



File File

New file: HD SC - Network
Bronn

20 November 1996

Ms. E. Aitken
Executive Officer
NEHCN Cancer Services Review Committee
Austin & Repatriation Medical Centre
Locked Bag 1
West Heidelberg 3081

Clinical Staff at R.S.F.

Dear Libby,

Thank you for sending the draft copy of the North Eastern Health Care Network Clinical Review of Cancer Services for comments. I congratulate you on the extremely comprehensive report and submit the following comments:-

Page 23,

4.6..1 General Information:

Self Help Cancer Support Groups are auspiced under the Anti-Cancer Council of Victoria Cancer Support Group Network.

Page 25,

4.6.6 Cancer Support Groups:

funding, resources and training for cancer support groups is also supplied by the Anti-Cancer Council of Victoria.

Page 26,

Anti-Cancer Council of Victoria

Para 2.

Their services in the community play a major role in providing cancer information and support services, including literature regarding all aspects of cancer control, to cancer patients, health professionals and the general public. They provide information through the Cancer Helpline for anyone who requests it. They use ACCCIS, a unique database of resources to provide specific information regarding early detection, prevention, treatment and management of cancer and linkage with community resources, self-help groups, hospice and palliative care services, in-home services and other adjunctive services throughout the state.

They provide Breast Cancer Support Services through specially trained nurses located at hospitals throughout the State and volunteers who have experienced breast cancer. They also provide the Living with Cancer Education Program for cancer patients and their families at hospitals throughout Victoria.

They experience the largest number of contacts with patients and families in the State and are a valuable resource for both distribution and provision of demographic and other information for health providers.

Page 27,

4.9 penultimate paragraph Please print Anti-Cancer Council of Victoria in full not ACCV.

Page 66,

R30

Note: The Anti-Cancer Council of Victoria, in conjunction with La Trobe University is developing a Distance Education Accreditation Program at Grad Dip level for Breast Cancer Support Service Nurses.

Leading the fight

R36

The Anti-Cancer Council of Victoria has literature available in community languages through their Women's Health Program and an NESB Breast Cancer Support Service Access Project is currently being piloted to increase access to breast cancer support services for ethnic women.

Appendix E, 2.7 Information Services-Education Resource Centre:

The Anti-Cancer Council of Victoria provides patient oriented booklets and literature for patients, families and support groups. We have developed ACCCIS, a database on which specially developed booklets and selected articles from review of literature both national and international are available. Information is provided at both a patient and health professional level and at the Council, specially trained, qualified staff provide individual information and counselling to the caller. We have found that this Australian oriented database is more useful to the residents of Victoria than PDQ which is North American based. This database is available for sale to all hospitals.

Thank you for the opportunity to have input into the Review as we feel that we are a valuable resource to the North Eastern Health Care Network. We are a neutral, non-affiliated, source of information and support with the technological and clinical expertise available regarding all aspects of cancer control.

I am sending a copy of your draft report and this letter to Professor Robert Burton, the Executive Director of the Anti-Cancer Council as he is extremely interested in being involved with your group.

Yours sincerely,



Doreen Akkerman

Director

Cancer Information and Support Service

✓ cc: Professor Robert Burton

WESTERN
HEALTH CARE NETWORK

18 OCT 1996

Net
Brown

cc - Susan
File Networks

10th Floor
Connibere Building
Royal Melbourne
Hospital Campus
Flemington Road
Parkville 3050

Telephone
(03) 9342 8155
Facsimile
(03) 9342 8166

17 October 1996

Dr Robert Burton
Executive Director
Anti-Cancer Council of Victoria
1 Rathdowne Street
CARLTON SOUTH VIC 3053

Dear Dr Burton

It is with great pleasure that I provide you with a copy of the Western Health Care Network's Strategic Plan for the future provision of health services in Melbourne's western and north-western suburbs.

The main aim of the plan is to redistribute health services to where people live. Key initiatives are based on comprehensive analysis of population demographics and projected changes in health service needs in the west over the next 15 years.

These initiatives include:

- Development and expansion of services at Western Hospital's Sunshine campus
- Building a new health service incorporating aged care, psychiatry, ambulatory, day surgery and community care facilities at Broadmeadows
- Relocation of services from The Royal Melbourne Hospital's Essendon campus to Sunshine, Werribee and Broadmeadows over two to three years as new facilities are developed
- Increasing and enhancing services at Williamstown Hospital through creation of additional ambulatory care services and transfer of resources from Altona Hospital
- Expansion of cardiology, thoracic surgery and less complex tertiary services at Western Hospital, Footscray campus
- Relocation of all mental health inpatient services from Royal Park into new purpose-built facilities at The Royal Melbourne Hospital's Parkville campus, Sunshine, Werribee and Broadmeadows
- Maintaining and further developing tertiary services at The Royal Melbourne Hospital, Parkville campus.

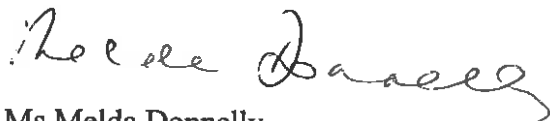
Provider Hospitals

- The Royal Melbourne Hospital
- Western Hospital
 - North West Hospital
- Mercy Werribee Hospital
- Williamstown Hospital
- Altona Hospital

The WHCN's Strategic Plan recognises that patients are our number one priority. By making services more accessible and efficient, hospital and health care services will be set to meet the needs of the community into the 21st century.

I commend the plan to you and look forward to your continuing interest in the health services provided by the Western Health Care Network.

Yours sincerely,

A handwritten signature in cursive script, appearing to read "Melda Donnelly".

Ms Melda Donnelly
Chair

Message from the Chair of WHCN

Health services in the west and north-west are set to meet the needs of the community into the 21st century following the completion of the Western Health Care Network's Health Services Plan.

The WHCN is immensely proud of the health services it provides. Plans for the future provision of these services are outlined in this brochure.

The plan aims to build and develop services closer to where people live.

By improving accessibility to services and targeting them to the special requirements of our community, I am confident patients will get a world-class health service.

Melda Donnelly

Melda Donnelly

Chair, Western Health
Care Network



Quality health care in the community

As well as the changes to the roles of hospitals in the WHCN, there are also a number of community-based initiatives:

- If patients need to be referred to a specialist, or move on to treatment at another hospital or health service, there will be better links between hospitals and community-based services.

- A customer services program will act on community complaints and feedback. Patient needs at each hospital will be monitored and an interpreting service for patients from non-English speaking backgrounds will be available.

- More information to help prevent illnesses and enable patients to take good care of themselves when unwell will be available.

- Improvements in medical practice, new technology and a better range of facilities will reduce the need for overnight stays in hospital, as many more services will be available through integrated care centres which offer consulting rooms and facilities to support home and community-based health care.

