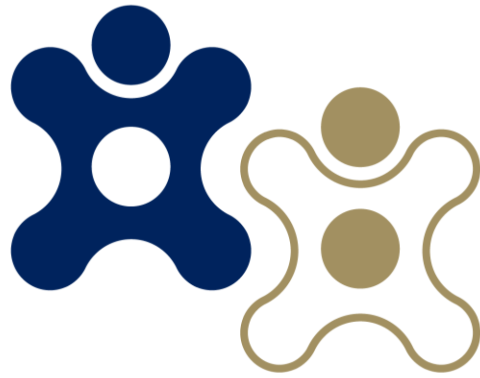

SMICS

Southern Melbourne Integrated Cancer Service

Data Analysis
General Practitioner Survey
Primary Care Project

2011

Prepared by:

Melissa Loorham

Prepared for:

Tracey Tobias, Manager SMICS

SMICS Governance Committee

ORGANISATIONAL DETAILS

Southern Melbourne Integrated Cancer Service (SMICS)
823-865 Centre Road
East Bentleigh, Victoria, 3165

Principal contact person:

Tracey Tobias
Manager SMICS

Postal Address:	PO Box 72, East Bentleigh, Victoria, 3165
Telephone:	03 9928 8541
Facsimile:	03 9928 8624

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Introduction

The SMICS general practitioner (GP) survey was conducted in late 2010 to determine the needs and interests of the general practice stakeholder group, as one part of the stakeholder consultation process for the Primary Care (PC) project.

The purpose of this paper is to present and analyse the data collected from the GP survey to provide a representative view of general practice and inform the development of the Primary Care Interface Framework (PCIF, the Framework) as a key criteria of the PC project. Furthermore the paper seeks to provide context for the position of the GP in cancer care provision, and discuss key issues facing GPs. The findings of the GP survey are analysed, showcasing the barriers to GP participation in cancer care, strategies to address the barriers and professional development needs of GPs are described. The paper identifies opportunities to improve GP participation in cancer care through strategies for improving communication and information pathways with primary care providers in general practice and tailoring professional development to the needs of GPs.

Background

The Southern Melbourne Integrated Cancer Service (SMICS) is a joint initiative of Alfred Health, Cabrini Health, Peninsula Health and Southern Health and was established in 2004 to facilitate and support improvements in the integration and coordination of cancer services across southern Melbourne.

Committed to facilitating the involvement of general practice in cancer care, SMICS conducted an extensive GP consultation project in 2005. Since then, SMICS has been involved in a number of cancer service improvement projects that have primarily focused upon improving communications between primary care providers and specialist cancer providers. Key projects that have resulted in measurable achievements have included the development of processes within hospitals to ensure GPs receive documentation of multidisciplinary team (MDT) meeting recommendations, and the establishment of a chemotherapy advice letter to standardise the information provided to GPs about their patients who are undergoing chemotherapy.

The PC Project commenced in April 2010. The objective of the project was to develop the PCIF that will enhance the provision of coordinated care across all stages of the care continuum and facilitate the involvement of primary care health professionals in SMICS initiatives. The Framework will be used as a guide to ensure initiatives are relevant to and involve primary healthcare providers.

The PCIF will seek to describe a model for partnerships in cancer care between primary care, secondary and tertiary health services. The goal of a partnership approach will be to develop strong and sustainable partnerships between primary care services and acute/ tertiary health services with clearly defined roles for provision of care, underpinned by optimal communication and information sharing strategies. Ideally, cancer care would be provided utilising a ‘shared care model’ approach to ensure that patients with cancer are treated as close to home as appropriate, by a responsive multidisciplinary team, in line with best practice and with access to a full range of supportive care including palliative care. Consideration will be given to aligning with the new Medicare Local (ML) initiative that will be introduced into the primary health sector in 2011.

Primary care stakeholder consultation and input is an important first step in the PC project to gain an understanding of the current needs of stakeholder group refer to Appendix 1, to guide and inform project activities and ultimately to enable the development of the PCIF. GPs form a significant proportion of the primary care stakeholder group and hold a pivotal role in the provision of cancer care. Input from stakeholders at this level will form the baseline for engagement strategies to identify GP champions, increase GP involvement in cancer service provision and representation on SMICS-led cancer service improvement activities.

Project aim

The aim of the general practitioner survey was to identify current information for:
- GPs' perception of their role in cancer care
- barriers to GPs becoming involved in cancer care
- ways of addressing barriers and improving participation in cancer care
- GPs' need for professional development and areas of interest in cancer care

The data obtained from the survey was intended to provide baseline information about GPs as part of the stakeholder consultation for the PC project. This information coupled with broader primary care stakeholder consultation interviews will inform the development of the PCIF and future activities of the PC project.

Cancer incidence and prevalence

The Department of Health (DH) data indicates that by 2016, cancer incidence in the SMICS catchment area is likely to increase by approximately 22%. The total population of the SMICS catchment area is predicted to reach 1.73 million by 2021. The DH data indicates that cancer service delivery demands will increase at about twice the rate of the increase in cancer incidence[1]. The projected increase in cancer incidence and cancer service delivery demands will place a significant burden on the already stretched resources of health care providers in the southern Melbourne region. It is therefore imperative to develop strategic partnerships across the primary, secondary and tertiary health services to address gaps in cancer service delivery, enable shared models of cancer care and build sustainable and responsive cancer service delivery methods into the future.

Gaps in service provision that could be improved by partnering with primary care

Service coordination gaps have been identified in the SMICS Service Plan[2]:
- coordination between primary, secondary and tertiary service delivery is not complete, with no functioning models in place to routinely include primary service providers in multi-disciplinary teams
- referral relationships and information pathways to and from GPs have not been standardised across the SMICS region.

GPs' role in cancer service provision

The literature confirms that the role of the GP is integral in all stages of cancer care provision; prevention and early detection of cancer; the referral to and provision of supportive care during acute treatment and end of life care and the monitoring of patients in remission for cancer recurrence[5]. Despite the recognition of value for the GP role across the care continuum, the GP role in cancer care remains poorly defined and varies across different places and for different kinds of patients[3].

Improved cancer service delivery through better GP participation

Ideally cancer care should be provided by teams supported by a network of services. The concepts of multidisciplinary teams and managed clinical cancer networks have been widely advocated but the place of primary care within these teams has remained poorly defined and highly variable.

Efforts to develop partnerships and mechanisms to support GP participation in cancer care, with clearly defined roles, improved communication and information sharing strategies and effective models of care and referral have demonstrated improved care coordination in cancer delivery models in Norway[3] and the UK[4].

Project methodology

A two page survey was developed by the primary care project officer in collaboration with other SMICS colleagues and trialled by a small group of GPs known to the project officer. The survey was designed to be brief and user friendly to promote GP participation. The survey consisted of eight questions, of a mixed method approach of quantitative and qualitative styles to generate richness in response, refer to Appendix 2. Response methods included; tick box, open ended comment fields and questions allowing for multiple responses to be chosen.

This survey was sent out to GPs in the southern Melbourne metropolitan and Mornington Peninsula area. Collaboration with the GP Divisions was sought to facilitate survey dissemination. Of the seven GP Divisions within the southern Melbourne area, five agreed to provide assistance in the survey dissemination process to their member group of GPs. A total of 1400 GPs were invited to participate in the survey.

Participation in the survey was voluntary and all data collected was de-identified to ensure GP confidentiality. An incentive to participate in the survey was offered to GPs in the form of three David Jones vouchers, and these were drawn following the closure of the GP survey. Completed surveys were returned by fax. The survey was distributed to the target group in September 2010 and closed at the end of November 2010.

Findings and Discussion

1400 GPs were invited to participate in the SMICS GP survey across the southern Melbourne region, a total of 223 GPs responded, by returning a completed survey. This indicates a 15% response rate.

