Transforming Specialist, Non-Surgical, Cancer Care in the Eastern Sector (Halton, Knowsley, St Helens and Warrington)

Outline Clinical Model

1. Purpose

1.1. The purpose of this document is:

- to meet NHSE assurance Stage 2, and
- to give clarity to the high-level principles that were stated in the Clatterbridge Cancer Centre 3-year strategy

2. National Context

2.1. The NHS has a National Cancer Transformation Programme with a national strategy for England (2015 – 2020); Cancer Care is also a key priority of the NHS Long Term 10 year Plan (LTP) 2020 -2030. This is in the context of a national shortage of Oncology Consultants. There is an existing national chemotherapy and radiotherapy service specification (Appendix A).

3. Regional Context

3.1. The Clatterbridge Cancer Centre NHS Foundation Trust (CCC) provides oncology services (Chemotherapy, Radiotherapy and immunotherapy) to the majority of people in Cheshire and Merseyside and plans to deliver transformation through Cancer Care Sector Hubs. This will facilitate provision of a more holistic approach to patient care, concentration of expertise and supports a sustainable workforce.

4. Local Context

4.1. The Eastern Sector Cancer Transformation Programme is the process to determine the model of care for the four common cancers (Lung, breast, colorectal and prostate) and then to evaluate where that is best located for the benefit of the collective population of the four boroughs i.e. either at St Helens & Knowsley Teaching Hospitals NHS Trust (STHK) or Warrington & Halton Hospitals NHS Foundation Trust (WHH). The service will be delivered by Clatterbridge in partnership with one of the trusts.

4.2. The Evaluation Process Document was sent to the two local acute provider Trusts on 26th June 2019.

4.3. Principles of service delivery for the Eastern Sector Cancer Hub

4.3.1. A set of key principles for the delivery of the Eastern Sector Cancer Hub have been described in the CCC future service model. This section will attempt to provide further detail to these principles and/or frame relevant questions.

4.4. Improved Access

4.4.1. This will be implemented over time through flexible working, flexible services, 7 day working, longer days service 52 weeks per year. Concentrating the workforce in one service will enable peer support and facilitate resilience for holidays, bank holidays, sickness, etc. This approach will provide the opportunity for patients to access core and support services in a ‘one-stop’ setting.

4.5. Multi-disciplinary team- based service with improved coordination of care

4.5.1. This concentrates clinical expertise facilitating:

- colocation of core clinics, support services (imaging, pathology, pharmacy), wraparound services (benefits advice, cancer information, dietetics, wigs, prosthesis and counselling) and Palliative care;
- coordination of appointments – “right clinician first time”
- new ways of working such as virtual clinics, and;
- Improved patient experience

4.6. Holistic Needs Assessment (HNA) responsive to changing need

4.6.1. National guidance recommends that HNA should be offered at stages in the patient journey including diagnosis, change in or new treatments and end of treatment by appropriately trained staff.

4.7. More coordinated patient focussed care

4.7.1. CCC team responsible for co-ordinating drug and radiotherapy treatments including linking with GPs and surgical teams with use of digital technology.

4.7.2. CCC will hold lead role for national service specification for Chemotherapy and Radiotherapy.

4.8. Faster access to more personalised holistic care

- First appointment within **7 days of referral** for treatment
- **treatment to commence within 28 days.**
- Shared Decision Making – taking patient’s preferences into account
- Specialist personalised care

4.9. Care close to home where appropriate

4.9.1. For the majority of patients with the four common cancers the first outpatient appointment will be at the sector hub; the majority of the follow-up appointments can be delivered on local sites.

4.9.2. Systemic anti-cancer treatments (SACT) can continue to be provided in local centres (CanTreat and the Lilac Centre).

4.9.3. This model through the concentration of expertise will enable some intermediate and complex cancer outpatient care to move from the Clatterbridge Hospital site to the sector hub (approx. 2700 appointments/year) bringing care closer to home for many more local people.

4.10. Access to a dedicated ‘urgent’ care unit

4.10.1. This approach will increase the options for the provision of urgent care in and out of hours, supported by 7 day working, through the provision of an ambulatory care setting that has acute oncology competencies within it. The benefits of this are:

- ensuring that, where appropriate, patients are seen by staff who know them and have specialist knowledge of complications and side effects of treatment regimes;
- A&E is avoided wherever possible;
- reduced hospital admissions, and;
- improved patient outcomes.

4.11. Routine screening for entry into clinical trials will be available for all patients.

4.11.1. Reducing the inequity in access to clinical trials by providing unified Research and Development process i.e. single sign-on.

4.12. Recruitment and Retention

4.12.1. Because this model will provide coordinated care, peer support, training places, better outcomes for patients, and opportunities in research and development it will enhance recruitment and retention of staff in a challenging market, with:

- all members feeling part of a team;
- complementary governance/HR arrangements across CCC/Provider, and;
- having a ‘space’ to network as a team.

4.13. Model needs to be future proof

4.13.1. The estate must be capable of hosting a radiotherapy unit if national review says it is required for capacity and equity of patient experience

5. Summary

5.1. The model described above provides a coordinated, sustainable future proofed service in line with national guidance.

6. Conclusion

6.1. Adherence to the design principles stated above will achieve desired outcomes for patients, workforce and local health economy.