The Western Health Care Network has published a booklet called *Improving health care services in the West: meeting a growing community's needs* that explains the changes in more detail. If you would like a copy telephone 9342 8155.

Western Hospital (Footscray)

Maintain current role. Expand general services. Expand cardiology and thoracic surgery services.

Western Hospital (Sunshine)

Develop as a major community hospital, increase services in paediatrics, obstetrics and gynaecology in association with the Women's & Children's Health Care Network. Expand services in general surgery, general medicine, aged care and some medical and surgical specialities. Establish mental health inpatient and community services.

Williamstown Hospital

Maintain current role. Continue obstetric and gynaecological services in association with the Women's & Children's Health Care Network. Increase day services.

Werribee Mercy Hospital

Expand services to meet population growth with a focus on obstetrics, general medicine, general surgery and palliative care services. Establish mental health inpatient and community services.

Sunbury Integrated Care Centre

Establish a new integrated care centre by 2001.

Broadmeadows Health Service

Establish a new health service, incorporating aged care, psychiatry, day surgery, day procedures and community care.

North West Hospital (Parkville)

Maintain current services to inner-city aged population. Consolidate site by relocating nursing home beds to private sector. Redistribute some aged care/assessment activity to Western Hospital (Sunshine).

The Royal Melbourne Hospital (Parkville)

Maintain and expand current tertiary service activity. Maintain secondary level activities to care for inner-city patients and shift selected secondary level services to outer suburban hospitals to meet growth in demand.

The Royal Melbourne Hospital (Essendon)

Continue all services over the next 3 years. Gradual relocation of services to newly developed facilities elsewhere in the west and north-west.

Getting well soon, closer to home

Western Health Care Network Health Services Plan

A guide to improvements to health services in west and north-west metropolitan Melbourne.

23 OCT 1996

file BF?



**WOMEN'S & CHILDREN'S
HEALTH CARE NETWORK**



Incorporating The Royal Women's Hospital and The Royal Children's Hospital

Level 1, 132 Grattan Street, Carlton 3053, Australia, Telephone (03) 9344 2071, Facsimile (03) 9349 2392, ISD prefix (613)

17th October, 1996.

**Message from Mr. Ivor Davies
Chief Executive Officer
Women's and Children's Health Care Network**

The Metropolitan Health Care Services Plan was released today, providing a blueprint for the delivery of health care in the Melbourne Metropolitan area, into the next century.

It is a comprehensive strategy aimed at meeting the ever changing patterns of health needs in our community.

The Women's and Children's Health Care Network is in a unique position, being the only specialist network, providing for the very specific health care requirements of women, the newborn, children and adolescents.

Both the Royal Women's Hospital and the Royal Children's Hospital have undertaken leadership positions in the community. We offer the finest quality of clinical care, along with the vital components of education, training and research.

I am delighted to report that the Government has acknowledged our position and the Health Services Plan has recognised the importance of maintaining our "centres of excellence."

The Plan refers to the "Hub and Spoke" model of service delivery, a process which is already underway in our Network. The concept of providing services in a geographically accessible manner is embraced by both Hospitals. We will strategically be implementing this practice, while maintaining the critical mass necessary to ensure the continued core "centres of excellence".

The future location of the Royal Women's Hospital has been actively debated and we are pleased to announce that the Hospital will be upgraded on its current site. The addition of an integrated care centre, on site, will provide a comprehensive "one stop shop" for women and offer a range of diagnostic, treatment, educational and referral services.

The establishment of this facility will occur within the next three years and it is our Networks intention to seek community involvement in the planning process.

The commitment to expand child and adolescent mental health services has been welcomed by our Network and will greatly enhance existing services.

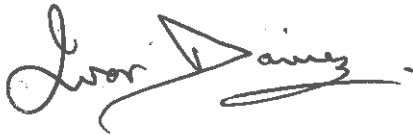
I have included for your information an extract from the Health Services Plan that is relevant to our Network, along with a summary of the document.

For full copies of the Plan, please call the Public Affairs Department on 9344 2600.

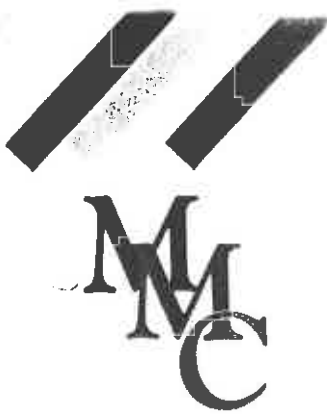
If you wish to discuss the impact of the Plan, on our Network in more detail, our management team will be available to meet with you.

Appointments can be made by phoning 9344 2071.

I hope you join me in welcoming the "Good News" for our Network and join us in the exciting challenges we now have ahead.

A handwritten signature in black ink, appearing to read "Ivor Davies". The signature is fluid and cursive, with a large, stylized 'I' and 'D'.

Ivor Davies,
Chief Executive Officer.



Meely Folder
MONASH MEDICAL CENTRE

McCulloch House
Palliative Care Centre

09 OCT 1996

Telephone 9550 5347

Facsimile 9550 5344

Email michael.ashby@med.monash.edu.au

Robert

7 October 1996

Dr Robert Burton
Anti Cancer Council of Victoria
1 Rathdowne Street
CARLTON 3053

Dear Dr Burton

I am writing in response to your letter to Professor Stoelwinder of 28 August. We have an interest in evidence based medicine in this network and would be keen to explore approaches to this in cancer management.

I would certainly be delighted to meet with you to discuss the contents of the letter. In fact just prior to its receipt I had left a message in your office suggesting we do just that.

I think it is very important that we enter into a dialogue with you as we reconfigure and develop cancer services in the Southern Health Care Network.

I look forward to meeting you in due course.

