AGENDA ITEM
6.6

CTM BOARD

REGIONAL ACUTE ONCOLOGY SERVICE

Date of meeting	(26/05/2022)
FOI Status	Open/Public
If closed please indicate reason	Not Applicable - Public Report
Prepared by	Dawn Casey, Lead Nurse for Cancer Care
Presented by	Linda Prosser, Director of Strategy and Transformation
Approving Executive Sponsor	Executive Director of Strategy and Transformation
Report purpose	FOR APPROVAL

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/group)		
Committee/Group/Individuals	**Date**	**Outcome**
CTMUHB Cancer Board	08/12/2021	SUPPORTED
CTMUHB Executive Leadership Group	16/05/2022	SUPPORTED

ACRONYMS	
AO(S)	Acute Oncology (Service)
CCLG	Collaborative Cancer Leadership Group
WTE	Whole time equivalent
CNS	Clinical nurse specialist
MUO	Malignancy of unknown origin
CUP	Cancer of unknown primary

MDT	Multi-disciplinary team meeting

1. PURPOSE

1.1 This paper seeks Board approval of the locally adapted Acute Oncology Service (AOS) model.

1.2 The South Wales Collaborative Cancer Leadership Group (CCLG) agreed the South East Wales Acute Oncology Service Business Case and it has been approved by Aneurin Bevan University Health Board (ABUHB) and Cardiff and Vale University Health Board (C&VUHB).

2. SITUATION/BACKGROUND

2.1 Acute Oncology (AO) patients broadly fall into three groups: those whom a first presentation of cancer is suspected in an emergency setting; those with a known cancer who present as an emergency with complications of their treatment; and those with a known cancer who present as an emergency with cancer progression or acute complications of co-morbidities.

2.2 The role of an AOS is to ensure that cancer patients receive the care they need quickly and in the most appropriate setting. It brings a multitude of benefits through improved communication, timely access to expert advice, improved patient experience and cost savings through more appropriate use of investigations, early discharge and admission avoidance.

2.3 A number of strategic drivers highlight the need to improve and enhance AOS including: Peer Review (2018); the Quality Statement for Cancer (2021) and the Nuffield Trust review (2020) of planned changes to non-surgical tertiary cancer services across South East Wales.

2.4 In addition the AOS is under pressure from: the increasing incidence of cancer in Wales (predicted to grow year on year by 1.5%); the changes in clinical practice in oncology (the increased use of radical chemo-radiation); and the unprecedented step changes in the volume/pace of novel and approved anti-cancer treatment (particularly immunotherapy).

2.5 The impact of these pressures include:

- Failure to meet NICE guidelines and National standards as there is no formal malignancy of unknown origin (MUO)/ Cancer of unknown primary (CUP) pathway. This results in patients undergoing multiple tests and following a protracted pathway.
- Inequitable provision of Specialist oncology support to Health Boards.

Regional Model

2.6 Over the last two years there has been clinically led, regional work to develop a new operating model for acute oncology services in South East Wales. This was

instigated by the CCLG and underpinned by an extensive stakeholder engagement exercise.

2.7 The first phase of the ***proposed regional model*** aims to increase the clinical nurse specialist provision at the acute sites, increase the provison of specialist oncology support, both on site and virtually. The most important element in the first phase is the introduction of a formal MUO/CUP service, to meet NICE guidelines. Other additions include a project manager to support implementation of the model and initial work on a regional digital solution.

2.8 CTM's share of the full regional business case's costs once all phases are complete in 2024/25 were estimated to be £785k. However, this includes elements of services such as the Metastatic Cord Compression and Toxicity services that are not yet fully agreed and also does not account for our reduction in elements of the local model and the digital components.

Local Model

2.9 The Cancer Business Unit were asked to develop a localised and affordable model that met both the needs of the population and complied with national standards that could be considered alongside the regional operational model (full business case appendix 1).

