

What is the current service model?

There are workforce issues which impact on the above – it is a national problem but this way of working may adversely impact on recruitment and retention for C&M

Cancer consultants work at clinics (Monday – Friday) across 4 sites at:
St Helens & Knowsley Teaching Hospitals NHS Trust (x2)
Warrington & Halton Hospitals NHS Foundation Trust (x2).

Quite often work as a solo consultant and without MDT support or the opportunity to have joint consultations with the patient's surgical team for example.



Chemotherapy is mostly delivered in local planned care hospitals – Halton Hospital and St Helens Hospital

Can result in delayed appointments and as a consequence take longer to start treatment.



Not all patients have the opportunity to access clinical trials whereas there is more opportunity for people attending the Clatterbridge hospital site.

Patients who become unwell during treatment usually have to go to A&E which is often not the best place for people having chemotherapy or radiotherapy to go.

This impacts on the consistent achievement of the cancer standards such as first definitive treatment within 62 day of GP referral; this has a potential impact on outcomes

Multi-disciplinary team based service with improved convenience; seven day services, extended days, 52 weeks / year. Holistic needs assessment for all patients.

More coordinated patient focussed care; CCC team responsible for co-ordinating drug and radiotherapy treatments including linking with GPs and surgical teams with use of digital technology.

Faster access to more personalised holistic care; 1st appointment within 7 days of referral post diagnosis and treatment to commence within 28 days.

Some intermediate cancer outpatient care will move to the sector hub (approx. 2700/year) bringing care closer to home for many local people.

What is different about a Sector Hub?



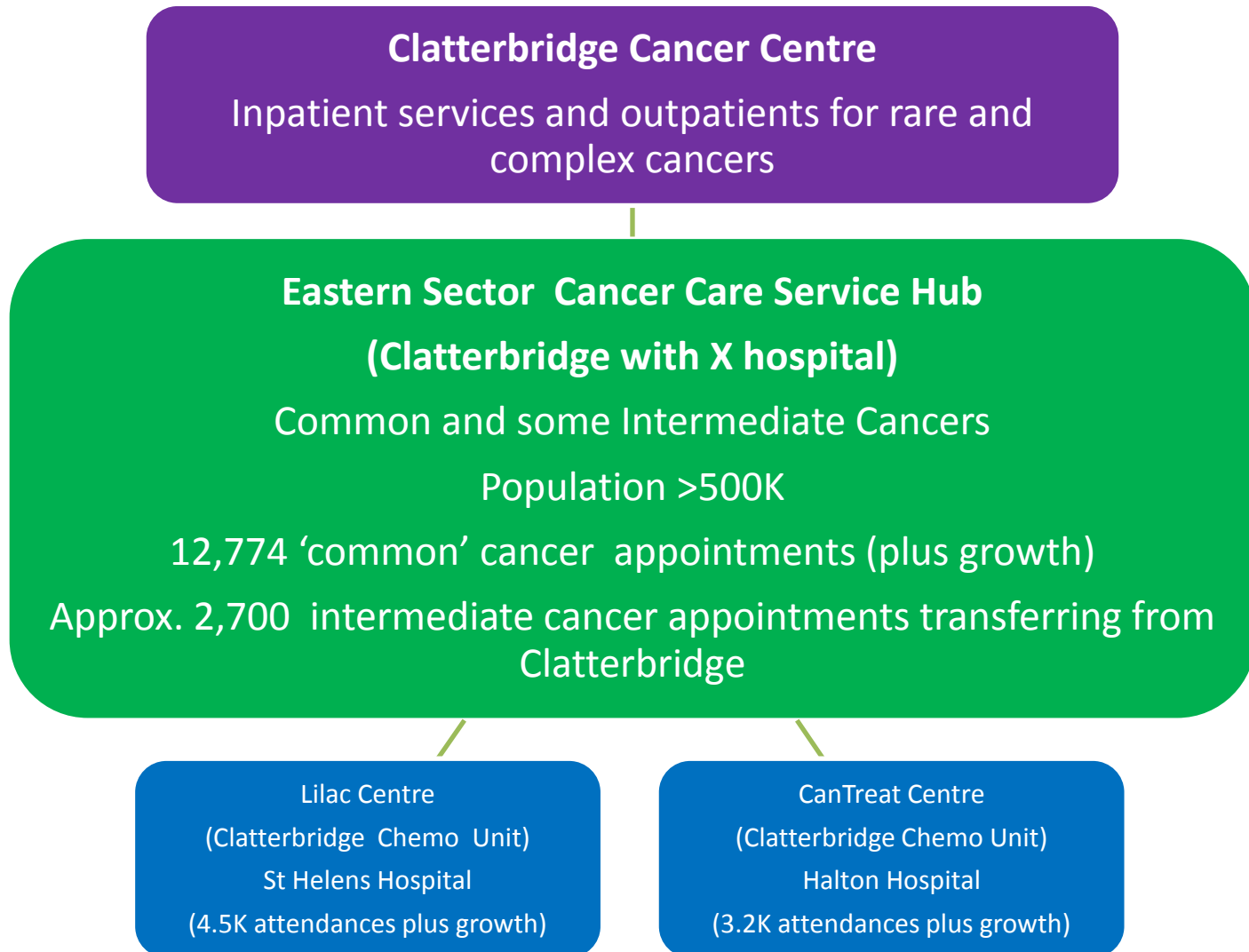
Eastern Sector to be future proofed with the estate to host a radiotherapy unit if required