Yours sincerely,

*appointment
22nd Nov. 11:45am*

**Professor Michael Ashby
Medical Programme Director Designate
Southern Health Care Network**

copy Dr L Sumithran, Medical Advisor, Southern Health Care Network
Mr Carl Putt

Clayton Campus: 246 Clayton Road, Clayton, 3168, Victoria, Australia
Telephone: (61) (03) 9550 1111 Facsimile: (61) (03) 9550 6111

International Country Code (61) Interstate Area Code (03) International Callers Place (613) in Front of Chosen Number

**Anti-Cancer Council of Victoria Hospital-based Cancer Trials Data Management
Allocation by Health Care Networks Total = 11.0 eft
October 1996**

<u>North Eastern Health Care Network</u>		<u>1.4 eft</u>
- Austin & Repatriation Medical Centre	1.2 eft	
- Mercy Hospital for Women	0.2 eft	
<u>Women's & Children's Health Care Network</u>		<u>1.0 eft</u>
- Royal Children's Hospital	0.5 eft	
- Royal Women's Hospital	0.5 eft	
<u>Western Health Care Network</u>		<u>2.0 eft</u>
- Royal Melbourne Hospital	1.5 eft	
- Western Hospital	0.5 eft	
<u>Southern Health Care Network</u>		<u>0.8 eft</u>
- Monash Medical Centre	0.8 eft	
<u>Inner & Eastern Health Care Network</u>		<u>4.5 eft</u>
- Alfred Healthcare Group	1.0 eft	
- Box Hill Hospital	0.5 eft	
- Peter MacCallum Cancer Institute	2.0 eft	
- St Vincent's Hospital	1.0 eft	
<u>Peninsula Health Care Network</u>		-
<u>Country Hospitals</u>		<u>1.3 eft</u>
- Bendigo Hospital	0.3 eft	
- Geelong Hospital	1.0 eft	
- (Ballarat - Central Highlands Oncology) #	(0.2 eft)	
<u>Private City Hospitals</u>		-
- Epworth Hospital		
- Freemasons Hospital		

The data management allocation to Ballarat was through the Central Highlands Oncology Program, the private clinic of Dr Richard Bell. The data manager provided support for both private and public patients. This allocation has now ceased as Dr Richard Bell has moved to Geelong.

Department of Human Services Health Care Networks

North Eastern Health Care Network

The Austin & Repatriation MC
Fairfield Hospital
PANCH
Epping Hospital
Burndoola Extended
Care Centre
Mercy Hospital for
Women

CEO:
Dr Michael Stanford
Austin & Repatriation
Centre
Repatriation Campus
Private Box 66
Heidelberg West 3081
Tel: 9496 2777
Fax: 9496 2901

Libby Aitken
8/96

Women's & Children's Health Care Network

Royal Children's
Hospital
Royal Women's
Hospital

CEO:
Mr Ivor Davies
Royal Women's Hosp
132 Grafton Street
Carlton 3053
Tel: 9344 2071
Fax: 9344 2103

Western Health Care Network

Altona Hospital
North West Hospital
Royal Melbourne
Hospital
Werthebe Mercy
Hospital
Western Hospital
Williamstown
Hospital

CEO:
Dr Rex Joyner
Level 10
Charles Connors
Building
Royal Melbourne Hosp
Post Office 3050
Tel: 9342 8155
Fax: 9342 8166

Dr C R Joyner
6/9/96

Peninsula Health Care Network

Mornington Peninsula
Hospital
Mt Eliza Centre

CEO:
Mr Chris Fox
Mountingon Peninsula
Hospital
PO Box 52
Frankston 3199
Tel: 9784 7701
Fax: 9783 4512

Dr. Shewee
Devan esey
17/9/96

Southern Health Care Network

Dandenong Hospital
Hampton Rehabilitation
Hospital
Kingston Centre
Monash Medical Centre
Mordialloc-Cheltenham
Hospital
Sandringham Hospital
Westemport Memorial
Hospital

CEO:
Prof Just Stoetwinder
Southern Health Care
Network Office
PO Box 210
Cheltenham 3192
Tel: 9558 3466
Fax: 9558 3450

L. Smithman
24/9/96

Inner & Eastern Health Care Network

Alfred Healthcare Grp
The Angliss
Bethlehem Hospital
Box Hill Hospital
Burwood Hospital
Caritas Christi Hospital
Healesville Hospital
Maurondah Hospital
The Peter James Centre
Peter MacCallum
Royal Victorian Eye
& Ear Hospital
St George's Hospital
& LEGS
St Vincent's Hospital

CEO:
Mr Simon Blair
3rd Floor
174 Victoria Parade
East Melbourne 3002
Tel: 9667 9811
Fax: 9662 9145

Prof. Graeme Ryan
3/9/96



**Austin & Repatriation
Medical Centre**

2,4 SEP 1996

File Networks

Radiotherapy Centre
Repatriation Campus
Tel: (03) 9496 2800
Fax: (03) 9496 2826

Austin Campus
Studley Road Heidelberg
Mail: Locked Bag 25 Heidelberg 3084
Telephone (03) 9496 5000
Facsimile (03) 9458 4779

Repatriation Campus
Banksia Street West Heidelberg
Mail: Locked Bag 1 West Heidelberg 3081
Telephone (03) 9496 2111
Facsimile (03) 9496 2541

Royal Talbot Campus
Yarra Boulevard Kew
Mail: Yarra Boulevard Kew 3101
Telephone (03) 9496 4500
Facsimile (03) 9496 4501

August 1996

To:

*Robert Burton
Director ACCV*

Please accept our thanks for your recent submission relating to Cancer Service provision in the North Eastern Health Care Network.

All information received will aid the committee in planning the future development of these services and we thank you for your time.

Yours sincerely

Libby Aitken

E. AITKEN
Executive Officer
Cancer Services Review Committee

19 SEP 1996

Mornington Peninsula Hospital
Member of the Peninsula Health Care Network



17 September 1996

Dr Robert Burton
Director
Anti-Cancer Council of Victoria
1 Rathdowne Street
CARLTON SOUTH 3053

Dear Dr Burton

Thank you for your letter offering us the expertise of your Council in planning for cancer services in the future.

At this stage, we are dealing with broad planning issues; when we progress to discussing the details within various clinical disciplines, we will certainly be pleased to have your input.

Yours sincerely

DR SHEREENE DEVANESEN
General Manager - Acute Health Services

Caring for the Peninsula

Frankston
Hastings Road Frankston
P.O. Box 52 Frankston
Victoria 3199
Telephone (03) 9784 7777
Facsimile (03) 9784 7876

Rosebud
1527 Pt Nepean Rd., Rosebud
Private Bag 3 Rosebud
Victoria 3939
Telephone (059) 86 8444
Facsimile (059) 86 7589



WESTERN

HEALTH CARE NETWORK

10 SEP 1996

*file
networks*

CHIEF EXECUTIVE'S OFFICE

10th Floor
Connibere Building
Royal Melbourne
Hospital Campus
Flemington Road
Parkville 3050

Telephone
(03) 9342 8155
Facsimile
(03) 9342 8166

CRJ/JMW/am

6 September 1996

Mr Robert Burton
Director
Anti Cancer Council of Victoria
1 Rathdowne Street
CARLTON VIC 3053

Dear Mr Burton,

Thank you for your letter dated 28 August 1996 regarding the role of the Anti Cancer Council of Victoria and its particular support for Clinical trials.

The Western Health Care Network has a strong commitment to research, both laboratory and clinically based and has reiterated this support in its soon to be released Strategic Plan.