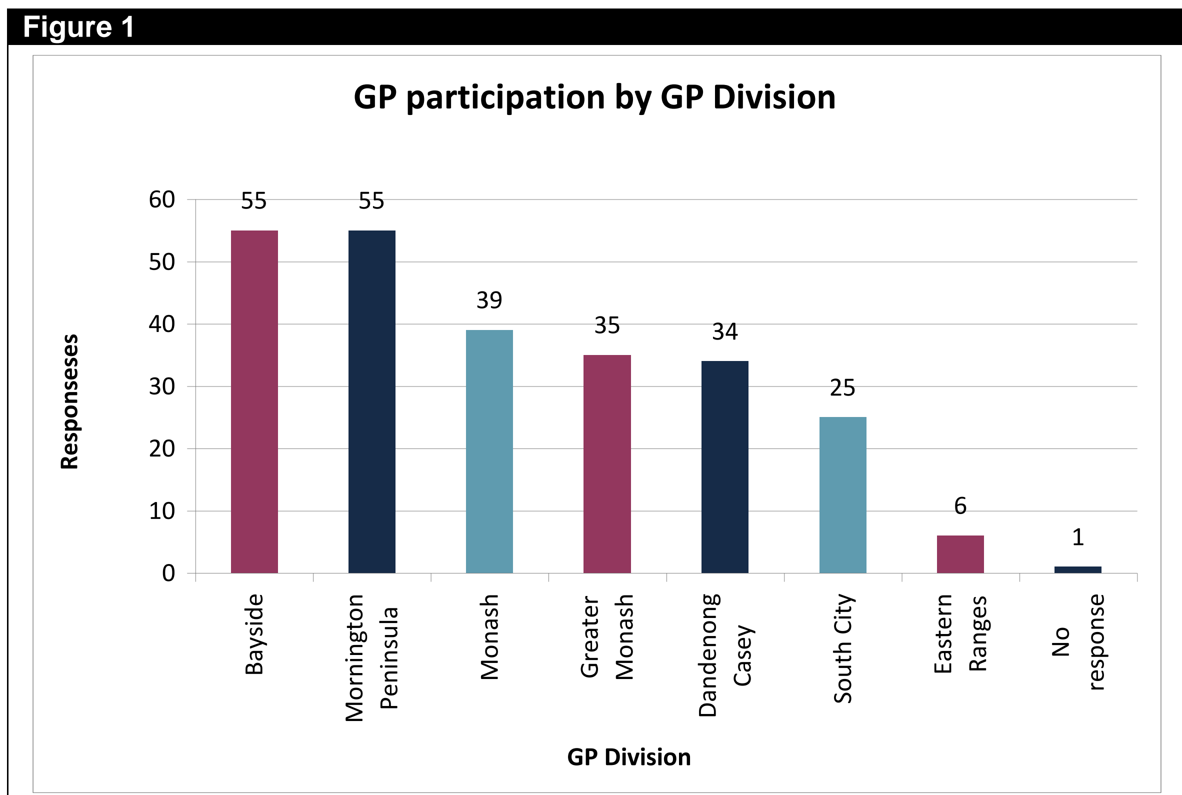
An incentive was offered to participate in the survey that consisted of three David Jones vouchers, which were rewarded following closure of the survey. The following three survey respondents received a voucher:
1. Dr K. Lewis, South City General Practice Services
2. Dr J. Goldbell, Greater Monash GP Network
3. Dr M. Di Carlo, Dandenong Casey GP Association.

GP participation

Question 1 required GPs to indicate which division they belong to. The survey responses reflected participation from GPs across all of the seven divisions of general practice that comprise the southern metropolitan and Mornington Peninsula regions within the SMICS catchment area, shown in Figure 1. A number of GPs identified with more than one division of GPs for membership, and this was reflected in response by ticking more than one box.

Bayside General Practice Network and Mornington Peninsula General Practice Network had the highest GP participation rates in the survey responses, collectively comprising half (50%) of all responses. One GP indicated no membership affiliation to any of the Divisions of GP.

Figure 1



GPs' role in cancer care

Question 7 asked GPs to indicate the role they have in cancer care from a list of seven options, allowing space for additional comments. The GPs' perception of their role in cancer care from the survey results is consistent with the literature that identifies GPs role as predominantly in the areas of screening and prevention, and palliative care/ end of life[5].

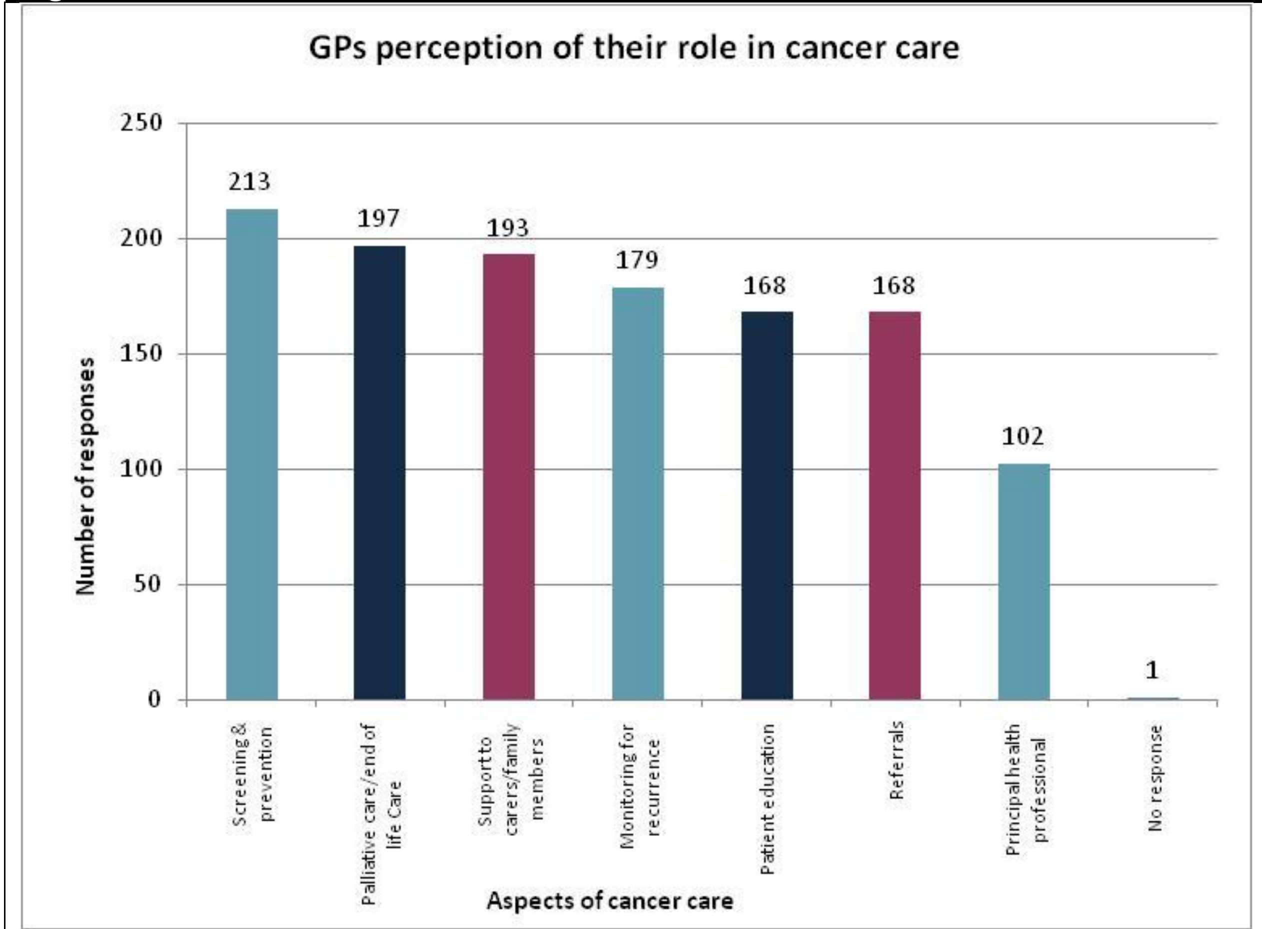
Figure 2 demonstrates that GPs ranked their main roles in providing cancer care as:

1. screening and prevention (n= 213, 18%)
2. palliative care/end of life care (n= 197, 16%)
3. provision of support to carers/family members (n= 193, 16%)
4. monitoring for recurrence (n= 179, 15%)
5. patient education i.e. counselling, clarifying results (n= 168, 14%)
6. coordinating referrals to community based services (n= 168, 14%).

