



Non Surgical Oncology Outpatient Service Transformation

JHOSC Meeting 7th December 2023



Introduction

Purpose:

- Outline the drivers for change
- Provide clarity on what the changes mean
- Give an overview of the process and involvement activity undertaken
- Outline the rationale for the proposed stabilisation model
- Provide assurance regarding mitigations to minimise the impact
- Gain a steer on the next steps

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The ask of JHOSC members:

- 1) **Note** the approach to co-production of the service model, assurance process and progress to date.
- 2) **Support** the proposed approach for the Stabilisation phase of the programme
- 3) **Note** the high level of patient and public involvement already achieved by the programme and the role it has played in the decision making and **indicate** if it expects further consultation to take place in this stabilisation phase of the programme.



The Case for Change



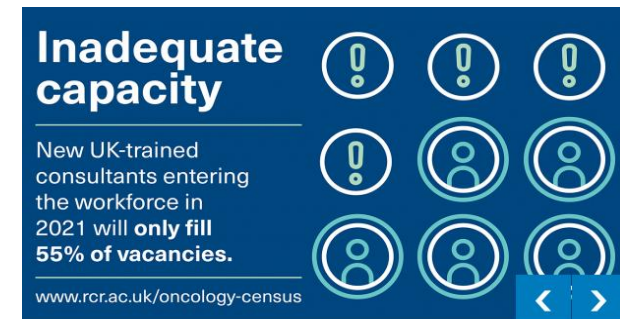
Why do we need to change?

- **Workforce** :There is a **national shortage** of Consultant Oncologists with insufficient trainees to bridge the gap
- **Increasing demand**: Many new treatments and therapies are becoming available. Patients are living longer and as a result their management is becoming more complex.
- **Variation** : there is variation in the delivery of the commissioned model
- **Advancing roles** allow for a “Consultant Led: Team Delivered approach” which is less reliant on the oncologists

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The South Yorkshire and Bassetlaw (SYB) Cancer Alliance (CA), working with Derbyshire, was asked to lead a review to work with partners to develop a future sustainable outpatient service model.

The Workforce Challenges





What is changing?

- Where **Outpatient Appointments** that require a **face-to-face** discussion with a Consultant Oncologist are delivered

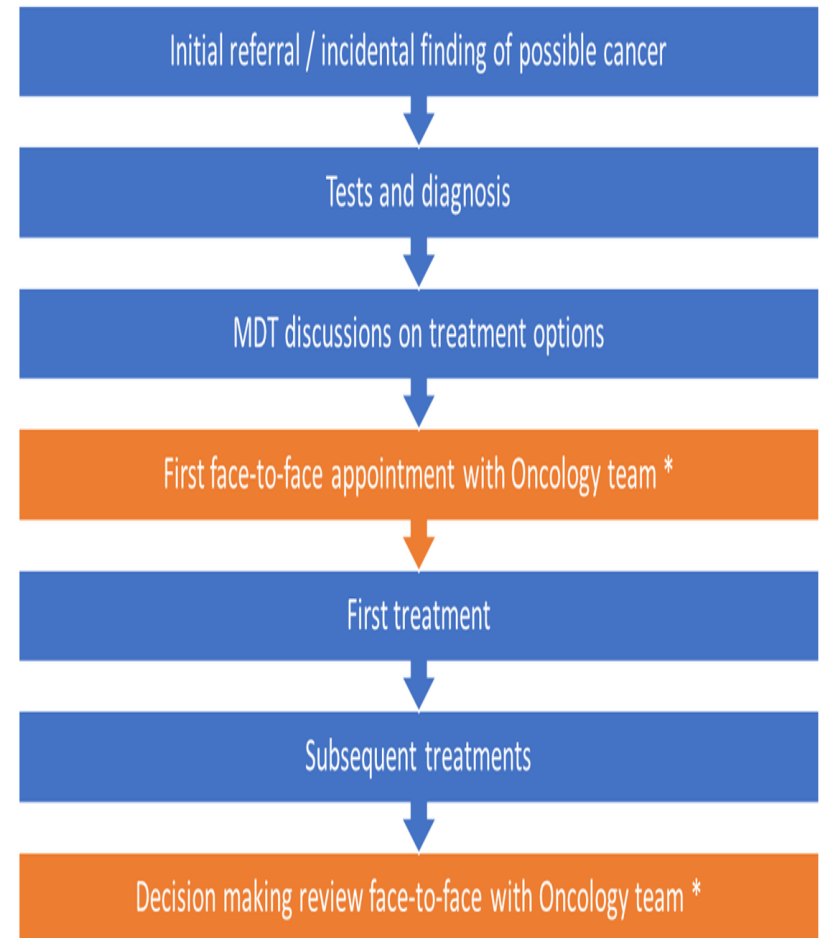
- **Focus on** Breast, Lung, Colorectal and Urology pathways

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In parallel we are:

- Increasing the amount of **chemotherapy treatments** that can be delivered locally
- Supporting the use of **virtual appointments**

Example Pathway





The NSO Outpatient Service

- **Rarer tumours** require all outpatient and treatment at the specialist cancer centre
- **Patients on clinical trials** mainly require outpatient appointments and treatment at the specialist cancer centre
- **Radiotherapy** treatment is only available at the specialist cancer centre.