Clinical trials in Cancer to be conducted in the Western Health Care Network will continue to be handled by the appropriate Committees. Part of that consideration includes the need for and source of additional funding.

Yours sincerely,

pp Joneswhite

Dr C R Joyner
Chief Executive Officer

Provider Hospitals

- The Royal Melbourne Hospital
- Western Hospital
 - North West Hospital
- Mercy Werribee Hospital
- Williamstown Hospital
- Altona Hospital

06 SEP 1996



*Professor Graeme B Ryan, A.C.
Chief of Clinical Services*

INNER & EASTERN
HEALTH CARE NETWORK

GBR:iw

Tuesday, 3 September 1996

Dr Robert Burton
Director
Anti Cancer Council of Victoria
1 Rathdowne Street
Carlton South 3053

3rd Floor
174 Victoria Parade
East Melbourne
Victoria 3002

Telephone (03) 9662 9692
Facsimile (03) 9662 9145
ISD 61-3-9662 9692

Dear Robert,

Thank you for your letter of 28 August 1996 addressed to Simon Blair, Chief Executive Officer of the Inner & Eastern Health Care Network, regarding input by the Anti-Cancer Council of Victoria into the planning for cancer services in our Network.

I am very much aware of the important role of the ACCV in cancer incidence surveillance, cancer control projects, clinical trials of cancer therapies, cancer research, educational programs and health promotion activities within the community. I am pleased to advise that, in this Network, we are firmly committed to the implementation of evidence-based clinical practice, including the treatment of cancer. I assure you of our co-operation to achieve our mutual aims in this area.

We have, of course, done some preliminary planning for the delivery of cancer services. We are currently awaiting the announcement by the State Government of the Health Services Plan for metropolitan Melbourne, based upon their consideration of the plans submitted by each of the Networks. Once we know the shape of this Plan, we shall be developing our detailed arrangements for the delivery of our various clinical services across the Network and, as appropriate, in collaboration with other Networks. Because the Peter MacCallum Cancer Institute is part of our Network, we recognise our special responsibility to provide leadership in the delivery of cancer services. As we develop our detailed plans for such services, I look forward to interacting with you and your staff to ensure the best possible outcomes and ongoing collaboration with the ACCV.

With best wishes.

Yours sincerely,

Professor Graeme B Ryan, A.C.
Chief of Clinical Services

c.c. Simon Blair

File networks/CEO

24th September 1996

Dr. R. Burton
Anti-Cancer Council
1 Rathdowne Street
CARLTON SOUTH VIC 3053

Dear Dr. Burton

Your letter to Professor Stoelwinder dated 28th August 1996 has been referred to me for response.

You may be aware that the Network has adopted a programmatic approach to the delivery of health care services. I have referred your letter and a copy of my response to it to Professor Michael Ashby, Program Medical Director, Cancer Services, who will be responsible for the delivery of Cancer and Palliative Services in the Southern Network.

Yours sincerely

L. Sumithran

L. SUMITHRAN
Medical Advisor
Southern Health Care Network

cc Professor M. Ashby

Director: Dr Robert Burton MD, PhD, BS, BA, BMedSci, FRACD, FRACS, FAFPHM
Direct telephone: 61 (03) 9279 1106 Facsimile: 61 (03) 9279 1250

28 August 1996

Professor Just Stoelwinder
Chief Executive Officer
Southern Health Care Network
Southern Health Care Network Office
P O Box 210
Cheltenham Vic 3192

*Individual letters
sent to CEOs
of Hospital Networks
as per attached
list.*

Ref:1-3664

Dear Professor Stoelwinder

The Anti-Cancer Council of Victoria is very keen to have appropriate input into network planning for cancer, both because of our responsibilities for cancer control in Victoria generally, and also because we are continuously engaged in cancer control projects of various types with individuals and organisations within all of the new networks.

You are probably aware that we fund data managers to support clinical trials of cancer therapies, and provide patient support through specialised nurses and volunteers both within hospitals in networks and within the community at large. We also have a major role in providing information and educational materials to cancer patients and the general public, both through the Cancer Information Service and via the many cancer carers and specialists who work for the Council or give their services to the Council on a part-time basis.

I am sure you must agree with the Federal Minister for Health, Dr Michael Wooldridge, that we must increasingly base health care interventions on the best available evidence, and we at the Anti-Cancer Council of Victoria are totally committed to this science based evidence justified approach to cancer control. In this regard we have always strongly argued the case that randomised controlled trials of cancer treatments carried out in our hospitals should be seen as an integral part of evidence based cancer care, and attract particular attention and resourcing from the institutions themselves. Where a randomised controlled trial involves a placebo or nil treatment arm, then the actual cost of therapy is half what it might have been if all patients who entered the trial had received some form of treatment. Randomised controlled trials which contain a number of treatment arms and no placebo or nil treatment arm still offer the best possibility of determining the most cost effective treatment of a particular disease. This is particularly so for cancer, where small increments in survival are often all that can be aimed at.

Data managers supporting clinical trials in cancer in Victoria are funded from three sources, the Anti-Cancer Council of Victoria, the Department of Human Services and by individual hospitals, and hence now networks. We believe this balance of funding should be under constant review, and we encourage individual hospitals and networks to monitor the progress of randomised control trials currently underway and support new trials where improvements in evidence based practice and cost effectiveness are likely.

Leading the fight

I would be very pleased to provide further details to your Committee and to meet with you and your Committee if that would be helpful in your planning process.