Coordination of care across the cancer care continuum was not identified by the GPs as one of their primary roles or functions specifically, and this was reflected in the low rating for the *Principal health professional* (n= 102, 8.4%). One GP commented:

"GPs have an integral role but the specialists need to arrange treatment and follow up as they have access to all the research and treatments" (GP)

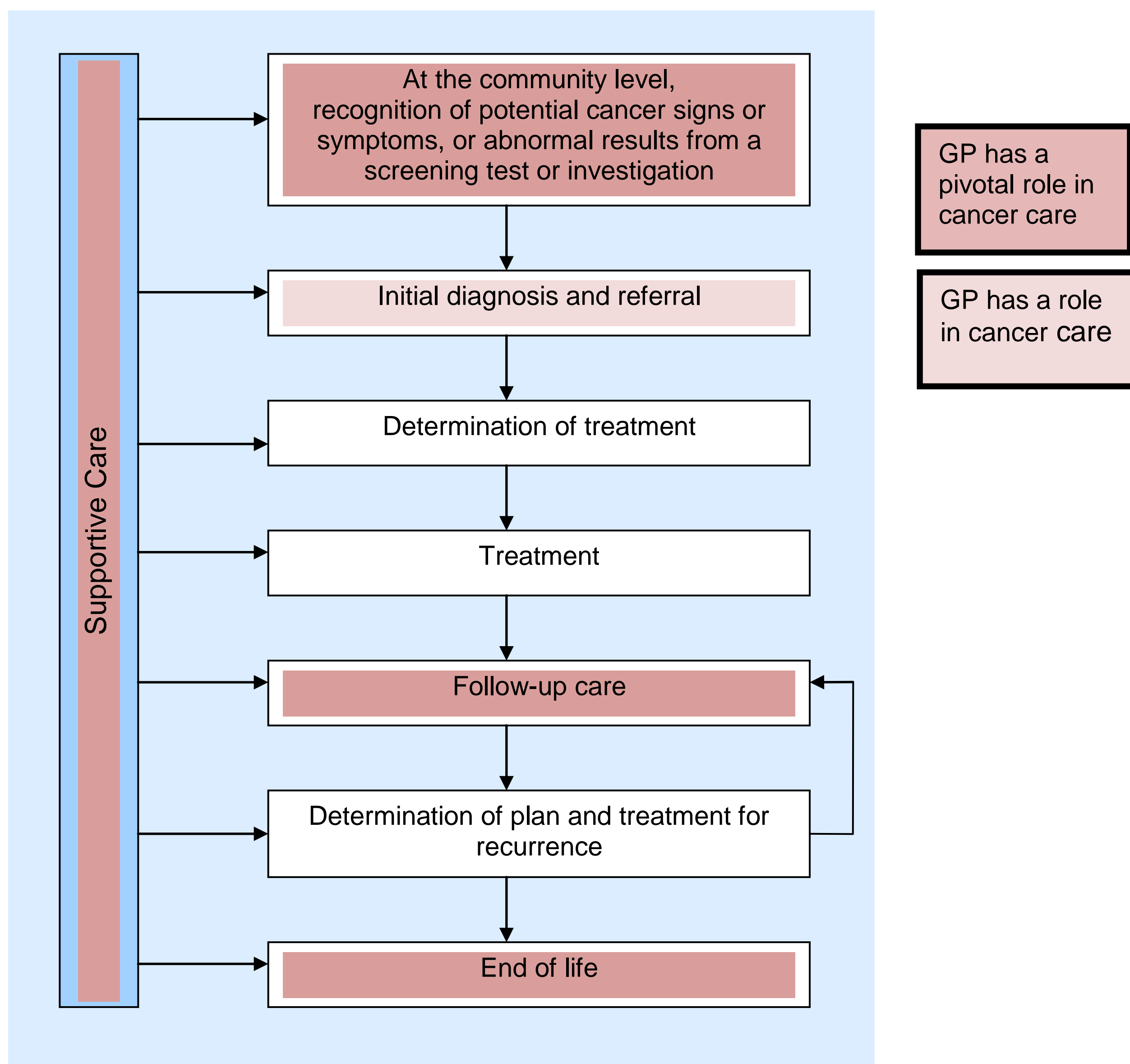
Figure 2



A target of the Victorian Cancer Action Plan (VCAP) 2009-2011 plan[6] is to increase screening of and access to supportive care for people with cancer. The findings confirm that the GP plays a role, not only for the person with cancer, but more broadly to the carers and or family members in the community setting. Potential may exist for practice nurses within general practice to facilitate supportive care screening to people with cancer in collaboration with GPs.

The Patient Management Frameworks (PMFs)[7] identify the GPs' role in cancer service provision as an integral multidisciplinary team member.The purpose of the PMFs are to provide a guide to the provision of care, the roles of the health care professionals and the appropriate level of health service to support cancer care provision across the patient care journey. The representative views of the GPs surveyed indicates that the perception of their role aligns with the recommended areas of patient care journey, Figure 3.

Figure 3 - Steps of the patient journey.



