mainstream Genetic Testing for BRCA1 and BRCA2
2. HSA Biobank and Bioinformatics
  - Operations and research utilisation of the HSA biobank – over 6000 specimens from over 3200 consented patients. A number of key projects/researchers include Ms Nicki Meagher 'Unravelling mucinous tumours of the ovary and intestinal tract: diagnosis, classification and molecular profiling', Professor Susan Ramus and Dr Caroline Ford who utilise the ovarian tissue samples. In 2017, over 9 translational cancer research projects were supported.
  - NSW Cancer Biobanking Stakeholder Project – 'Enabling near real-time clinical data capture for biobanks using electronic medical records'
  - De-identification Project - The main purpose of this project is to improve existing de-identification techniques used to de-identify pathology reports in the OpenSpecimen database
  - MCO WSI Survival Prediction Project - proposes an effective and novel whole slide histopathological images survival analysis (WSISA) framework. The framework is designed to overcome challenges relating to pixel resolution.
3. Continuum of Care
  - E-shared care – developed an interactive shared care plan that extracts data from cancer information systems, specifies responsibility for tasks and records their

completion, and facilitates communication and sharing of roles between GPs and specialist cancer clinicians. A pilot will commence at St George Hospital in colorectal cancer

- A decision support triage tool - developed an interactive shared care plan that extracts data from cancer information systems, specifies responsibility for tasks and records their completion, and facilitates communication and sharing of roles between GPs and specialist cancer clinicians

#### 4. 2025 Workforce Capacity Building

- Supporting PhD candidates including support for up to 4 clinical PhD top-up scholarships (2 currently in place, 2 to be awarded)
- Pilot and seed funding to support research across the network - recently awarded at Cancer Challenge grant to Peter Graham at St George Hospital for 'Preventing fibrogenesis and late treatment related swallow dysfunction'
- Increased efforts to engage nursing and allied health staff in research. Allied health staff involved with flagship projects. Advertised for a nursing PhD – likely to find a candidate this year.
- Increasing academic and clinician collaboration through support of the Bridging the Gap Seminar series and Randwick Precinct Cancer Roundtables

#### 5. Clinical Improvements into Practice

- Haematological malignancies – a number of projects focussed on myelodysplastic syndromes (treatment options and stratification)
- A program grant focussed on chemotherapy induced peripheral neuropathy
- Enhancing quality of care in surgical oncology – a focus on gynaecological cancers and upper GI
- Broadening the scope of MDTs.

### Just Culture

The Clinical Excellence Commission (2016) defined a just culture as “one that recognises that, while there is a clear line between acceptable and unacceptable behaviour, good professionals can still make mistakes. It recognises that, when a mistake occurs, the individual involved will be treated fairly, and that people should not be punished for errors due to a failure in the system over which they have no control.”



## OUTCOMES AND ACTIVITY:

Reporting for Better Cancer Outcomes (RBCO) is a program focused on continuous improvement across the NSW cancer health system which is administered by the Cancer Institute NSW.