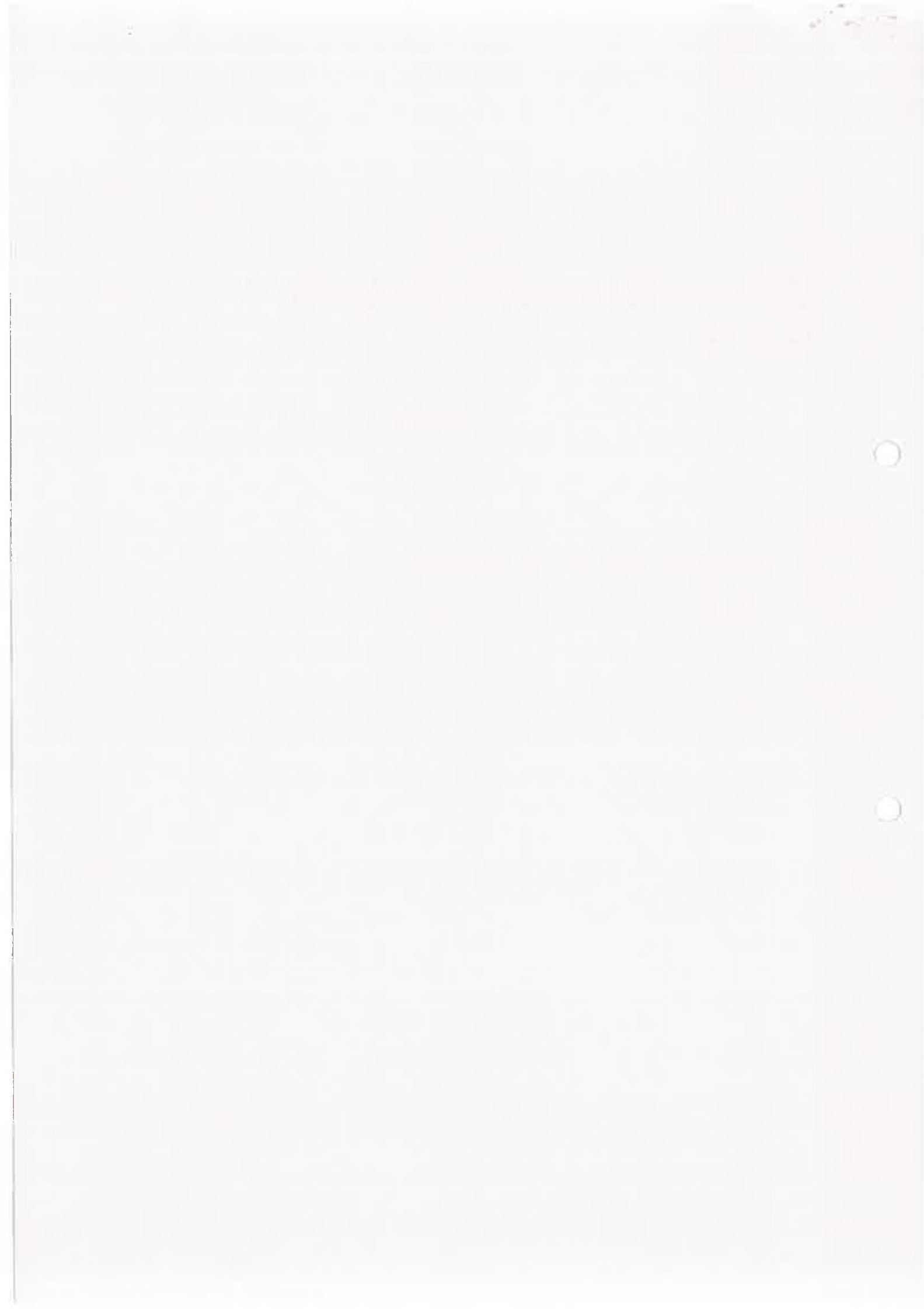
Kindest regards.

Yours sincerely

A handwritten signature in black ink, appearing to read "Robert Burton". The signature is written in a cursive style with a large initial 'R'.

Robert Burton
Director

CC Dr Chris Brook, Director of Public Health, Dept. of Health Services.



Director: Dr Robert Burlon MD, PhD, BS, BA, RMedSci FRACD, FRACS, FAHPM
Direct telephone: 61 (03) 9279 1106 Facsimile: 61 (03) 9279 1250

27 August 1996

Dr W R Adam
Chairman
Cancer Services Review Committee - North Eastern Health Care Network
Locked Bag 25
Heidelberg Vic 3084

*File with other Network
letters on
Data Manager Managers for
RCTs.*

Ref:1-3664

Dear Dr Adam

I am writing to you subsequent to the meeting of your Committee that was held at the Mercy Hospital on Thursday the 8th of August which was attended by Mrs Doreen Akkerman, Manager of our Cancer Information Service. The Anti-Cancer Council of Victoria is very keen to have appropriate input into network planning for cancer, both because of our responsibilities for cancer control in Victoria generally, and also because we are continuously engaged in cancer control projects of various types with individuals and organisations within all of the new networks.

You are probably aware that we fund data managers to support clinical trials of cancer therapies, and provide patient support through specialised nurses and volunteers both within hospitals in networks and within the community at large. We also have a major role in providing information and educational materials to cancer patients and the general public, both through the Cancer Information Service and via the many cancer carers and specialists who work for the Council or give their services to the Council on a part-time basis.

I am sure you must agree with the Federal Minister for Health, Dr Michael Wooldridge, that we must increasingly base health care interventions on the best available evidence, and we at the Anti-Cancer Council of Victoria are totally committed to this science based evidence justified approach to cancer control. In this regard we have always strongly argued the case that randomised controlled trials of cancer treatments carried out in our hospitals should be seen as an integral part of evidence based cancer care, and attract particular attention and resourcing from the institutions themselves. Where a randomised controlled trial involves a placebo or nil treatment arm, then the actual cost of therapy is half what it might have been if all patients who entered the trial had received some form of treatment. Randomised controlled trials which contain a number of treatment arms and no placebo or nil treatment arm still offer the best possibility of determining the most cost effective treatment of a particular disease. This is particularly so for cancer, where small increments in survival are often all that can be aimed at.

Data managers supporting clinical trials in cancer in Victoria are funded from three sources, the Anti-Cancer Council of Victoria, the Department of Human Services and by individual hospitals, and hence now networks. We believe this balance of funding should be under constant review, and we encourage individual hospitals and networks to monitor the progress of randomised control trials currently underway and support new trials where improvements in evidence based practice and cost effectiveness are likely.

Leading the fight

Project Report

Introduction
The purpose of this project is to...

Methodology
The methodology used in this project is...

Results
The results of the project are...

Conclusion
The conclusion of the project is...

References
The references used in this project are...

Appendix
The appendix contains the following information...

Summary
The summary of the project is...

Conclusion
The conclusion of the project is...

References
The references used in this project are...

Appendix
The appendix contains the following information...

Summary
The summary of the project is...

I would be very pleased to provide further details to your Committee and to meet with you and your Committee if that would be helpful in your planning process.