GP has a pivotal role in cancer care

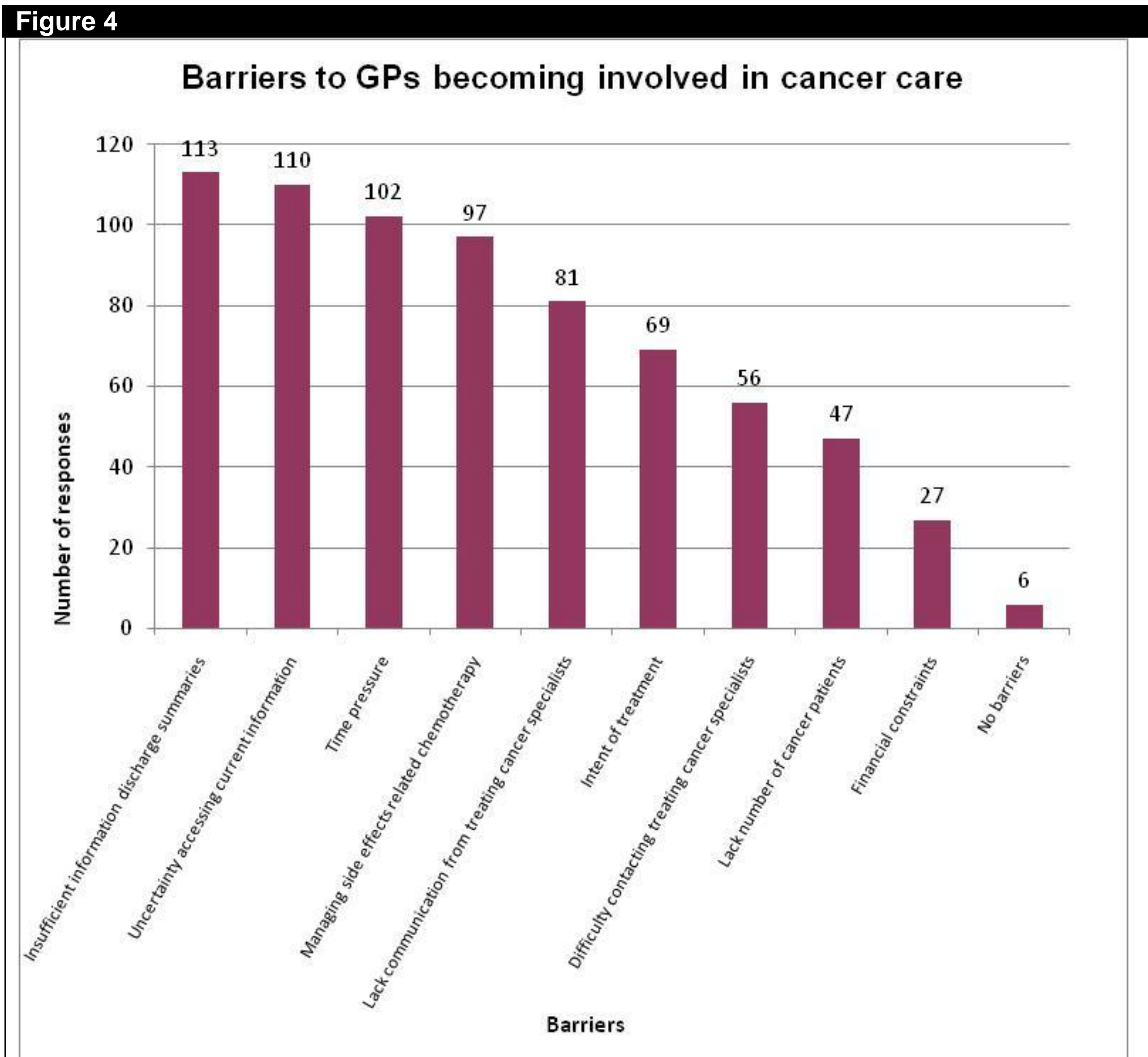
GP has a role in cancer care

Barriers to GPs' participation in cancer care

Question 2 required GPs to indicate the most important barriers to becoming involved in cancer care from a list of nine options, allowing space for additional comments. The survey results identified a range of barriers to participation in cancer care, the five most important barriers ranked by GPs in the survey responses were:

- insufficient information in the discharge summaries or from outpatient appointments (n= 113, 16%)
- uncertainty about accessing current information (n= 110, 15%)
- time pressures (n=102, 14.%)
- managing a patient's side effects related to chemotherapy (n=97, 14%)
- lack of communication from treating cancer specialists (n=81, 11%).

Figure 4



Of the five most important barriers identified by GPs, three related to inadequacy of information transfer/sharing, access to information and communication between the primary care and tertiary health centres. A lack of systems and processes to support these aspects of the cancer service delivery are known to affect the overall efficiency and effectiveness of the service and can impact negatively on the patient's experience of care coordination as they move across the continuum of care[5]. One GP commented:

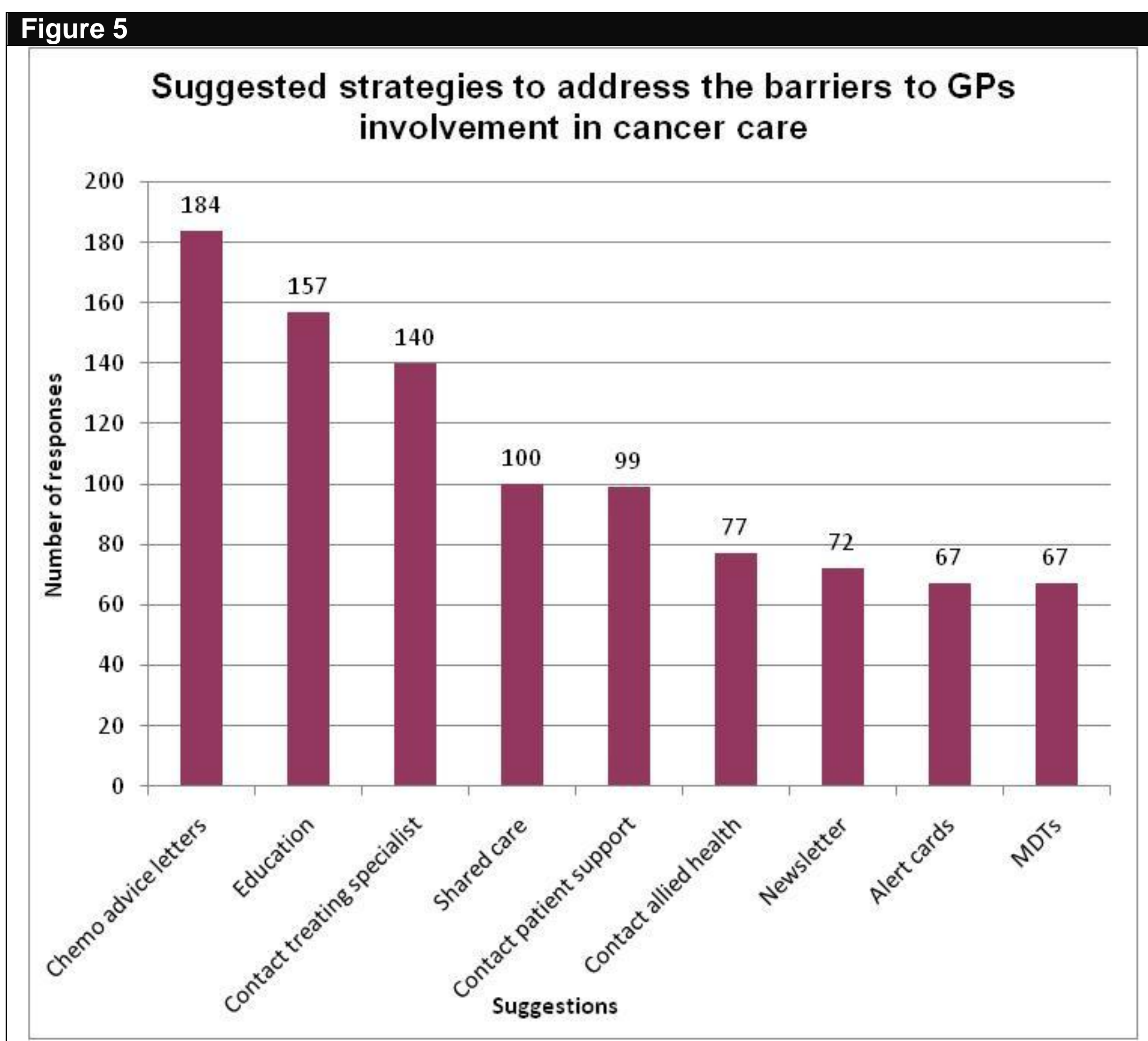
"Ongoing sharing of information and involvement of the GP is vital. I have seen a number of GPs become isolated when their patient disappears into 'the system' of chemo/oncology follow up and they are presented with a sick patient down the track with little information in a difficult situation" (GP)

Addressing the barriers to improve GP participation

In 2005, the SMICS GP consultation project[8] was undertaken to identify GP needs. The findings of the project identified inadequate communication between cancer clinicians and GPs as a particular issue. This resulted in the implementation of a GP partnership project (GPPP) to address the communication and coordination issues. The outcome of this project was a collaborative effort to develop a chemotherapy advice letter that was generated when a person with cancer commenced chemotherapy. The letter provided details of the chemotherapy agent/s, commencement date and number of cycles including the aim of the chemotherapy. Details of the treating unit are provided in the letter with useful weblinks for GPs to explore further information. The letter was then sent via fax to the patients GP in a timely manner. The system was instigated in 2008 in the oncology day units (ODU) at both Southern Health and Peninsula Health. The member health services of Alfred Health and Cabrini Health did not participate in this service improvement project at the time.

