Acute Oncology: Service Provision in Smaller Cancer Centres

Ernie Marshall
Clatterbridge Centre for Oncology

Whiston Hospital

St Helen’s Hospital

350,000 population
~1000 beds
Regional Plastics Unit
DGH Acute Oncology

Management & coordination of non-elective cancer inpatients

Leadership

Physician
PAM’s

PCT
Surgery

Expertise

Site-specific CNS
HDU

Radiology
Cancer Services
Merseyside & Cheshire Network: 2.2m population

Unit 1

Unit 2

Unit 3

CCO

Chemotherapy medical staff
Chemotherapy nurses
Central Out of hours triage
Oncology Case notes

9 Cancer Units
3 Specialist Trusts
CCO Advantages

• Central registration and minimum dataset
• Central Oncology Dept
  • Single organised Oncology Case notes
  Peer support, cross-cover, site specialisation
• Central pharmacy,
  – pre-prescribed chemotherapy with single network protocol book
• Single point of triage
• Locally delivery of care for majority
Cancer Unit Perspective

Patient Management

- Increasingly, Emergency admissions to unit
  - Limited information and poor communication
  - Local case notes
- Inevitable admission
- Inpatient management delayed

Service Development

- Limited interaction of Oncology with unit clinical and management teams
- Limited Education and teaching opportunities
- Limited opportunities to influence change
Aspects of Acute Oncology

• Inpatient care driven by General Physicians with poor information
• Poor communication across teams and with patients with discordance of expectations
• Over investigation & duplication
• Under and overtreatment
• Poor patient experience & Prolonged hospital stay
  • chemotherapy toxicities
  • Poor PS, New cancers (eg UKPs)
  • Relapse
  • ‘others’
<table>
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<tr>
<th>Day</th>
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<th>PM</th>
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<tbody>
<tr>
<td>Mon</td>
<td>LGI MDT &amp; OPD Parallel Chemo Clinic</td>
<td>Admin/Acute Oncology Parallel Chemo Clinic</td>
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<td>Tue</td>
<td>CCO</td>
<td>CCO/Melanoma</td>
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*Two Nurse Specialists FT Monday-Friday*
Acute Oncology Nursing Role

Patient journey spans inpatient/outpatient & chemotherapy units

AOT’s job plans reflect pt journey with sessions in all areas

Emphasis on Chemo skills and Cancer Nursing
Aims of team

• Accessibility/support
• Early referral & assessment
  • Patient identification/alerts
• Easy access to OPD
• Education
  • Ward staff
  • MDTs
• Pathway /protocols development
• Communication
• Influence management and service development
First Steps

• Identify AOT patient Grp!
  – Chemo Complications (Electronic Alerts)
  – New Cancers (UKP): Radiology coding

• Baseline audit
  – UKP pathway (length of stay, investigations)
  – Neutropenic sepsis (time to antibiotics)

• Teamworking
  – MDT’s
  – Directorates
  – Chief Executive!
Ongoing work

- OncoAlert Strategy
  - Refine electronic alert
- Neutropenia pathway
  - Risk stratification & early discharge
- Unknown Primary pathway
  - OPD pathway
- Chemo-complications - protocols
  - Diarrhoea
  - Chest pain
- Poor PS inpatient cancer
  - UGI Cancer pathway - 17% emergency admissions (SSMDT cancers)
- Radiology Pathways
  - Asymptomatic PE
  - Spinal cord compression
AOT MDT?

Major issues are triage, communication and service development NOT case review

Weekly review meeting
Real-time inpt caseload and dataset
Oncology
AOT nurses
Palliative Care coordinator

3 monthly Business meeting
Core Team
Radiology
Link-nurses
# MDT Activity (6mths)

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<th>Aug</th>
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<th>Nov</th>
<th>Dec</th>
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## St Helen’s & Knowsley New Cancers
### Somerset Data 01/07/08-30/6/09

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<th>Site</th>
<th>Number</th>
<th>Via A&amp;E</th>
<th>%</th>
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<tr>
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<td>17</td>
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<td>Lung</td>
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<td><strong>UKP (MUP)</strong></td>
<td><strong>60-70</strong>*</td>
<td><strong>60-70</strong>*</td>
<td>*** 2007-2009 audits**</td>
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<td><strong>1256/year</strong></td>
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CCO Business Case

• National Cancer Services Analysis Team (NatCatSat)
  – HES data NHS NW (1997-2008)
  – CCO radiotherapy data (2003-2008)
  – CCO Chemotherapy data (2003-2008)
  – NW Cancer Registry data (CR 2000-2006)

• Estimated incidence of AO cases/trust and average LOS

• Assume reduction in beds days from local audit
## Estimated savings from AOT

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<th>Beds savings</th>
<th>Potential savings assuming 3 days reduction in LOS</th>
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<td>COCH</td>
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<td>RLBUHT</td>
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<td>S&amp;O</td>
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<td>654</td>
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<tr>
<td>SHK</td>
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<td>UHA</td>
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<tr>
<td>WHT</td>
<td>336</td>
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Cost savings = 5 oncologists, 7 FT band 7 CNSs, 7 0.6 band 4 sec (£915,497)
Next Steps

- Release additional sessions
  - EM (1 session)
  - Second oncologist (1-2 sessions)
- Greater presence on MAU (A&E)
  - Early referral
- Awareness in primary care
  - Reduce admission rate?
  - Increase OPD capacity
- Develop regular educational and management updates
  - Junior staff, Directorates, A&E
- Audit
  - Evidence base (AOT activity, LOS)
- R&D opportunities
  - Late presentation of cancer
  - Management of complications
  - NCRN
Emerging Themes

• Tensions:
  – Ownership of service (Centre vs Unit)
  – Ownership and expectations of patient
  – Out of hours care
  – Advisory vs inpatient beds
  – Haematology shared care

• Need for Continuous update and education
  – UKP
  – Tumour markers

• Morbidity/mortality review structure

• Pt education: consultant name/treatment/intent ‘card’?

• Urgent OPD clinic

• Diagnostic pathway may be too fast!

• Outcome measures
  • qualitative
Benefits

• Patient Care (safety, quality, LOS)
• Improved access to local support services and professional advice
• Job satisfaction and inter-disciplinary links
• Teaching opportunities
• R&D
  – New opportunities for pt centred research
  – Specialist support and infrastructure
  – NCRN portfolio
• Release resources at Cancer Centre