

CANCER DIAGNOSTICS TREATMENT SURVIVAL

NHS Improvement Cancer **NHS**

Living with and Beyond Cancer; Delivering Quality in a Changing Environment

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NHS Improvement; What We Do

- Improvement resource within the NHS
- Working with clinical specialties to inform policy development and support policy delivery in practice
- **Key priority is to maintain a focus on delivery and demonstrate measurable results through the application of robust, systematic improvement work**

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Within cancer

Complete care pathway for a patient with a diagnosis of cancer

www.improvement.nhs.uk/cancer

Anticipate- look ahead!

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Living With and Beyond Cancer

- In last 30 years, 10 year survival rate has doubled
- There are 2 million people living with and beyond cancer in the UK
 - This is expected to rise by 3.2% a year
 - 10% of the over 65's are living following a cancer diagnosis
- As the numbers of those living with and beyond cancer increases so will the pressures on the system
- Different approaches to care and support following treatment need to be identified and tested to inform commissioning and workforce agendas
- Patients and professionals want a service which meets the needs of patients when they need it

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Understanding why we do what we do

- That's the way we have always done it
- Survey of patients, hospital specialist doctors, nurses and general practitioners highlighted top key reasons for follow-up
 - Monitor early complications following treatment
 - Detect early recurrence
 - Detect late effects of treatment

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The current model of delivery

- Patients are generally managed "medically" as a tumour group – within "routine" follow up for a prescribed period
- There is minimal use of clinical risk stratification to influence the nature & planning of individualised care
- There is no common assessment process with reliance on an individual practitioners experience and skill to assess need
- There is often no written care plan therefore care delivery can be fragmented
- Patients have little choice or control over their plan of care and whether it meets their needs

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Patient Experience of Care Survey (interim results)

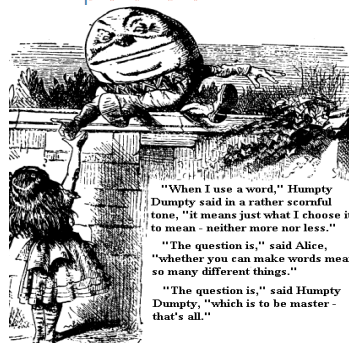
- The majority of patients did not know who to contact out of office hours
- Patients prefer what they have experienced with regards to follow-up
- Written up to date care plans are not the norm
- A significant number would have liked more information on physical, emotional, diet and exercise aspects of living with and beyond cancer

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The Language we use

- What does "Follow up" mean?
- Are we following up cancers or patients?
- Is it assessment of ? -
 - A technical outcome
 - Patient's adjustment to diagnosis - psychosocial "measurement"
 - A technical intervention, e.g. prescribing
- Is the terminology a barrier to moving forward

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"When I use a word," Humpty Dumpty said in a rather scornful tone, "it means just what I choose it to mean - neither more nor less."

"The question is," said Alice, "whether you can make words mean so many different things."

"The question is," said Humpty Dumpty, "which is to be master - that's all."

"Follow up" must be clearly understood and agreed by those discussing it otherwise it is devalued and it devalues the work done by cancer teams

- it is a portmanteau word

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We now have a better understanding of where we are, but how do we move forward?

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The Need for Change

- Increasing numbers of patients surviving with cancer
- Lack of evidence base for current practice
- We are not addressing patients needs
- Consequences of treatment and recurrences don't just happen in first 5 years at the time of follow-up appointment
- Need to drive the future direction of travel;
 - Moving care closer to the individuals home
 - Individuals taking choice and control as appropriate
 - Ensuring changes in practice can be captured within the QIPP framework (Quality, Innovation, Productivity and Prevention)
 - Working with resource constraints

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What do patients want?

- Rapid access to an appropriate practitioner when they have problems
- Good quality information
- Consistent advice from healthcare practitioners
- The opportunity to be responsible for aspects of care wherein they can exercise choice and control, if able to do so

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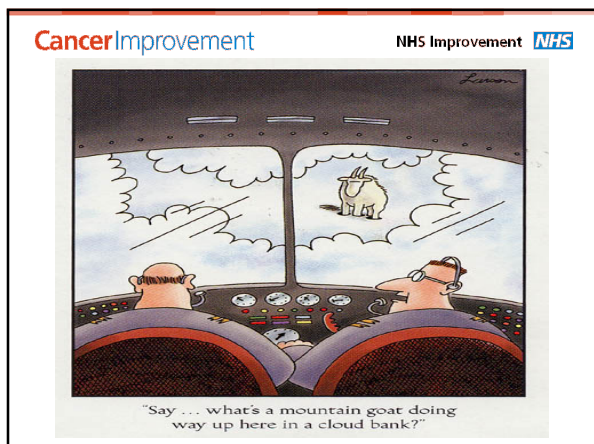
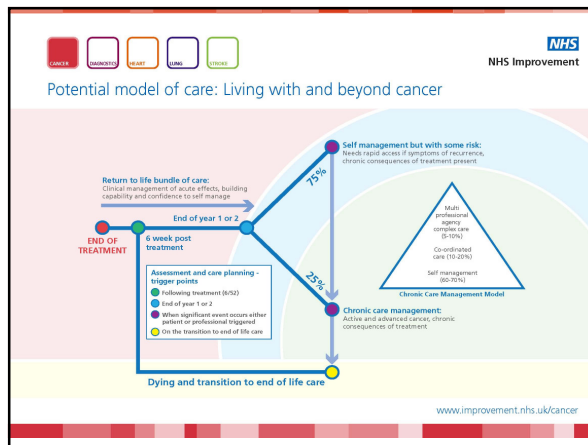
Challenges to address

- Areas of innovations, but no whole system approach
- Models of delivery are professionally led therefore a long way from promoting self care
- Culture of traditional follow up over 5-10 years a long way from new stratified models of care
- Downstream impact of today's service not seen in relation to hospital attendances nor emergencies; the current service works in splendid isolation
- Gap between strategic vision and reality on ground is huge

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Bridging the Gap

- Cancer Reform Strategy and setting up of NCSI
- Identify, agree, and test potential models of care that use service improvement methodology to drive quality
- Deliver 5 key shifts in practice:
 - Attitudes and culture
 - Information
 - Care Planning
 - Support
 - Measurement



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