Question 3 required GPs to suggest ways of addressing the barriers that were identified in question 2, from a range of nine options, including space for additional comments. Figure 5, shows the range of strategies GPs identified to address these barriers. GPs suggested that timely chemotherapy advice letters (n=184, 19%) are the best approach to reducing barriers and ensuring consistent and current information about the management of the patient.

Figure 5



Based on the GP survey findings to question three, an opportunity now exists to review the use and purpose of the chemotherapy advice letter with the ODUs at Southern Health and Peninsula Health. SMICS will explore opportunities to work more closely with the ODUs at Alfred Health and Cabrini Health to implement the chemotherapy advice letter as a common system for standardising the information provided to GPs by all member health services.

GPs identified *education activities for GPs about cancer care* (n=157, 16%) and the provision of *contact details provided of treating cancer specialist* (n=140, 14%) as other strategies for addressing the barriers.

Focused cancer care education is one engagement strategy that the PC project initiated early in 2011, with a cancer care education evening held in collaboration with the Mornington Peninsula Division of General Practice that provided a continuing professional development (CPD) accredited event to GPs and practice nurses on the latest treatments in prostate cancer management, and how to refer to a familial cancer centre. Further professional development opportunities are scheduled to occur in collaboration with the Divisions of GP throughout 2011.

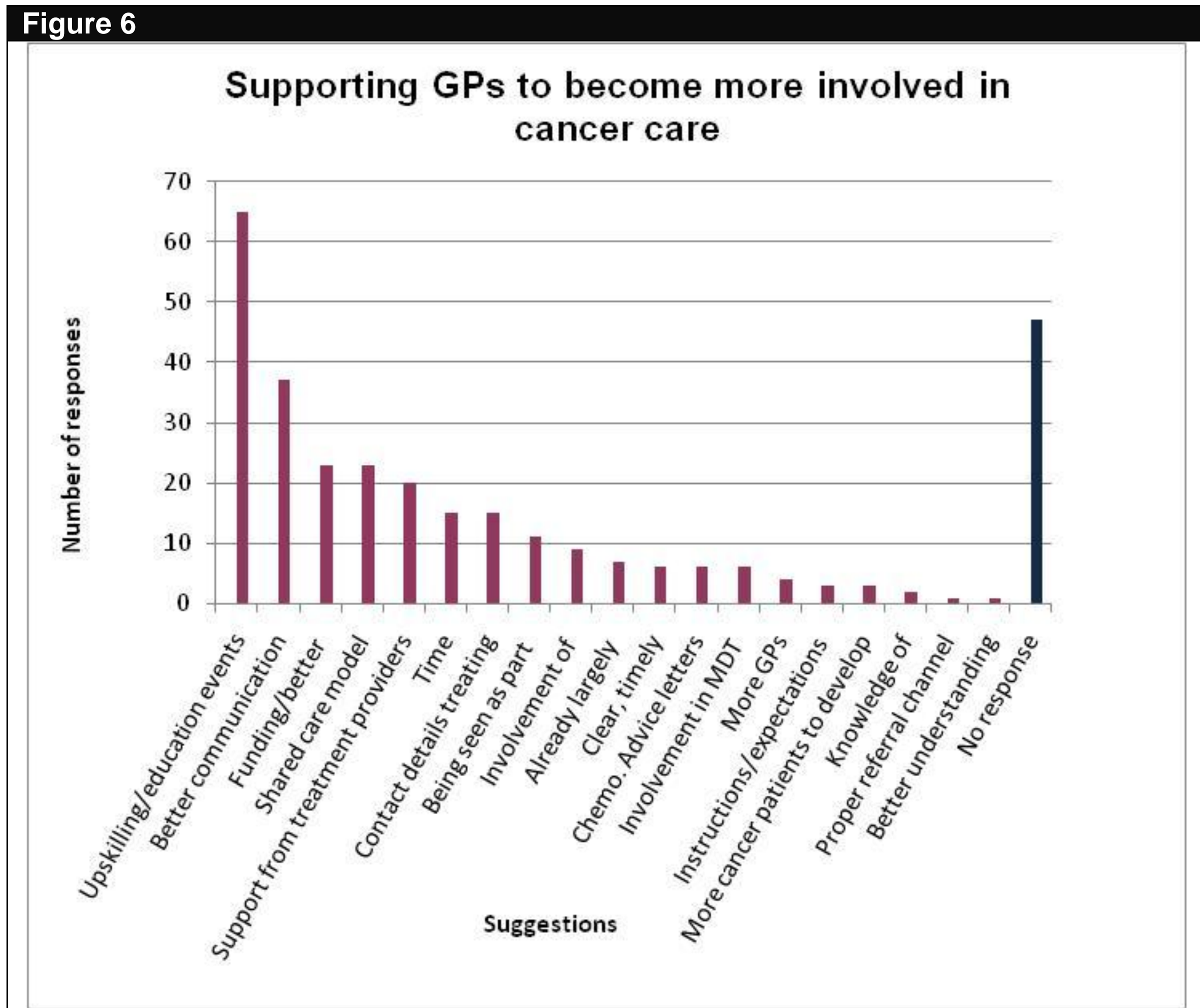
The survey findings also indicated that the *development of shared care models* (n=100, 10%) was a strategy to address the barriers to improve communication and coordination of care between GPs and cancer care clinicians. The National Breast and Ovarian Cancer Centre (NBOCC) Shared Care Project, implemented at Southern Health in 2010 to promote shared care follow up of women post treatment for early breast cancer, has provided valuable learning's and experience that can provide the foundations for the development of a model for shared care that can be made transferable to other tumour streams.

Interestingly, *involvement in multidisciplinary teams* (n=67, 7%) was not seen to be a solution to overcoming the barriers despite multidisciplinary team processes offering access to treating cancer specialists in real time, face to face communication and the opportunity to participate in patient management discussions. This highlights a potential lack of understanding from GPs about the role and function of the MDT meeting, lack of knowledge of mechanisms to engage in the MDT process and other issues such as time pressures. SMICS provides a key role in the facilitation and ongoing support of MDT meetings within the member health services. Further exploration and engagement with key GP providers is warranted to find strategies to support GPs to participate in a local MDT approach for cancer service provision.

Supporting GPs to become more involved in cancer care

Question 4, was an open ended question that prompted GPs to identify what would assist GPs to become more involved in cancer care. The question generated a broad spread of ideas, the highest ranking suggestion being supporting GPs through *up-skilling and educational events* (n=65, 21%) as shown in Figure 6. The survey results indicate consistency in responses for questions 3 and 4 that identified *improved communication* and *shared care model* methods for supporting GPs to become more involved in cancer care.

Figure 6



The GPs identified a broad range of strategies to facilitate GPs participation in cancer care, other suggestions included:

- better communication 12%
- funding/better remuneration 8%
- shared care model 8%
- support from treatment providers/cancer care nurses 7%
- time 5%
- contact details provided and liaison with treating cancer specialists 5%
- being seen as part of the management team 4%
- involvement of the palliative care team 3%

It is clear from the survey findings in question four, that greater effort to engage and partner with the GP stakeholders can be made through supporting GPs to increase their knowledge of cancer care and confidence with education opportunities, to develop and implement communication strategies to enhance information sharing and develop models for care and referral that provides a clear role for GPs participation.