2.10 The current HB staffing for AOS and the proposed additional staffing are outlined below:

Table 1: Current AOS provision in CTM

Staff member	Hours
Consultant	2 sessions a week Bridgend 1 session a week Royal Glamorgan 1 session a week Merthyr
Band 7 Clinical Nurse Specialist	1wte Bridgend 1wte Royal Glamorgan 0.6wte Merthyr
Band 6 Clinical Nurse Specialist	0.6wte Merthyr
Band 4 Navigator	1wte HB wide fixed term funding from Macmillan
Radiologist	0.5 sessions a week HB wide

Table 2: Additional staff and funding required

Funding required to support the Regional and Local elements of service					
Post	**Host**	**wte**	**Total Cost**	**Share with other HBs**	**Cost for CTM**
Consultant Oncologist	Velindre	0.30	£40,488	30.81%	£12,473
Palliative Medicine Consultant	Velindre	0.15	£20,244	30.81%	£6,236
Consultant Radiologist	Velindre	0.15	£20,244	30.81%	£6,236
Consultant Pathologist	Velindre	0.10	£13,496	30.81%	£4,158
Clinical Nurse Specialist	Velindre	1.00	£51,898	30.81%	£15,988
MDT Coordinator	Velindre	0.40	£11,403	30.81%	£3,513

*Commitment to support the Specialist oncologist input	Velindre	0.60	£80,975		£80,975
Band 7 Project Manager for Regional work	Velindre	1.00		30.81%	17,270
3 wte band 6 Acute oncology CNS	CTM	3.00	£49,007	100%	£147,022
1 wte band 4 Co-ordinator	CTM	1.00	£30,805	100%	£30,805
0.5 wte band 6 Operational Manager for hosting ILG	CTM	0.50	£49,007	100%	£24,504
Responsibility payment for clinical lead	CTM	PA	£5,000	100%	£5,000
1 session/week palliative care Consultant (support MUO/CCUP)	CTM	0.1	£13,496	100%	£13,496
Development of digital solutions (need to split resource between Velindre and locally)	Velindre/ CTM				£33,000 recurrent
TOTAL					**400,676**
Non-recurrent digital					**16,000**
Total					**416,676**

2.11 Full support of the Malignancy of unknown origin (MUO)/ Cancer of unknown primary (CUP) multi-disciplinary team service is essential to meet NICE guidance and ensure patient safety.

2.12 Due to the numbers of MUO/CUP patients supported locally and the nature of the pathway some additional palliative care capacity is recommended. One session per week of a palliative care consultant is proposed initially.

2.13 Previous work on demand suggests that expanding from a Monday to Friday 9-5 model to a Monday to Friday 8-8 model would cover the areas of highest demand. This requires an increase in nursing staff. It would also provide training and education to general staff and succession planning for the highly specialist band 7 roles.

2.14 Permanent funding is needed for the band 4 navigator (currently 6 months of Macmillan funding remains). This an invaluable role to provide data entry support, and thus compliance with 4.5 of the National AOS standards, triaging and signposting advice for all three sites.

2.15 Due to the lack of operational management support for the service, it has been difficult to identify an appropriate ILG/service to host. The 0.5 WTE band 6 operational manager would facilitate this.

2.16 Additional Velindre oncology specialist support is needed to provide equity across the HB. Exact costing of this is unclear, work needs to be undertaken to establish

the current provision, the demand and therefore the required uplift to provide the model of care.

2.17 A 1.0wte band 7 project manager to be split between the three HBs has already been appointed to oversee the regional implementation of the business case. The HB was actively involved in their recruitment and the HB has been attending the workshops that the Project Manager has been hosting since in post to agree various requirements of the service.

2.18 The items from the regional business case that have been excluded in the CTM case and the reasons why are outlined below:

Table 3 and 4: Items excluded/amended from the regional business case

Excluded Item	Reason	Impact on other HBs
Staffing for 'hot' Ambulatory Clinics	We have no additional capacity available in outpatients so they would need to replace an existing clinic therefore not resulting in any additional capacity. Our AO Clinical Leads bring pts into their own clinics therefore no further staffing is required	Minimal, could reduce the number of staff employed overall.
Shared Education monies	The AO team can apply to the HB through the normal channels and regional training can be supported as required.	No effect.