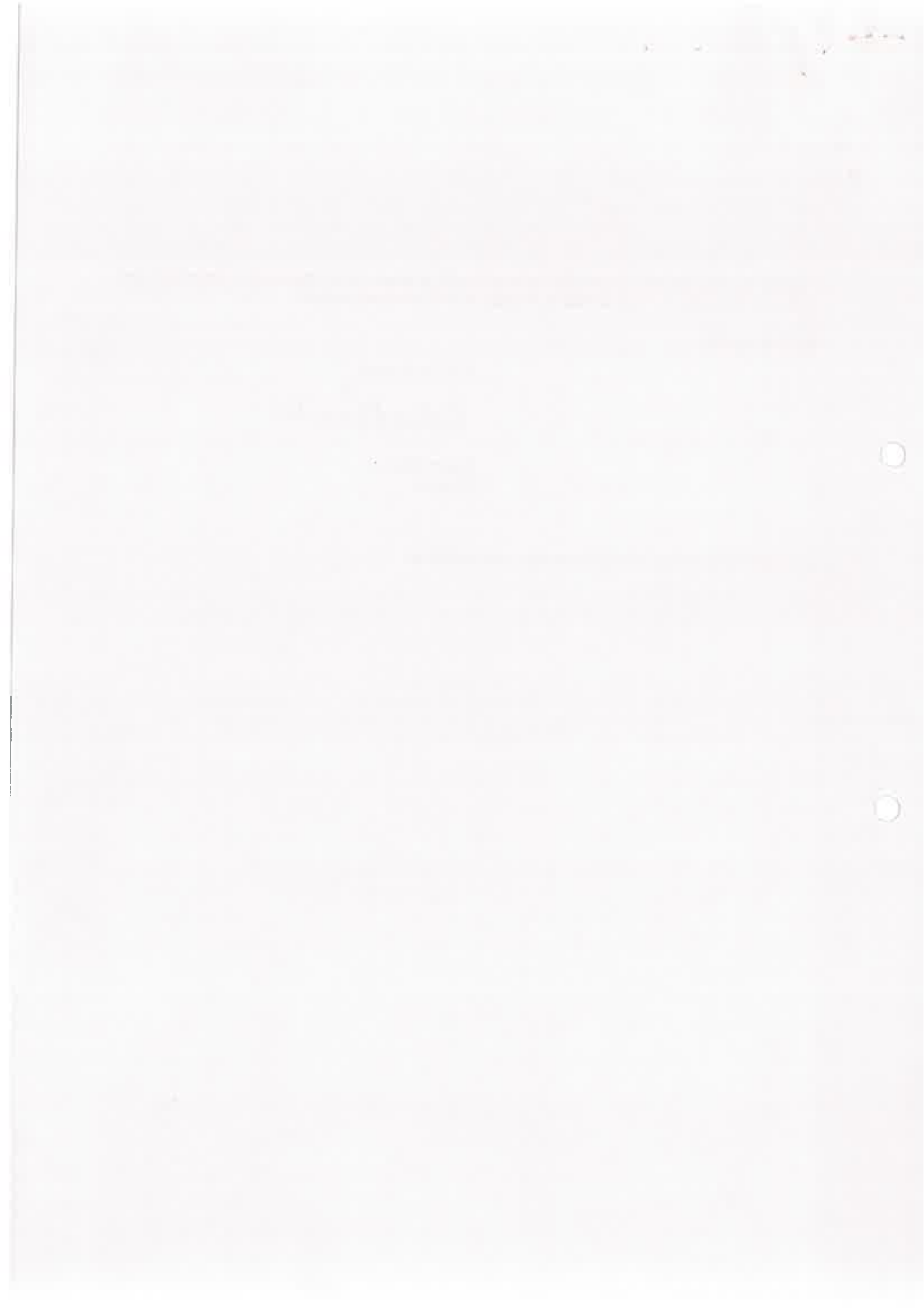
Kindest regards.

Yours sincerely

A handwritten signature in black ink that reads "Robert Burton". The signature is written in a cursive style with a large initial 'R' and a long horizontal stroke at the end.

Robert Burton
Director

CC Dr Chris Brook, Director of Public Health, Dept. of Health Services.



URGENT

ANTI-CANCER COUNCIL OF VICTORIA

EDUCATION UNIT

Memorandum

TO: Robert Burton
FROM: Dorothy Reading
DATE: 8 August 1996
RE: North Eastern Health Care Network - Cancer Services Review Committee

The attached letter from the Austin Medical Centre fell on my desk on Wednesday. ^{7/26} I have followed up by talking to John Zalcborg and found that the meetings that are happening this week will be the most useful way for us to "get a toe in the door" on this issue. Accordingly, Doreen Akkerman plans to attend tonight's meeting and we have discussed her approach.

I have suggested that she listen to any presentations and list the issues in which the Anti-Cancer Council has an interest so that we have laid claim to input into the agency. These would include, for example, clinical trials, data management, provision of care for increasing numbers of cancer patients and provision of information to the community, among other issues. Doreen will table some figures about the projected increase in cancer patients to the year 2006.

John Zalcborg confirmed that reviews of this type are happening in all networks and that the timeline is very short. Sheila is doing a bit of asking around in the Department of Human Services to identify the bureaucrat responsible for overseeing this process so that we can have input at that level too.

You will note that in the terms of reference breast cancer screening is specifically mentioned. I have passed this on to Onella with a strong recommendation that someone from BreastScreen attend.

Most immediately, John Zalcborg has agreed to discuss this issue with you when you return. I suggest you phone him on Thursday or Friday if you possibly can. I will add updates to this memo as I find out more in the meantime.



Dorothy



Austin Campus
Studley Road Heidelberg
Mail: Locked Bag 25 Heidelberg 3084
Telephone (03) 9496 5000
Facsimile (03) 9458 4779

Repatriation Campus
Banksia Street West Heidelberg
Mail: Locked Bag 1 West Heidelberg 308
Telephone (03) 9496 2111
Facsimile (03) 9496 2541

Royal Talbot Campus
Yarra Boulevard Kew
Mail: Yarra Boulevard Kew 3101
Telephone (03) 9496 4500
Facsimile (03) 9496 4501

29 July 1996

Breast Cancer Support Services, ACCV
1 Rathdown St.
Carlton South 3053

The North Eastern Health Care Network (NEHCN) has formed a Cancer Services Review Committee. The review is to be finalised by 30th September and will make recommendations on how cancer services can be improved to optimise quality and efficiency. Central to this is service integration and the ability to meet the community needs both now and in the future.

All aspects of cancer service provision are to be investigated. The focus will be on clinical services but all issues relating to teaching, training and research will be included as relevant.

A list of committee members, contact numbers and a copy of the Terms of Reference are attached to this letter. It is vital that the committee receives information from all groups involved in cancer services in the Network. A series of meetings are being organised to facilitate opportunities for oral submission and open discussion with the committee. Priority will be given to those who have an intention to make a written submission. Those who wish to talk to the committee should first contact Libby Aitken, Executive Officer.

The first three meetings are scheduled:

ARMC	Tuesday 6 August, 1996 at 5.30-6.30 pm <i>Venue: Pathology Lecture Theatre, Repatriation Campus</i>
PANCH	Wednesday 7 August 5.30-6.30 pm <i>Venue: Conference Room 2 (South Block) 1st Floor</i>
MERCY	Thursday 8 August 5.30-6.30 pm <i>Venue: Level 7, Oncology Unit</i>

Further times will be scheduled with community based groups if required.

Written submissions should include an outline of current service provision, identification of any gaps and an overview of future changes. Resource implications for changes will need to be addressed and an outline of service integration provided.