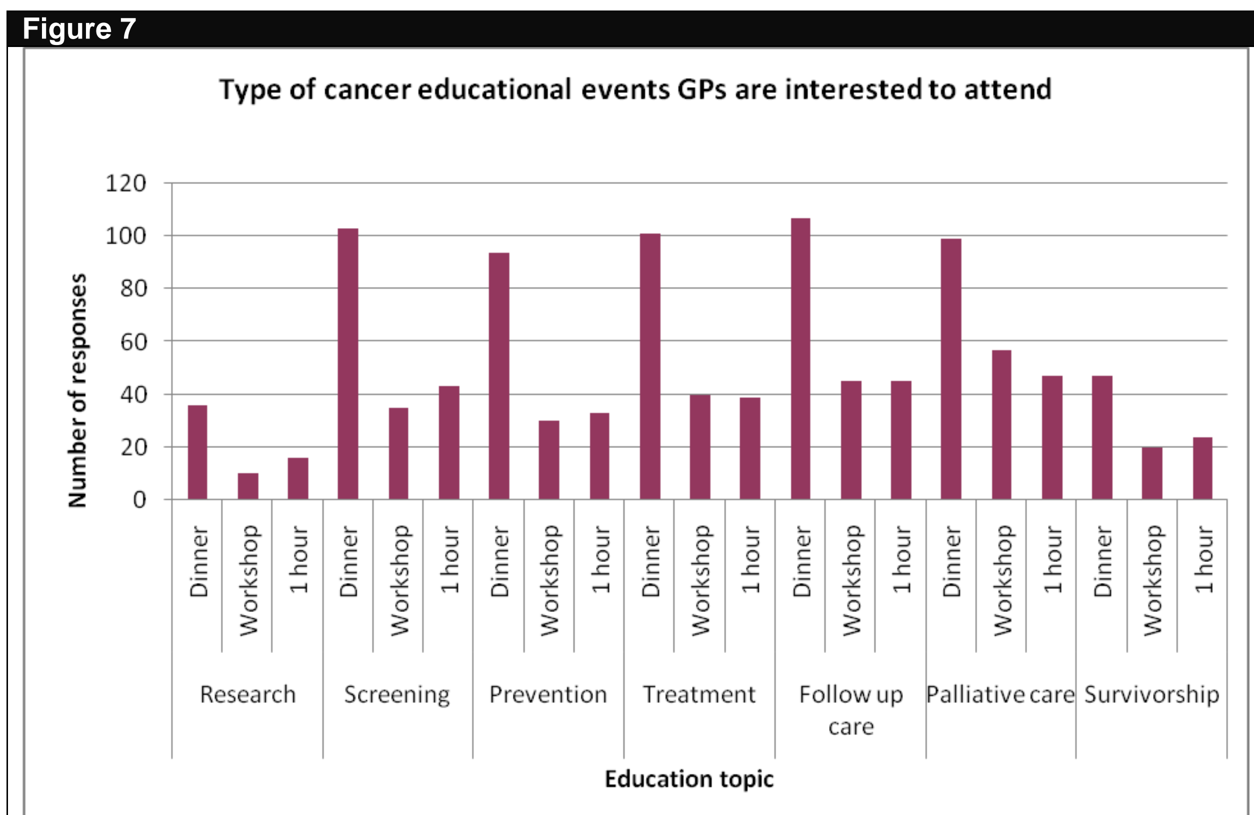
Professional development for GPs

Question 5 and 6 sought to identify the needs and interests of GPs for cancer care education. GPs were asked to indicate the type of cancer education they would be interested in attending and their preference for the style of the event. The style of event was suggested as dinner meetings, half or full day workshops, or 1 hour workshops. Respondents were able to choose more than one style of event.

The survey responses indicated that dinner meetings were the preferred option for GPs with the most interest being in the topics of *follow up care 10%, screening 10%, treatment 9%, palliative care 9% and prevention 9%,* as shown in Figure 7.
One GP commented:

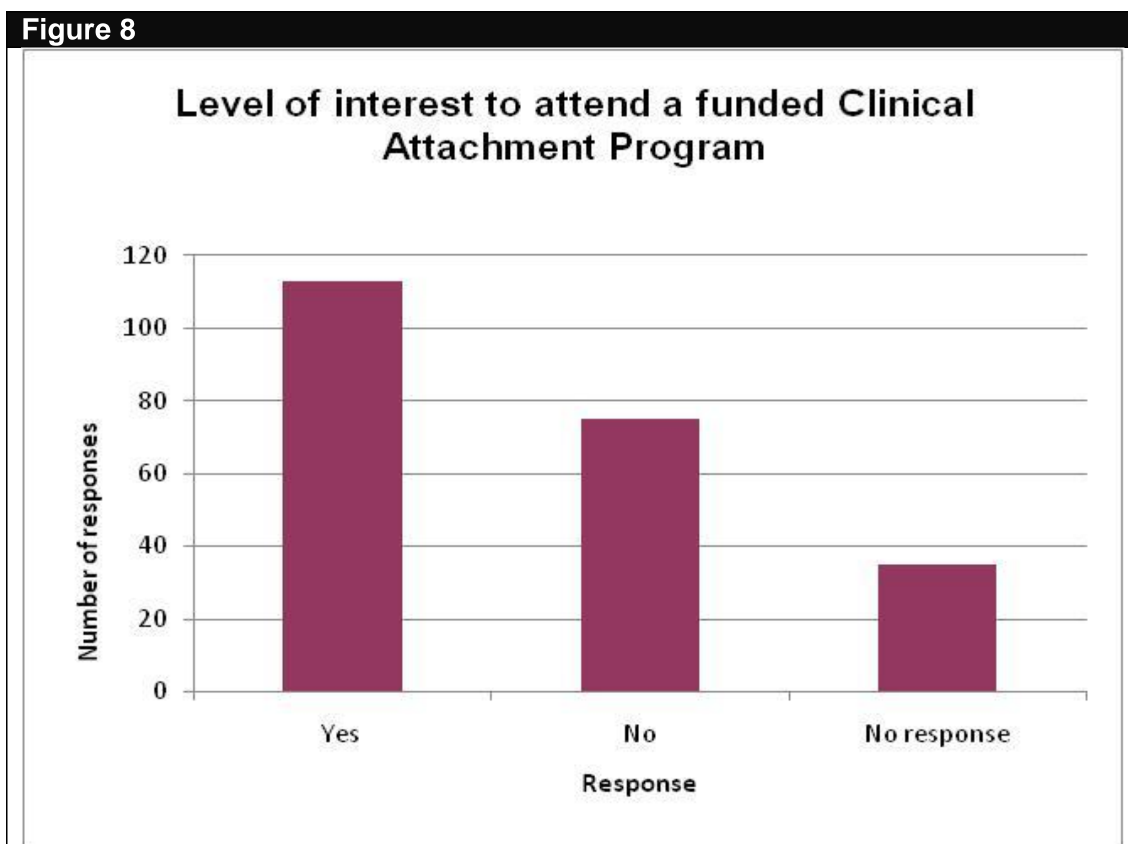
"I do not see enough patients in my specific practice to justify the time in significant up-skilling in some areas of cancer i.e. palliative care, but lots of patients seen for screening" (GP)

Figure 7



Question 5 also explored the GPs interest to attend a supervised clinical attachment in palliative care/oncology, requesting GPs to indicate a response with a Yes or No.
Half of the GPs who responsed to this question were in favour (51%) of attending a supervised clinical attachment program and the other group (33%) were not interested at this time, as shown in Figure 8. A total of 16% of GPs did not respond to this question.

Figure 8



Question 7 prompted GPs to list three specific areas of interest that they would like to learn more about in cancer care. This was a qualitative question where respondents were given three examples (i.e. melanoma management, genetic screening and types of chemotherapy and expected side effects) and encouraged to respond.