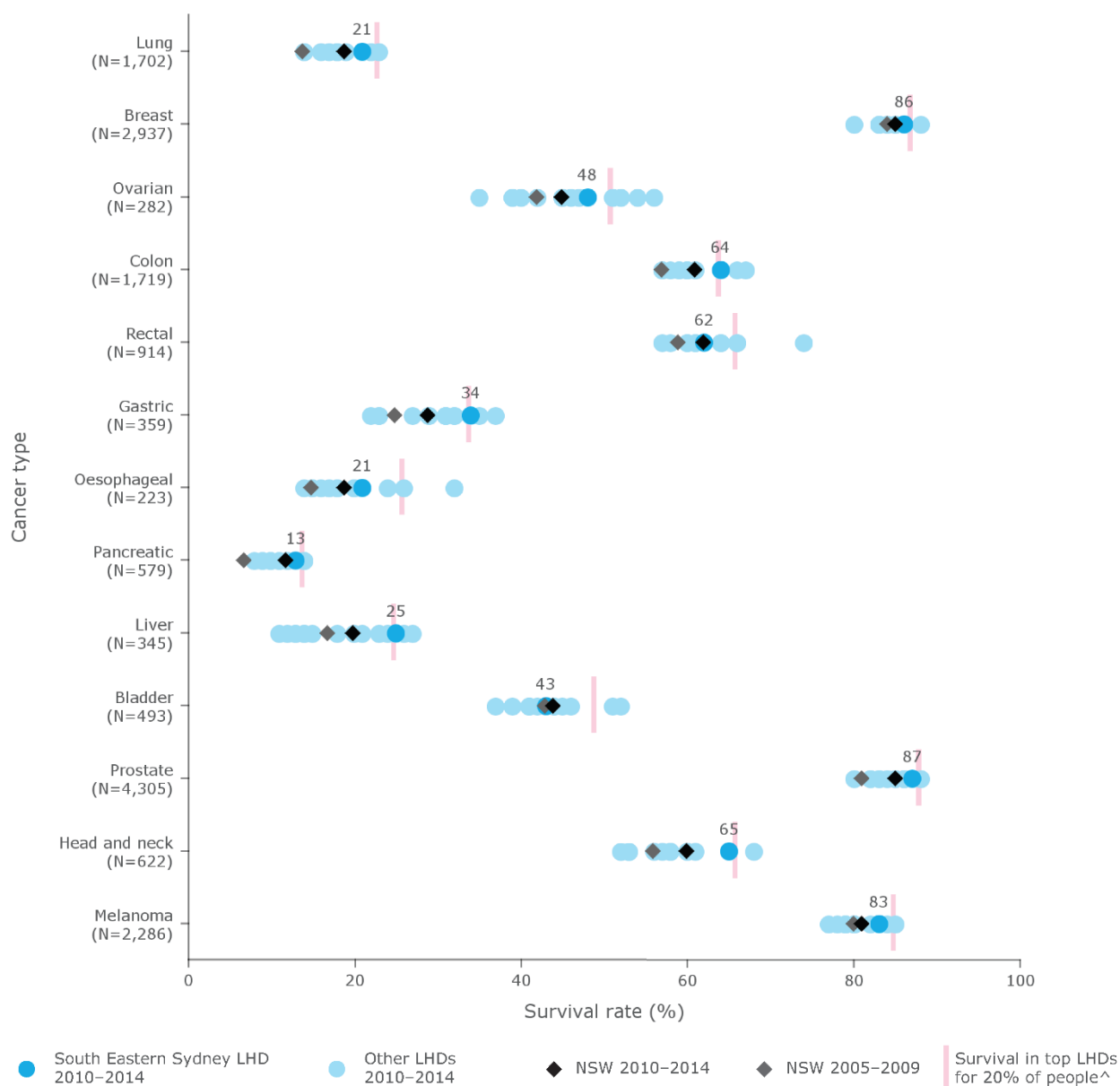
The program monitors and reports on key areas of cancer control, such as cancer prevention, screening, treatment and clinical trials. Reporting annually since 2011, the RBCO Program provides local and statewide cancer data to key stakeholders across the NSW health sector. This helps LHDs to identify opportunities to improve the cancer services they provide.

The RBCO Program develops, measures and reviews a set of key performance indicators each year in the areas of cancer prevention, screening, treatment and research. The program identifies where there are differences in results between geographical areas and population groups. It then turns this information into meaningful recommendations that can be used to make improvements to local health services and improve cancer outcomes across NSW.

Two of the key outcome measures, as reported by the RBCO program and shown in the graphics below, are the:

- Five year all-cause survival, by cancer type. Cancer patients who have attended SESLHD Cancer Services have consistently better five year survival rates than the NSW state average across all cancers
- Multidisciplinary team access. SESLHD has a well-established connection of MDTs across the Local Health District, except for kidney and melanoma MDT access.

