Transforming Cancer Follow Up

A Viable Aspiration?

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A Viable Aspiration?

- Aspiration: A strong desire to achieve something high or great
- Viable: Capable of living, developing, or germinating under favourable conditions
Is Transforming Cancer Follow Up A Realistic Ambition?
Transforming Cancer Follow Up (TCFU)

- Move away from routine hospital follow up appointments - where one size fits all
- To individually tailored aftercare arrangements
NI Transforming Cancer Follow Up Programme (TCFU) Aims

To introduce a new model of cancer follow up which will:

- Improve the quality of cancer patients’ after treatment experience
- Reduce inefficiencies in hospital follow up
- Enhance service coordination and integration
Why initiate this change?
Issues with the current system

- Routine hospital follow up is not as effective as it could be
- Most recurrence is detected outside follow up
- Many appointments add little value to either patient or doctor
- Framed around cancer as acute illness

Ineffective
Increasing numbers

- Increase in cancer survival – more people living longer – in NI approx 55,000 cancer survivors
- Number growing by around 3.2% per annum
- Capacity issues with current follow up – service unsustainable
Patient feedback

- Research Studies
- Partnership Workshop in 2009
- “After care is an after thought”
- “Post treatment drop-off”
- “I felt abandoned”

Unmet survivorship needs
What model is proposed?
No point reinventing the wheel
NCSI Principles worth adopting

- Risk stratification to appropriate pathway of care
- Personalised care plans developed and owned by the individual
- Information to promote patient confidence
- Care coordination across care settings
- Rapid access to appropriate healthcare professional when problems arise
How have we gone about this?
TCFU Journey To Date

Began in 2009 with feedback from patients & carers

- Launched Nov 2010
- Macmillan Cancer Support working in partnership with HSCB/PHA/NICaN
- Funding to support local bids
- Project structure established
Programme Structure

Regional Health Social Care Board

PHA

Macmillan

NICaN
Programme Structure

Regional Health Social Care Board

NI Cancer Survivorship Project Steering Group

Programme Lead (0.4 WTE Network Nurse Director)
Programme Service Improvement Manager 1 WTE
Programme Structure

NI Cancer Survivorship
Project Steering Group

Regional Health Social Care Board

Programme Lead (0.4 WTE Network Nurse Director)
Programme Service Improvement Manager 1 WTE

Local steering groups and local project managers
Each project to have identified clinical champion and CNS and primary care involvement
Engagement with voluntary sector / community / patients & public
Process during 2011 contd.

- Trusts prepared and submitted bids
- Steering group considered bids
- Regional projects identified
- Project manager for each trust approved
Bids received from all five Trusts

- Breast: five Trusts
- Prostate: four Trusts
- Colorectal: two Trusts
- Haematology: one Trust
- Head & Neck: one Trust
- Gynae: one Trust
Recruitment

- Regional Project Manager interviewed early summer recently took up post
  - Mary Jo Thompson commenced post 26\textsuperscript{th} September
- Local Project Managers recruitment process underway
Process contd

- Clarity around task – rethinking project plans and refining the costs
- Stakeholder engagement
- Agreement to adopt a phased approach
- Production of regional tools
Worked Example: Regional Breast
Self-care with support and open access

Shared Care

Complex case management through MDT

Needs stratification

Intervention

Risk Stratified Model of Care
Modelling Impact

- Aim 50% patients allocated to SDF*
- Should reduce the number of routine hospital follow up appointments in a given cancer unit from 3250 per year to 750 hospital and 125 telephone appointments
- Over 5 years from 16,250 to 3750 hospital appointments plus 625 telephone appointments
Breast: Two Work-strands

- **Automated mammography**
  - SECTRA exploration

- **Equipping the patient to self manage**
  - Assessment / managing expectations
  - Information provision
  - End of treatment summary and care plan
  - Point of access
  - Health & Well Being Support
Breast Project Deliverables

- Identified patients are adequately equipped and supported to self manage
- Reduction in demand for hospital OP follow up
- Remote surveillance mechanism established
- Partnership working with primary care realised
- Partnership working with cancer charities enhanced - NICCA
Challenges
Challenges

- Current context and lack of recurrent funding - CNS
- Multiple perspectives and lack of shared vision
- Challenge of stakeholder engagement - resistance to change – impact on individuals
- Unrealistic expectations about what can be achieved within extremely tight timeframes – 2 year programme - meandering change line
- Looking for innovative solutions without fully appreciating the problem
- Recruitment delays
- Workforce knowledge and skills
Opportunities

- Unique opportunity to adopt a regional standardised approach
- Partnership working – whole greater than sum of parts
- Maximise engagement with cancer charities
- Align agendas
- IT potential
- Get serious about survivorship
Aspects of Survivorship Services
Addressing late effects of treatment

1. Cancer Follow Up

2. Information & Support

3. Health & Well-Being

4. Functional Rehabilitation

5. Financial Benefits

6. Vocational Rehabilitation

7. Carers’ Support

8. Vocational Rehabilitation
Conclusion
Is TCFU a realistic ambition?

- Or a case of wishful thinking?
  - Conditions are difficult
  - Complexity is significant
  - Conceptual divergence
  - Commitment is variable
  - Constraints are numerable
It all depends......
A Viable Aspiration?

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TCFU could be a realistic ambition
TCFU should be a realistic ambition
TCFU should be a realistic ambition

- It has the real potential to benefit people affected by cancer
  - Experience
  - Health & Well Being
- Be more effective and more efficient
- Develop better integrated and coordinated services