Potential to facilitate community, home or work based provision of chemotherapy in the future.

Improved access to research – routine screening for entry into clinical trials

Dedicated ambulatory urgent care oncology service.

Proposed Model - Sector Hub



What will the new service look like?

- One location providing multi-disciplinary first outpatient appointments following diagnosis include Doctors, Specialist Nurses, therapists, benefits advisors, frailty assessments, dietary advice, Macmillan support etc.
- The patient will then have a personalised plan which is developed for them as a whole person and will link into community services in their area.
- An urgent care service to avoid A&E attendance where possible, which is better for people having Chemotherapy / Radiotherapy.
- Reduced waiting times and quicker access to the appropriate treatment.
- Increased access to more clinical trials and research and new innovative treatments and therapies closer to home.
- Potential for a Radiotherapy Unit at the new centre.
- This will Support the consistent achievement of the 62 day waiting standard.

The proposed benefits



Reduced waiting times; sustainable delivery of access targets and first CCC appointment within 7 days and treatment with 24 days of referral



Improved access to clinical trials; assessing all patients for eligibility to enter suitable clinical trials and improving access to R&I resource.



Ensuring the majority of new patients have access to a wider range of treatment(s) closer to patient's homes.



Improved access to the same, comprehensive range of support services no matter where patients live at their 1st CCC Outpatient appointment.



90% of patients residing within 45 minutes of their nearest Sector Hub.



Improved emergency pathways and reduced unplanned admissions.



Improved outcomes and patient experience, a greater range of Chemotherapy treatments provided locally in each Sector, sub-specialisation and a MDT approach to cancer care.

Treatments

- Majority of chemotherapy treatments for common cancers would still be delivered in local hospitals e.g. Halton Hospital and St Helens Hospital as they are now.
- Most follow up appointments will be held locally.
- Rare cancers will still be treated at The Clatterbridge Cancer Centre main site.

Inpatient care

- Inpatient care will move to The Clatterbridge Cancer Centre – Liverpool in 2020
- It will be a state of the art cancer centre
- On-site access to intensive care
- Benefitting from medical and surgical expertise at the Royal Liverpool Hospital

Urgent Care

- The Hub could provide urgent care specifically for cancer patients.
- This could mean they may not need to go to A&E when they become unwell during treatment.