People with breast, lung, urology and colorectal cancer were previously able to have an OP discussion with a clinical oncologist at their local hospital. Temporary changes have been required across all tumour sites.

Specialist Cancer Centre

Weston Park Cancer Centre (WPCC)
Clinics also run via Royal Hallamshire Hospital & Jessops Hospital



District General Hospital

Barnsley Hospital NHS FT
Chesterfield Royal Hospital NHS FT
Doncaster & Bassetlaw NHS FT
The Rotherham NHS FT



Community Facility:

Breathing Space, Rotherham



New Referrals

Average **657** per month

New OP Attendances

Average **610** per month

Follow-up Attendances

Average **8176** per month

Face to Face v Virtual (non F2F)

62 % F2F and **38 % non F2F**

* Based on April – June 2023 figures





Meeting our duty to involve

Patient, carer, public, and staff engagement to date

What we did

- ✓ Looked at **patient feedback** from patients who had recently undergone appointments
- ✓ Reviewed **existing patient insight** and data
- ✓ Asked oncology outpatients to provide feedback through **surveys** distributed at outpatient clinics at all of the hospital sites (150 surveys returned)
- ✓ Ran some semi-structured **one-to-ones** with people affected by cancer
- ✓ Commissioned an **independent involvement exercise** between February and April 2023 which reached 954 people and included:
 - Patient Advisory board session
 - An online, door-to-door and telephone survey
 - Online public discussions
 - VCSE focus groups

What we found

- The three most important factors for cancer patients were: **seeing the same person each time, short waiting times, and good communication.**
- Most people would expect to **travel by car** to their outpatient appointments. Current travel difficulties were mostly related to **parking.**
- When considering where outpatient appointments should be provided, the **location** of, **distance** to, and **accessibility** of the location were most important.



Rationale for Hub & Spoke

- We developed a number of possible clinical model options building on the feedback and comments from the involvement work with staff, patients and local residents
- We also developed hurdle criteria from this feedback to help assess the models
- We asked the NSO Oversight Group with members from all partner organisations to assess the models using the hurdle criteria
- The Hub and Spoke model scored the highest against the criteria particularly safety and quality
- This means that there will be a cancer hub offering clinics for all cancer groups, including specialist cancers and the spoke sites will offer either face to face or virtual clinics for the four main cancer groups (Urology, Breast, Colorectal and Lung)



Impact of the Stabilisation Model

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	Commissioned service	Temporary change	Proposed stabilisation
Specialist cancers	All provided at WPCC	No change	<ul style="list-style-type: none"> No change
Breast	5 sites	<ul style="list-style-type: none"> Sheffield Rotherham 	<ul style="list-style-type: none"> Sheffield Rotherham
Urology	5 sites	<ul style="list-style-type: none"> Sheffield Chesterfield Doncaster 	<ul style="list-style-type: none"> Sheffield Chesterfield Doncaster
Lung	5 sites	<ul style="list-style-type: none"> Sheffield Barnsley Chesterfield Doncaster Rotherham 	<ul style="list-style-type: none"> Sheffield Doncaster Chesterfield Barnsley /Rotherham
Colorectal	5 sites	<ul style="list-style-type: none"> Sheffield Chesterfield Doncaster 	<ul style="list-style-type: none"> Sheffield Chesterfield Doncaster



Stabilisation Phase Changes

- We have **taken the feedback from patients/public and staff** to build into the proposed clinical models
- We know that **patient safety and outcomes , continuity of support, travel and access** are all important

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For the stabilisation phase we are focussing on further development of the clinical teams so that **cross cover can be provided and will be more resilient**

- We are **consolidating the number of sites that offer face-to-face appointments** to ensure that a safe service can be provided but still offering choice
- We are exploring different ways of working e.g. **enhanced virtual clinics** for Barnsley and Rotherham patients



Mitigating the impact

- ✓ Increased access to **charitable transport**
- ✓ Developed a **supportive care pathway** – initially in breast providing additional nursing to support continuity of care
- ✓ Identifying sites with **good parking** eg breathing space
- ✓ Adoption of **non-face to face** appointments to reduce patient requirement to travel
- ✓ Repatriation of treatments – *more patients are getting their chemotherapy closer to home*
- ✓ **Recruitment** and workforce development strategies
- ✓ Ensuring **Oncologists are only doing what only they can** do by maximising utilisation of **non-medical** workforce e.g. development of Advanced Clinical Practitioner roles, Cancer Nurse Specialist development
- ✓ **Improving operational working**: regular system-wide operational meetings focussed on enhancing patient experience.



Recommendations

We would like to ask the JHOSC to:

- **Note** the approach to co-production of the service model, assurance process and progress to date.

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Support the proposed approach for the Stabilisation phase of the programme

- **Note** the high level of patient and public involvement already achieved by the programme and the role it has played in the decision making and **indicate** if it expects further consultation to take place in this stabilisation phase of the programme.



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