The most popular themes for cancer education from the survey responses as seen in Figure 9 were:

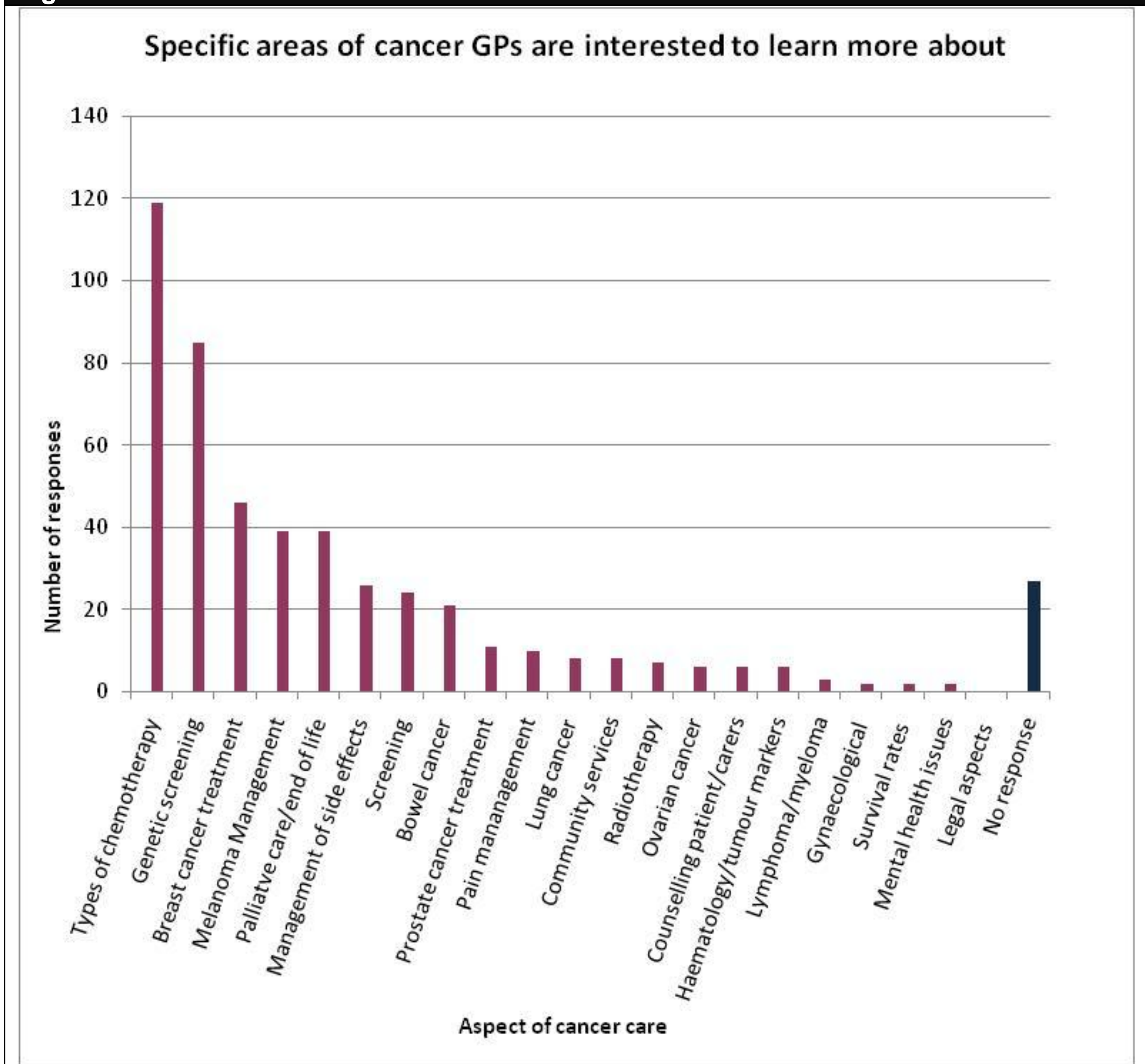
- types of chemotherapy and expected side effects 24%
- genetic screening 17%
- breast cancer treatment 9%
- melanoma management 8%
- palliative care/end of life care 8%

A total of 5% of GPs did not respond to question 7.
A small number of GPs commented on access to information/ education:

"Access to treatment protocols via website would be most useful" (GP)

The survey results highlight the areas of cancer education that GPs are interested to learn more about and the preferred style for receipt of education. This information will provide a starting platform for professional development opportunities that SMICS can utilise in future to further engage and increase GPs' knowledge base in cancer care.

Figure 9



Other comments and suggestions

The GP survey offered GPs an option to make further comments and suggestions. A range of comments were provided, most reflected findings of the GP survey throughout the data analysis paper. One GP made a salient comment:

"There are a lot of areas of medicine for GPs to keep up with so being provided with key messages/simple protocols can make this more efficient"(GP)

This GP view reinforces that GPs are time poor, however considers the GP to have a role in cancer service provision. Therefore one effective way to engage and support GPs would be to deliver key messages based on best practice and establish simple protocols that define the role of the GP in cancer service provision to streamline cancer care coordination.

Conclusions and Opportunities for Improvement

The GP survey sought to identify the needs and interests of the GP stakeholder group and the barriers to their involvement in cancer care. The survey did not yield any information about the adequacy of information received by GPs, specifically relating to timeliness or content. The survey process did not seek to engage the GPs in any face to face consultation or any other form of engagement strategy.

The reliability of the data collected via the GP survey was limited by the following factors:

- the survey was based mainly on a quantitative methodology
- responses were limited to a range of pre-conceived options, informed by knowledge of the cancer pathway and cancer service delivery model
- the survey results are only representative of 15% of the GP population in the southern Melbourne region.

Despite the limitations this survey has generated a collection of informative responses to create a clear and current picture of the GP stakeholders' views. The survey response rate of 15% is also considered to be realistic and adequate from primary care sources to include GP Divisions.

The survey findings have allowed SMICS to gain a greater insight into GPs' views specifically in the areas of:

- GP role recognition in cancer service provision
- barriers to GP participation in cancer care
- strategies to address the barriers
- mechanisms for providing support to GPs to enable improved participation in cancer care
- interest in cancer education.

This knowledge can be channelled into opportunities for change, to increase GP engagement in cancer service provision and SMICS initiatives. A list of opportunities was identified from the paper to include:

- develop a primary care communication strategy to include information pathways to support GPs role in cancer service provision
- partner with GPs to develop defined roles, referral processes and shared care models in cancer service provision
- review the use of the chemotherapy advice letter, explore other member health services to standardise patient information feedback to GPs across SMICS
- engage with key/ champion GPs to employ strategies to support GPs to participate in a local MDT approach for cancer service provision and increase representation on SMICS led cancer service improvement activities.
- provide professional development tailored to the needs of the GP, based on the findings of the GP survey
- explore the role of supportive care screening in general practice to include practice nurses
- develop strategic partnerships with GPs and other primary care stakeholders to ensure sustainable cancer service improvements in the future.