An integrated quality service to cancer patients is a priority for the future and your ideas are important in achieving this goal. Please contact any one of the committee members if further information is required.

Yours sincerely

A handwritten signature in black ink, appearing to read 'W.R. Adam', written in a cursive style.

W.R. ADAM
Chairman

Talk to this Brook ahead this

*
Name of Health Dept
Person receiving all these!

CANCER SERVICES REVIEW

LIST OF COMMITTEE MEMBERS

• Evidence based oncology practice
• Clinical trials, Data managers

NAME	TITLE	TELEPHONE	FAX
Dr W.R. Adam (Chairman)	Executive Director, Clinical Services, ARMC	9496 5195	9459 1473
Dr John Zaleberg	Director, Cancer Services, ARMC	9496 2505	9496 2095
Mr Mark Petty	Manager, Cancer Services, ARMC	9496 2551	9496 2095
Ms Lorraine Jordan	Clinical Nurse Consultant, Palliative Care Coordinator	9496 5448	9496 4779
Mrs Libby Aitken (Executive Officer)	Manager, Radiotherapy Centre, ARMC	9496 2234	9496 2826
Dr Lee Hamley	Medical Director, PANCH	9285 2222	9416 8007
Professor H. Ewing	Professor of Surgery, PANCH	9285 2222	9285 2591
Dr Bill Appleton	Medical Director, Mercy Hospital for Women	9270 2222	



*** NORTH EASTERN HEALTH CARE NETWORK
CANCER SERVICES REVIEW
TERMS OF REFERENCE - AT 11 JUNE 1996**

Chair and Timing:

The Cancer Services Review will be chaired by Dr Bill Adam. The Review is scheduled to commence on 1 July 1996 and to be completed by 30 September 1996.

Role of the Cancer Services Review:

The role of the Cancer Services Review is to provide recommendations to the Network Chief Executive Officer and the Network Group Director of Clinical Services on how Cancer Services in the Network can be improved to optimise quality, efficiency and the extent to which the service meets community needs. Specifically the Review must identify the desired level of integration of Cancer Services within the Network and propose strategies to achieve this. The focus of the reviews is on clinical service delivery, with issues relating to teaching, training and research to be included as relevant.

Generic Terms of Reference:

i) Review Scope: Define the scope of the Cancer Services Review. Comment on any relevant factors which would impact on any decision by the Network to change the current service provision.

ii) Meeting community needs: Assess the extent to which current and projected future needs of the community are being met by provision of Cancer Services within and external to the Network.

iii) Quality: Assess whether the Network's Cancer Services are operating at optimal levels of quality of service provision.

iv) Efficiency: Assess whether the Network's Cancer Services are operating at optimal levels of efficiency of service delivery.

v) Integration: Identify the existing level of integration and the desired level of integration of Cancer Services within the Network. Comment on any relevant factors which affect, or have the potential to affect, integration of services across the Network (geographical, access, pre-Network relationships, etc). Identify the most appropriate Network model(s) of integration which will achieve the desired level of integration of services across the Network, and strategies to implement this.

Note: The Health Services Plan states that the Network will integrate the existing services using a hub and spoke approach to create a Comprehensive Cancer Service.

vi) Recommendations and Further Work Required: Provide a written report with recommendations and implementation strategies by 30 September 1996. The report

should also identify any further work required, including any proposed future role for the reference committee.

Specific Terms of Reference:

vii) Radiotherapy: Explore all options for the future provision of radiotherapy services within the Network, to ensure the continued delivery of high quality, patient-centred and efficient radiotherapy services which are integrated within the Network's Comprehensive Cancer Service model. The options in the draft Health Services Plan were: continuation of the in-house service; provision by the Peter MacCallum Cancer Institute in the Inner Network; and provision by the William Buckland Radiotherapy Unit in the Eastern Network. The Peter MacCallum and William Buckland options are affected by the recent amalgamation of the Inner and Eastern Networks and hence should be considered together rather than separately. A further option which should be considered in the Review is whether the service could be provided by the private sector in a contractual arrangement.

viii) Breast Cancer Screening and Assessment: Recommend action to realign and integrate the current breast cancer screening and assessment service for the north-eastern area with the Network Comprehensive Cancer Service.

ix) Gynaecological Oncology: Identify strategies to achieve the integration of gynaecological oncology services within the Comprehensive Cancer Service, in particular strategies which enable links to be established prior to the relocation of the Mercy Hospital for Women to Heidelberg.

x) Palliative Care: Comment on whether it would be advantageous to designate Palliative Care as a Network Program.



Austin Campus
Studley Road Heidelberg
Mail: Locked Bag 25 Heidelberg 3084
Telephone (03) 9496 5000
Facsimile (03) 9458 4779

Repatriation Campus
Banksia Street West Heidelberg
Mail: Locked Bag 1 West Heidelberg 308
Telephone (03) 9496 2111
Facsimile (03) 9496 2541

Royal Talbot Campus
Yarra Boulevard Kew
Mail: Yarra Boulevard Kew 3101
Telephone (03) 9496 4500
Facsimile (03) 9496 4501

29 July 1996

Breast Cancer Support Services, ACCV
1 Rathdown St.
Carlton South 3053

The North Eastern Health Care Network (NEHCN) has formed a Cancer Services Review Committee. The review is to be finalised by 30th September and will make recommendations on how cancer services can be improved to optimise quality and efficiency. Central to this is service integration and the ability to meet the community needs both now and in the future.

All aspects of cancer service provision are to be investigated. The focus will be on clinical services but all issues relating to teaching, training and research will be included as relevant.

A list of committee members, contact numbers and a copy of the Terms of Reference are attached to this letter. It is vital that the committee receives information from all groups involved in cancer services in the Network. A series of meetings are being organised to facilitate opportunities for oral submission and open discussion with the committee. Priority will be given to those who have an intention to make a written submission. Those who wish to talk to the committee should first contact Libby Aitken, Executive Officer.

The first three meetings are scheduled:

ARMC	Tuesday 6 August, 1996 at 5.30-6.30 pm <i>Venue: Pathology Lecture Theatre, Repatriation Campus</i>
PANCH	Wednesday 7 August 5.30-6.30 pm <i>Venue: Conference Room 2 (South Block) 1st Floor</i>
MERCY	Thursday 8 August 5.30-6.30 pm <i>Venue: Level 7, Oncology Unit</i>

Further times will be scheduled with community based groups if required.

Written submissions should include an outline of current service provision, identification of any gaps and an overview of future changes. Resource implications for changes will need to be addressed and an outline of service integration provided.

An integrated quality service to cancer patients is a priority for the future and your ideas are important in achieving this goal. Please contact any one of the committee members if further information is required.