## Five-year all-cause survival\*, by cancer type, South Eastern Sydney LHD of residence, 2010–2014



N= Number of cancer cases in South Eastern Sydney LHD. Case counts may differ to reported incidence due to the exclusion of cases notified by death certificate only, restriction to ages 15–100 years at diagnosis and use of a linked dataset.

\* All-cause survival was measured by local health district of residence with adjustment for age and gender. Survival rates shown here are lower than survival data published on the Cancer Institute NSW website, which reports relative survival from cancer.

^ Survival calculated across the LHDs with the highest survival rates and that cover at least 20% of the NSW population.

Notes:

1. Data source: NSW Cancer Registry with mortality followed up from linked death data from NSW Registry of Births Deaths and Marriages. Interstate death data were unavailable.
2. Survival rates were suppressed if there were less than 10 deaths.

## Multidisciplinary team access across South Eastern Sydney LHD, at August 2018

Cancer type	Multidisciplinary team (MDT)	Prince of Wales	Royal Hospital for Women	St George	Sutherland	Sydney/Sydney Eye
Bladder	Prince of Wales Uro-oncology	MDT access on site				
	St George Hospital Urology Oncology			MDT access on site		
Brain metastases^	St George Hospital Metastatic Neurological			MDT access on site		
Breast	Prince of Wales Breast Cancer	MDT access on site	MDT access off site*			
	St George Cancer Care Centre Breast			MDT access on site	MDT access off site*	
Colon	Prince of Wales Upper and Lower Gastrointestinal Cancer	MDT access on site				
	St George Cancer Care Centre Colorectal			MDT access on site		
	Sutherland Hospital Colorectal				MDT access off site*	
Gastric	Prince of Wales Upper and Lower Gastrointestinal Cancer	MDT access on site				
	St George Cancer Care Centre Upper Gastrointestinal			MDT access on site	MDT access off site*	
Head and neck	Prince of Wales Head and Neck Cancer	MDT access on site				
	St George Cancer Care Centre Head and Neck			MDT access on site	MDT access off site*	
Kidney	Prince of Wales Uro-oncology	MDT access on site			Surgery performed at this hospital between 2016-2017, but there are no formal MDT networks	
	St George Hospital Kidney			MDT access on site	Surgery performed at this hospital between 2016-2017, but there are no formal MDT networks	
	St George Hospital Urology Oncology			MDT access on site	Surgery performed at this hospital between 2016-2017, but there are no formal MDT networks	
Lung	Prince of Wales Lung Cancer	MDT access on site				
	St George Cancer Care Centre Lung			MDT access on site	MDT access off site*	
Lymphoma^	Prince of Wales Haematology	MDT access on site				
	St George and Sutherland Hospitals Lymphoma			MDT access on site	MDT access off site*	
Melanoma	Prince of Wales Skin and Melanoma	MDT access on site		Surgery performed at this hospital between 2016-2017, but there are no formal MDT networks	Surgery performed at this hospital between 2016-2017, but there are no formal MDT networks	Surgery performed at this hospital between 2016-2017, but there are no formal MDT networks
Neuroendocrine^	St George Cancer Care Centre Neuroendocrine			MDT access on site		
Neurological	Prince of Wales Neuro Oncology	MDT access on site				
	St George and Sutherland Hospitals Central Nervous System			MDT access on site	MDT access off site*	
Oesophageal	Prince of Wales Upper and Lower Gastrointestinal Cancer	MDT access on site				
	St George Cancer Care Centre Upper Gastrointestinal			MDT access on site	MDT access off site*	

MDT access on site
  MDT access off site\*
  Surgery performed at this hospital between 2016-2017, but there are no formal MDT networks
  General or multi-tumour team access\*\*
  No surgical volume activity available and no MDT access registered on Canrefer.

