

STRATEGIC PLAN 2017-2020

BSWRICS Vision

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

Our Key Strategic Outcomes 2017-2020

In the next three years, BSWRICS will provide leadership and coordination to:

- Enable a collaborative, integrated and aligned network of cancer services, inclusive of all service providers available in the region.
- 2. Implement regional Optimal Care
 Pathways by tumour stream including
 supportive care and patient choices where
 appropriate.
- **3.** Implement the cancer Service Capability Frameworks including for supportive care.
- **4.** Enable the systematic review and use of Evaluation of Cancer Outcomes data to understand the incidence and cancer outcomes and optimise patient flow and quality for all services in the region.
- 5. Understand and facilitate linkage of new and emerging services, screening services and primary care so as to continue to optimise care, build efficient collaborations and share knowledge.

Strategic Goals Priority Actions

A NETWORKED CANCER SYSTEM

1.1 Link services involved in cancer care (across all sectors including cancer centres, health services, community organisations) and work with these services and health professionals to align priorities.

- 1.1.1 Lead and coordinate mapping of regional referral pathways in the Barwon South West region and ensure pathways are communicated to consumers, primary and tertiary health providers in BSW and neighbouring regions.
- **1.1.2** Assist regional health services to ensure the best possible holistic approach to cancer care, including essential supportive care, survivorship services, screening services, rehabilitation, palliative care and engagement of GPs.
- 1.1.3 Work collaboratively with primary health care to develop appropriate models which improve communication and coordination of services and increase awareness of regional cancer referral pathways.
- **1.1.4** Ensure a robust ICS Governance structure which facilitates engagement of public and private organisations, clinicians and consumers involved in provision of cancer care.
- 1.2 Strengthen linkages between metropolitan and regional cancer service providers.
- **1.2.1** Collaborate with health services to develop recommended protocols for coordination of patient flow and communication within regional services to ensure consistency of care and coordination.
- **1.2.2** Work collaboratively with neighbouring ICS to ensure optimal service delivery to health services across regions reducing duplication and optimising coordination for patients.
- **1.2.3** Continue and extend BSWRICS advocacy role, prioritising evidence-based advocacy on and for key service issues that impact the whole region.

1.3.1 Develop and implement a regional

- cancer consumer engagement model to make full use of existing health services and other structured cancer consumer engagement.
- 1.3 Engage consumers and communities in the work of the ICS.
- **1.3.2** Engage with regional consumers on their experience of cancer services via regional and state-wide surveys (DHHS Patient Experience Survey).

2.4 Continue

streams.

state-wide tumour

summits to drive

consistent cancer

care across tumour

1.3.3 Communicate the work of BSWRICS and regional cancer related information to consumers and community groups.

Strategic Goals Priority Actions HIGH QUALITY CANCER CARE 2.1.1 Lead and coordinate the implementation of the regional Optimal Care Pathways by tumour stream to facilitate integrated, coordinated cancer care and patient choices. 2.1.2 To work collaboratively with regional health services to implement regional and 2.1 Implement state-wide MDM initiatives with focus on: the Optimal Care clinical governance of the program Pathways including improvements to • sustainable funding models multidisciplinary increased access to MDMs remotely by care, supportive GPs and other clinicians care and care increased Supportive and Palliative coordination. Care involvement and referral pathways 2.1.3 Support the development, localisation and implementation of Supportive Care assessment and pathways which align with Optimal Care Pathways and cancer Service Capability Frameworks. 2.2.1 Enable the systematic development, review and usage of regional Evaluation of Cancer Outcomes data to fully understand the regional incidence of cancer and 2.2 Analyse cancer outcomes as well as optimise available data patient flow and quality for all services in and information the region. of relevant clinical evidence/ 2.2.2 Lead and coordinate optimal use innovation and and linkages with Evaluation of Cancer Outcomes data to enable maximum benefit disseminate it to drive quality improvement. 2.2.3 Work collaboratively with regional health services to review VCSPI performance and identify and support activities to improve in these areas. 2.3 Support providers to apply cost-benefit 2.3.1 Ensure we utilise health economic considerations data to support decision making where to care/service relevant. planning and delivery.

2.4.1 Actively participate in and progress

relevant recommendations arising from

the state-wide tumour summits program.

2.5 Continue to drive improvements in the patient experience of cancer care.	2.5.1 Support regional health services to improve patient experience of cancer care through regional and state-wide service development initiatives.
	2.5.2 Work collaboratively with the Grampians and metropolitan regions to better understand referral pathways and enable optimal cancer care across regions.
	2.5.3 Support the implementation of appropriate survivorship models of care in partnership with regional health services and primary care providers.
2.6 Continue to support workforce development initiatives.	2.6.1 Lead and support workforce development and education initiatives which align with cancer Service Capability Frameworks, Optimal Care Pathways and other cancer reform areas to enable high quality, effective and coordinated cancer care.
	2.6.2 Lead and coordinate the implementation of the cancer Service Capability Frameworks and other appropriate tools and frameworks which assess and help build cancer service capability.
A RESEARCH-INFORMED CANCER CARE SYSTEM	
3.1 Encourage providers to participate in clinical trials programs.	3.1.1 Encourage and enable participation in open international trials and observational trials across the region.
providers to participate in clinical trials	open international trials and observational
providers to participate in clinical trials programs. 3.2 Support health	open international trials and observational trials across the region. 3.2.1 Support research opportunities to understand and address the issues associated with higher regional and rural mortality rates: we want to be in the position where we say that where we live does not
providers to participate in clinical trials programs. 3.2 Support health services research.	open international trials and observational trials across the region. 3.2.1 Support research opportunities to understand and address the issues associated with higher regional and rural mortality rates: we want to be in the position where we say that where we live does not impact your cancer related mortality. 3.2.2 Encourage and support the use of Evaluation of Cancer Outcomes data for
providers to participate in clinical trials programs. 3.2 Support health	open international trials and observational trials across the region. 3.2.1 Support research opportunities to understand and address the issues associated with higher regional and rural mortality rates: we want to be in the position where we say that where we live does not impact your cancer related mortality. 3.2.2 Encourage and support the use of Evaluation of Cancer Outcomes data for regional research. 3.3.1 Ensure that all BSWRICS initiatives and projects have robust metrics and are

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