Yours sincerely

A handwritten signature in black ink, appearing to read 'W.R. Adam', written in a cursive style.

W.R. ADAM
Chairman



**NORTH EASTERN HEALTH CARE NETWORK
CANCER SERVICES REVIEW
TERMS OF REFERENCE - AT 11 JUNE 1996**

Chair and Timing:

The Cancer Services Review will be chaired by Dr Bill Adam. The Review is scheduled to commence on 1 July 1996 and to be completed by 30 September 1996.

Role of the Cancer Services Review:

The role of the Cancer Services Review is to provide recommendations to the Network Chief Executive Officer and the Network Group Director of Clinical Services on how Cancer Services in the Network can be improved to optimise quality, efficiency and the extent to which the service meets community needs. Specifically the Review must identify the desired level of integration of Cancer Services within the Network and propose strategies to achieve this. The focus of the reviews is on clinical service delivery, with issues relating to teaching, training and research to be included as relevant.

Generic Terms of Reference:

i) Review Scope: Define the scope of the Cancer Services Review. Comment on any relevant factors which would impact on any decision by the Network to change the current service provision.

ii) Meeting community needs: Assess the extent to which current and projected future needs of the community are being met by provision of Cancer Services within and external to the Network.

iii) Quality: Assess whether the Network's Cancer Services are operating at optimal levels of quality of service provision.

iv) Efficiency: Assess whether the Network's Cancer Services are operating at optimal levels of efficiency of service delivery.

v) Integration: Identify the existing level of integration and the desired level of integration of Cancer Services within the Network. Comment on any relevant factors which affect, or have the potential to affect, integration of services across the Network (geographical, access, pre-Network relationships, etc). Identify the most appropriate Network model(s) of integration which will achieve the desired level of integration of services across the Network, and strategies to implement this.

Note: The Health Services Plan states that the Network will integrate the existing services using a hub and spoke approach to create a Comprehensive Cancer Service.

vi) Recommendations and Further Work Required: Provide a written report with recommendations and implementation strategies by 30 September 1996. The report

should also identify any further work required, including any proposed future role for the reference committee.

Specific Terms of Reference:

vii) Radiotherapy: Explore all options for the future provision of radiotherapy services within the Network, to ensure the continued delivery of high quality, patient-centred and efficient radiotherapy services which are integrated within the Network's Comprehensive Cancer Service model. The options in the draft Health Services Plan were: continuation of the in-house service; provision by the Peter MacCallum Cancer Institute in the Inner Network; and provision by the William Buckland Radiotherapy Unit in the Eastern Network. The Peter MacCallum and William Buckland options are affected by the recent amalgamation of the Inner and Eastern Networks and hence should be considered together rather than separately. A further option which should be considered in the Review is whether the service could be provided by the private sector in a contractual arrangement.

viii) Breast Cancer Screening and Assessment: Recommend action to realign and integrate the current breast cancer screening and assessment service for the north-eastern area with the Network Comprehensive Cancer Service.

ix) Gynaecological Oncology: Identify strategies to achieve the integration of gynaecological oncology services within the Comprehensive Cancer Service, in particular strategies which enable links to be established prior to the relocation of the Mercy Hospital for Women to Heidelberg.

x) Palliative Care: Comment on whether it would be advantageous to designate Palliative Care as a Network Program.



Victoria

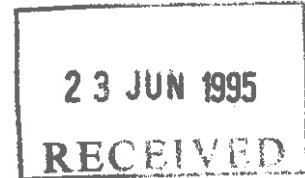
Metropolitan Hospitals Planning Board

Level 2, 35 Spring Street, Melbourne, Victoria 3000

Telephone: (03) 651 0250

Facsimile: (03) 651 0251

copy → N 30



Our Ref: 95/IH/LB/LETTERNH.DOT

20 June, 1995

Professor Richard Lovell
Consultant
Anti-Cancer Council of Victoria
1 Rathdowne Street
CARLTON SOUTH VIC 3053

Dear Professor Lovell

Many thanks for your recent letter. The Board did consider the findings of the Lovell Report and recognised the strengths of the arguments advanced therein.

Apart from your own remarks, various other people have commented on the same section of the Interim Report, as a result of which the Board has reconsidered the configuration of radiotherapy services in metropolitan Melbourne.

I am, obviously, constrained at this point in what I can say but the Board's Final Report does reflect the influence of various submissions put to us in relation to the statements made in our Interim Report.

Thanks again of your interest and concern.

With all good wishes.

Yours sincerely

Ian R Harper
Chairman



Anti-Cancer Council of Victoria

Director: Dr Nigel Gray
AO, MB BS, Hon LLD (Melb),
Hon LLD (Monash), FRACP, FRACMA

COPY
AUSTRALIAN CANCER SOCIETY MEMBER

Professor Emeritus Richard Lovell
Consultant, Anti-Cancer Council of Victoria

19 June 1995

Personal & Urgent

Professor Ian Harper
Chairman
Metropolitan Hospitals Planning Board
Level 2
35 Spring Street
Melbourne Vic 3000

Faxed st

651.0251

(Ph. 651.0250) Report requested
L.H.

Dear Professor Harper

I am writing as the principal author of the so called "Lovell Report" - the Report of the Ministerial Committee to Review Cancer Services in Victoria, published in October 1985. I have watched with interest the implementation of many of our recommendations in the last 10 years. I believe that you will shortly be making some decisions about the future of radiotherapy, the consideration of which occupied so much of our time in 1984/85.

I want to contribute two comments. They both bear on paragraph (a) (i) on page xii of the original Report. In this paragraph, for the reasons indicated in the body of the Report, we first said that by 1988 two principal radiotherapy centres should be established, one at the Peter MacCallum Hospital and one at a general teaching hospital in the south eastern metropolitan region. The intention of this recommendation was not only to bring a principal radiotherapy centre to where on demographic considerations it needed to be, but also to bring to an end what we saw as the unhealthy near monopoly held by the Peter MacCallum Hospital in radiotherapy. The second principal centre was to be established independently of the Peter MacCallum Hospital and was to conform with our belief that principal radiotherapy centres should not be stand alone facilities but part of general teaching hospitals.

The second clause in the paragraph recommended that the Peter MacCallum Hospital become formally and closely integrated with the nearby general teaching hospitals associated with the University of Melbourne, that is, Royal Melbourne Hospital and St Vincent's Hospital. This we saw as second-best to moving it to a teaching hospital. Action was needed urgently. The organisation of hospital services in Victoria was in the melting pot, and it would have been unhelpful to recommend a move of the Peter MacCallum Hospital at that time to the precinct of a general teaching hospital.

Viewing things from the outside, I believe our thinking, which was based on a detailed study, was, and remains sound,

Yours sincerely

R R H Lovell

Leading the fight