Cancer type	Multidisciplinary team (MDT)	Prince of Wales	Royal Hospital for Women	St George	Sutherland	Sydney/Sydney Eye
Ovarian	Royal Hospital for Women Gynaecological Oncology	MDT access on site	MDT access on site			
	St George Cancer Care Centre Gynaecological			MDT access on site		
Pancreatic	Prince of Wales Upper and Lower Gastrointestinal Cancer	MDT access on site				
	St George Cancer Care Centre Upper Gastrointestinal			MDT access on site	MDT access off site*	
Peritonectomy <sup>^</sup>	St George Hospital Peritonectomy			MDT access on site		
Primary liver	Prince of Wales Liver Cancer	MDT access on site				
	Prince of Wales Upper and Lower Gastrointestinal Cancer	MDT access on site				
	St George Cancer Care Centre Upper Gastrointestinal			MDT access on site	MDT access off site*	
	St George Hospital Hepatocellular Carcinoma			MDT access on site		
Prostate <sup>^</sup>	St George Cancer Care Centre Complex Prostate Cancer			MDT access on site		
	St George Cancer Care Centre Prostate Brachytherapy			MDT access on site		
Rectal	Prince of Wales Upper and Lower Gastrointestinal Cancer	MDT access on site				
	St George Cancer Care Centre Colorectal			MDT access on site		
	Sutherland Hospital Colorectal				MDT access off site*	
Sarcoma <sup>^</sup>	Prince of Wales Sarcoma	MDT access on site		MDT access off site*		
Secondary liver	Prince of Wales Liver Cancer	MDT access on site				
	Prince of Wales Upper and Lower Gastrointestinal Cancer	MDT access on site				
	St George Cancer Care Centre Upper Gastrointestinal			MDT access on site	MDT access off site*	
Urological <sup>^</sup>	St George Hospital Hepatocellular Carcinoma			MDT access on site		
	Prince of Wales Uro-oncology	MDT access on site				
	St George Hospital Urology Oncology			MDT access on site		

 MDT access on site    
 MDT access off site\*    
 Surgery performed at this hospital between 2016–2017, but there are no formal MDT networks  
 General or multi-tumour team access\*\*    
 No surgical volume activity available and no MDT access registered on Canrefer.

\* A hospital that may utilise an MDT at an external site, either by physical attendance or Telehealth.

\*\* General multidisciplinary teams oversee diagnosis, staging and treatment options for of a range of cancer types.

<sup>^</sup> These cancer types are not reported by surgery in this report. For these cancer types we cannot assess which hospitals are performing surgery without access to an MDT.

Notes:

1. Multidisciplinary teams that meet monthly or more frequently are currently listed on Canrefer.
2. Data have been validated by a nominated representative from the local health district or private hospital as part of the Canrefer 6-monthly updates.

# ROLE DELINEATION:

Role delineation is applied in NSW to inform strategic service, clinical and capital planning at the local and State level. When developing plans such as Clinical Service Plans, Business Cases for capital projects and other service plans, The *NSW Health Guide to the Role Delineation of Clinical Services* is used as a tool to describe the size, service profile, and roles of the facility applying to clinical services.

The role level of a service describes the complexity of the clinical activity undertaken by that service and is also linked to the level of core services such as operating theatres, pharmacy, pathology etc.

**The current role delineations for cancer services within SESLHD (2018) are as follows:**

SPECIALTY	POWH	RHW	SSEH	WMH	SGH	TSH	CHCK
Oncology – Medical	6	5	NPS	NPS	6	5	NPS
Oncology - Radiation	6	4	NPS	NPS	6	4	NPS
Haematology	6	NPS	3	NPS	6	4	NPS

NPS = No Planned Service

WMH =War Memorial Hospital Waverley; CHCK =Calvary Health Care Kogarah

The link to the *NSW Health Guide to the Role Delineation of Clinical Services* is here

<https://www.health.nsw.gov.au/services/Publications/role-delineation-of-clinical-services.PDF>



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