



Changing cancer care together

Transforming the cycle in cancer care:

Challenges to best practice implementation

Cancer Alliances experience a number of systemic challenges which prevent the wider dissemination and implementation of best practice, which include:



Identification of best practice



The use of data to create cultural change within the health service



Limited staff capacity and a lack of required skills amongst the NHS workforce



Cost of implementing service redesign



Resistance to collaborative working¹



Identification of best practice

The Bevan Commission Criteria

- One approach to identifying and disseminating NHS best practice has been established in Wales as part of The Bevan Commission
- They have adopted a small number of criteria, delivered through eight questions, to identify best practice schemes it should support
- The All.Can initiative have adjusted The Bevan Commission criteria in order to identify a number of best practice cancer care services which meet **The All.Can Best Practice Criteria**ⁱⁱ



The Cost of Implementing Service Redesign

A Fast Track Surgery Pathway for Pancreatic Cancer

- Surgery within a few weeks of diagnosis is often the only potentially curative treatment for patients with pancreatic cancer
- Delays can result in patients receiving treatment for jaundice, which involves preoperative biliary drainage (PBD), a procedure which can develop complications
- University Hospitals Birmingham recognised this, and as a result, redesigned their treatment pathway with the support of Pancreatic Cancer UK
- Patients who were assessed as suitable for the fast track pathway would move directly to surgery without receiving PBD first
- Within the first year, patients on the fast track pathway received surgery within 16 days on average compared to 65 days for patients on the standard pathway undergoing PBD. Each patient that avoided PBD reduced the costs of treatment by £3,200^{iv}

Reducing Contaminated Urine Tests for Cancer Diagnosis

- Urine tests play a key role in diagnosing cancers such as myeloma and bladder cancer, however, many samples collected in the UK are contaminated and therefore useless, resulting in delayed diagnosis
- Public Health England called for mid-stream urine (MSU) tests to be the recommended routine collection method
- As a result, specimen collection kits have been developed that can collect urine samples "mid-stream" in order to achieve this goal
- The adoption of MSU saw contamination rates dramatically fall. MSU rates were recorded at 1.5% compared to the national average of 22.5% and despite an initial additional cost for specimen collection kits, the system saw a 10% cost saving over 80,000 patients equating to savings of £78,344^v



Limited staff capacity and required additional skills

Breast Cancer Now Service Pledge

- The Breast Cancer Now (BCN) Service Pledge programme helps breast cancer services across the country involve patients and staff in reviewing services and implementing patient-centred improvements so that all breast cancer patients receive high quality treatment and care
- 'Pledge Leads' (members of the NHS team trained by the charity), patient representatives, breast unit staff and Breast Cancer Now staff meet to discuss and agree improvement goals, such as the recruitment of extra consultants, which form the basis of the 'Service Pledge'
- The success of the pledge is evaluated over time, with ongoing results and feedback used to refine the process at a later date. As a result, skill gaps are filled, and the workload of the cancer service is reducedⁱⁱⁱ



The use of data

Improving the Effectiveness of Cancer Multi-Disciplinary Team (MDT)

- MDTs are considered to be the 'gold-standard' of cancer services, however, as highlighted in the Cancer Strategy, there is a need for MDT ways-of-working to be refreshed
- Cancer Research UK (CRUK) undertook research which identified, amongst other issues, that MDT meetings are incredibly resource-intensive, the mean length of a patient discussion was 3.2 minutes and that the total cost of meetings in England has increased from £88 million (2011/12) to £159 million (2014/15)
- Through the identification of these issues, CRUK made a number of recommendations including the creation of 'protocolised pathways' for standard treatment and recommendations to be applied to tumour types; national requirements for individual minimum MDT attendance and ensuring that MDTs focus their discussions around a new pro-forma document containing all relevant patient information
- As a result of CRUK's research, NHSE is now considering the recommendations and how to take them forward. Cancer Alliances have also begun to consider how changes can be implemented at a local level^{vi}



An Embedded 'Silo' Approach

London Cancer/UCLH Cancer Collaborative: Radical Prostate Cancer and Bladder Cancer Surgery

- The UCLH Cancer Collaborative brings together healthcare organisations across North Central and North East London, as well as West Essex. Prior to pathway redesign, care for five urology tumour types was provided by two cancer networks, comprising 11 trusts and 14 hospitals across the geographical area
- To streamline the treatment pathway, a one 'London Cancer' integrated care system was created to allow services for these types of cancer to be delivered by a number of specialist centres
- Surgical outcomes have improved across a number of different measures, and patient experience and feedback is universally positive^{vii}

About All.Can

- All.Can is an international initiative that engages policymakers on the need to improve the efficiency of cancer care, focusing on better outcomes for patients
- The All.Can group comprises of leading representatives from patient organisations, policymakers, healthcare professionals, research and industry from across Europe and Canada
- In the UK, All.Can is supported by Bristol-Myers Squibb and chaired by The Patients Association



Bristol-Myers Squibb



the patients association

References:ⁱAll.Can, 2018. A Pathway to Sustainable Innovation: Best Practice in Cancer Care. Pg. 5 ⁱⁱAll.Can, 2018. A Pathway to Sustainable Innovation: Best Practice in Cancer Care. Pg. 5 ⁱⁱⁱAll.Can, 2018. A Pathway to Sustainable Innovation: Best Practice in Cancer Care. Pg. 7 ^{iv}All.Can, 2018. A Pathway to Sustainable Innovation: Best Practice in Cancer Care. Pg. 10 ^vAll.Can, 2018. A Pathway to Sustainable Innovation: Best Practice in Cancer Care. Pg. 13 ^{vi}All.Can, 2018. A Pathway to Sustainable Innovation: Best Practice in Cancer Care. Pg. 14-15 ^{vii}All.Can, 2018. A Pathway to Sustainable Innovation: Best Practice in Cancer Care. Pg. 17

Bristol-Myers Squibb sponsored and organised this non-promotional activity in collaboration with the Patients Association