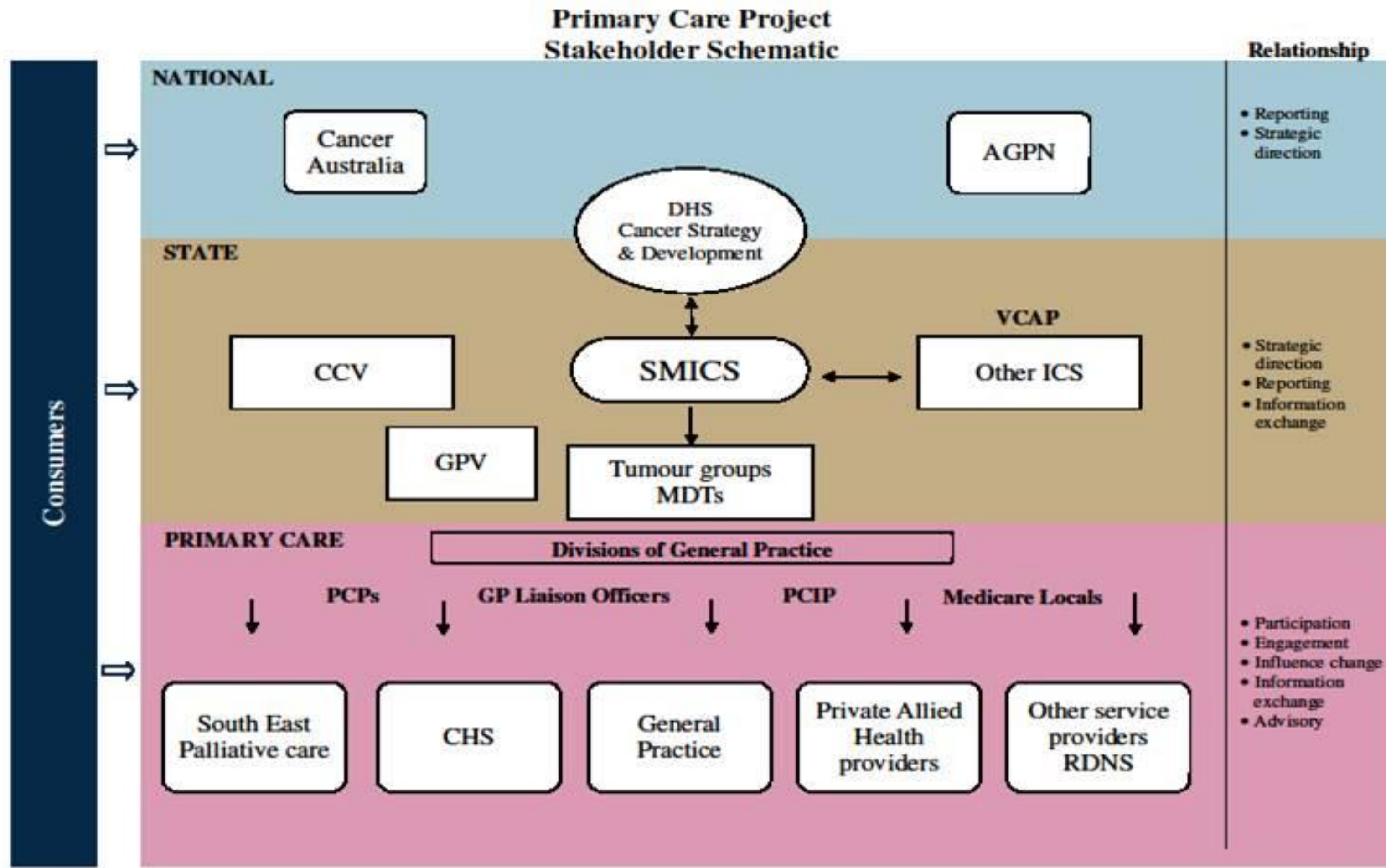
The data analysis of the GP survey will provide a good baseline of the current GP stakeholder perspectives for the southern Melbourne area. Coupled with the findings of the other primary care stakeholder interviews it will be used to inform the development of the PCIF and the future planning and activities of the PC project.

Next steps

This paper will be presented to the SMICS governance committee for review and discussion and made available to all SMICS staff to inform their activities. The findings of the GP survey will be shared with GPs participants and more broadly across the GP Divisions and other primary care stakeholders as necessary.

Appendices

Appendix 1 Primary Care Stakeholders



Appendix 2 GP Survey

PRIMARY CARE PROJECT

General Practitioner (GP) Survey

FAX completed surveys to Nicole Campain

(03) 9928 8624

If you would like to go into the draw to **WIN** a $50 David Jones gift voucher please complete the section on page 2. There are 3 gift vouchers to be won.

Dear GP,

The Southern Melbourne Integrated Cancer Service (SMICS) is committed to facilitating the involvement of general practice in cancer care. We would like you to participate in a survey to help us enhance GP involvement in cancer care.

Participation is entirely voluntary and all **data will be de-identified** for reporting. The survey is brief and it is anticipated that it will **only take a few minutes of your time**.

1. Which Division do you belong to?

- ☐ Bayside General Practice Network
- ☐ Greater Monash GP Network
- ☐ South City General Practice Services
- ☐ Dandenong Casey GP Association
- ☐ Monash Division of General Practice
- ☐ Eastern Ranges GP Association
- ☐ Peninsula GP Network

2. Which of the following do you think are the most important barriers to GPs becoming more involved in cancer care?

- ☐ Managing a patient's side effects related to chemotherapy
- ☐ Uncertainty about accessing current information about cancer treatment
- ☐ Difficulty in contacting treating cancer specialists
- ☐ Insufficient information in discharge summaries or from outpatient appointments
- ☐ Lack of ongoing communication from treating cancer specialists
- ☐ Lack of number of cancer patients
- ☐ Insufficient information about intent of treatment ie curative, adjuvant, palliative
- ☐ Time pressure
- ☐ Financial constraints

Other (Please specify) ____

3. Which of the following do you think are ways of addressing the barriers?

- ☐ Use of chemotherapy advice letters detailing chemo agent, commencement date and possible side effects
- ☐ Contact details provided of treating cancer specialist
- ☐ Contact details provided of local patient support groups or community services
- ☐ Contact details provided of local allied health professionals with a special interest in cancer care
- ☐ Use of alert cards eg. neutropenic
- ☐ Education activities for GPs about cancer care
- ☐ Information about cancer care in Division newsletter
- ☐ Involvement in Multidisciplinary Team meetings
- ☐ Development of shared care models

Other (Please specify) ____

SMICS
Southern Melbourne
Integrated Cancer Service

PRIMARY CARE PROJECT

General Practitioner (GP) Survey

FAX completed surveys to Nicole Campain
(03) 9928 8624

If you would like to go into the draw to **WIN** a $50 David Jones gift voucher please complete the section on page 2. There are 3 gift vouchers to be won.

4. What do you think would help GPs to become more involved in cancer care?

5. What type of cancer educational events would you be interested in attending?

	Dinner meetings	Half or full day workshops	1 hour workshop
Research			
Screening			
Prevention			
Treatment			
Follow up care			
Palliative care			
Survivorship			

Other (please specify)________________________________

Funded 10 hour clinical attachment (oncology/palliative care) **YES** ☐ **NO** ☐

6. List 3 areas of specific interest you would like to learn more about e.g. melanoma management, genetic screening, types of chemotherapy and expected side effects

1
2
3

7. What do you think is the GPs role in cancer care?

- ☐ Screening and prevention
- ☐ Palliative care/End of Life Care
- ☐ Monitoring for recurrence
- ☐ Coordinating referrals to community based services
- ☐ Patient education ie counselling, clarifying results
- ☐ Provision of support to carers/family members
- ☐ Principal health professional overseeing management issues of patient

Other (Please specify)

8. Are there any other comments or suggestions you would like to make?

Thankyou for your time

YES I would like to go into the draw to win a $50 David Jones gift voucher

NAME ________________

Postal Address ________________

Email ________________

ALL DATA IS DE-IDENTIFIED FOR REPORTING PURPOSES

A joint initiative of Alfred Health, Cabrini Health, Peninsula Health and Southern Health
Connecting cancer care, driving best practice and improving patient outcomes
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Abbreviations

CPD	Continuing Professional Development
DHS	Department of Human Services
GP	General Practitioner
GPPP	General Practitioner Partnership Project
MDT	Multidisciplinary Team
ML	Medicare Locals
NBOCC	National Breast and Ovarian Cancer Centre
PCIP	Primary Care Interface Project
PCIF	Primary Care Interface Framework
PCP	Primary Care Partnerships
SMICS	Southern Melbourne Integrated Cancer Service
VCAP	Victorian Cancer Action Plan

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