Amended Item	Reason	Impact on other HBs
Development of digital solutions	There is also a need for Digital support to be made available within the HB from this funding as there is lack of capacity with existing staff to take on this work.	£16k as need a share of the allocated Project support locally.

3. SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

3.1 Appropriate funding of an AOS would bring significant service quality and safety benefits for patients in terms of their experience and outcomes. AOS ensures continuity and consistency of care where they would otherwise experience significant delays in diagnosis and treatment.

3.2 Within the HB we have limited specialist nursing; variable and inconsistent oncology advice from Velindre means there is little support to manage more complex patients locally; no specialist MUO/CUP pathways for patients; and insufficient senior clinical time resulting in limited education and training.

3.3 The Clinical Model developed to address these gaps has a stronger focus on ambulatory pathways to reduce inpatient admissions and where patients do need to be admitted, timely multi-disciplinary team (MDT) reviews with appropriate

specialist oncology input will support improved discharge management and reductions in length of stay.

3.4 CTMUHB has been requested and agreed to lead on the Digital elements of the case.

4. KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

4.1 Recurrent funding for the AOS service has been identified within the Annual Plan 2022-23.

4.2 The current service does not fully meet the National AOS standards and the proposed regional model will also not achieve this in terms of a 24 hour on call provision. However, it is recognised that this is difficult to achieve at this time.

4.3 The HB was actively involved in developing the regional business case. Our Executives are members of the CCLG and committed to support the business case during its development. If support is not provided either the model cannot be delivered or further investment will be required from our partners ABUHB C&VUHB. This is a significant reputational risk for the HB.

4.4 Elements of the proposed local model such as provision of an MUO/CUP MDT and pathway can only be provided with the support of Velindre as the regional specialists. It is unclear if Velindre will support these elements outside of the regional case. A failure to support the provision of an MUO/CUP MDT and pathway will mean that the HB is unable to meet the relevant National standards and NICE guidance relating to this pathway, placing patients at risk.

4.5 One of the aims of the regional business case was to ensure equitable care across the region. A failure to support this model could lead to inequity of provision for our patients compared to other HBs who have received Board approval for implementing the regional model (although with caveats around some of the funding requested such as digital without further information being provided)

4.6 Delivery of the local model requires recurrent funding of £400,676k. Whilst there is a non-recurrent digital element for 2022-23, there is also slippage on recurrent elements of the case where appointments have not proceeded until approval of the case is given by CTMUHB so the costs are anticipated to be less than the recurrent funding requested in 2022-23.

5. IMPACT ASSESSMENT

Quality/Safety/Patient Experience implications	Yes (Please see detail below)
	These are detailed in the body of the paper.
	Staff and Resources

Related Health and Care standard(s)	If more than one Healthcare Standard applies please list below: All of the above
Equality Impact Assessment (EIA) completed - Please note EIAs are required for <u>all</u> new, changed or withdrawn policies and services.	Yes If yes, please provide a hyperlink to the location of the completed EIA or who it would be available from in the box below. If no, please provide reasons why an EIA was not considered to be required in the box below.
Legal implications / impact	There are no specific legal implications related to the activity outlined in this report.
Resource (Capital/Revenue £/Workforce) implications / Impact	Yes (Include further detail below)
	There is a recurrent financial impact of £400k which is set out fully in the business case and this paper
Link to Strategic Goals	Improving Care

6. RECOMMENDATION

6.1 The Board are requested to **APPROVE** the local proposed model which ensures that the HB meets the majority of national standards and contributes to the SE Wales regional proposal for the delivery of Acute Oncology Services.

Appendices

Appendix 1: Full Regional Business case