

SUSTAINABLE CANCER SERVICE REDESIGN

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Revisiting the Transforming Cancer Follow-Up programme

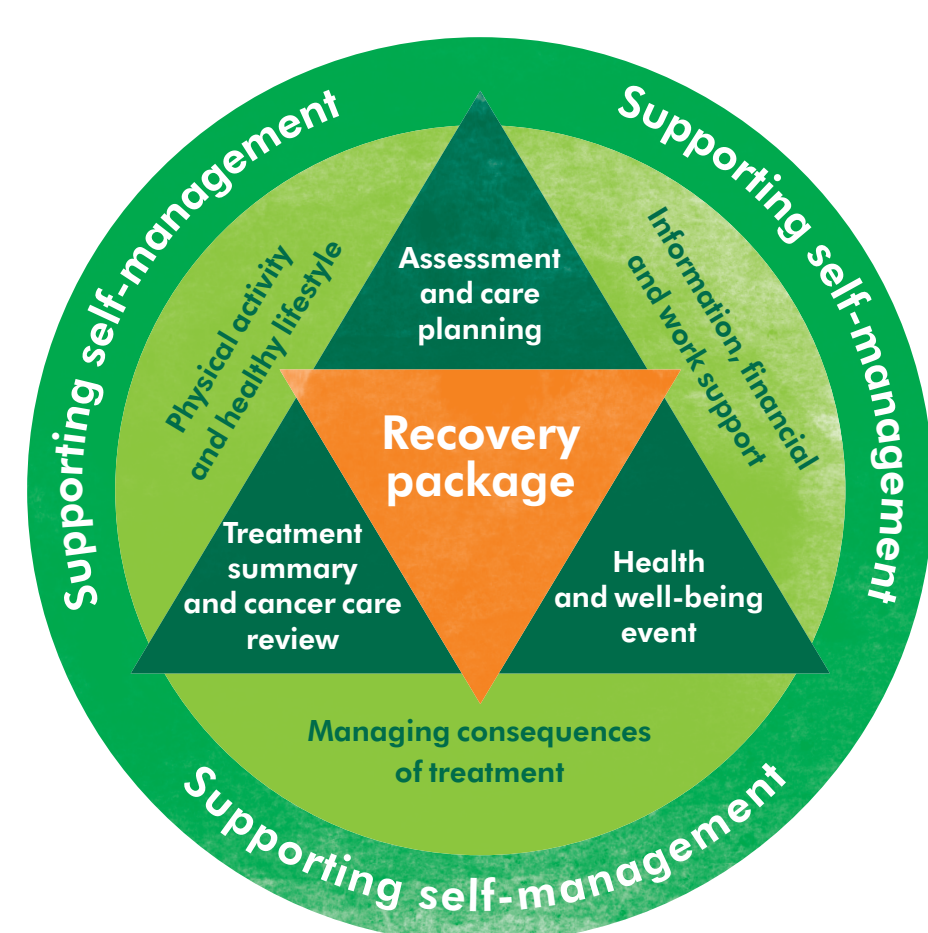
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Background

Transforming Cancer Follow-Up (TCFU) was a service improvement programme based around the Recovery Package (Figure 1) which aimed to establish new models of breast and prostate cancer follow-up across Northern Ireland. The programme was funded by Macmillan Cancer Support and delivered in partnership with Northern Ireland's Health and Social Care (HSC) Trust and Public Health Agency.

Figure 1: The Recovery Package



TCFU ran from September 2011 to December 2014. Its three core objectives were to enhance the coordination and integration of care, improve patients' aftercare experience and improve resource utilisation. In order to make progress towards these objectives, a range of new initiatives and changes to current practice were implemented (Figure 2), facilitated by a project manager in each of Northern Ireland's five Health and Social Care (HSC) Trusts.

Figure 2: New initiatives and changes implemented as part of TCFU

Enhance coordination and integration of care	Improve cancer patients' aftercare experience	Improve resource utilisation
Treatment summary letters as standard	Increased self-management	
	Reduced routine follow-ups	
Reduced waiting lists for review appointments		
Reduced dual speciality follow-up		
	Holistic Needs Assessment (HNA) as standard	
	Written care plan as standard	
	Health and well-being events	
	Improved information provision	
Redesign of post-treatment pathways		

Adapted from Macmillan Cancer Support and PwC. *Evaluation of the Transforming Cancer Follow-up Programme in Northern Ireland, Final Report*. Available from: <http://www.macmillan.org.uk/documents/aboutus/research/researchandevaluationreports/ourresearchpartners/tcfufinalreportfeb2015.pdf>

An external evaluation was commissioned by Macmillan and carried out by PwC, with the final report delivered in February 2015. In order to gauge the impact of TCFU and progress towards its objectives over time, evaluators employed a variety of methods and data types, including:

- Review and collation of hospital data on, for example, waiting lists and patient numbers on pathways.
- Interviews and focus groups with project staff, GPs and other stakeholders.
- Patient surveys, interviews and focus groups.

Between waves 1 and 3 of the evaluation, TCFU was found to have brought about meaningful improvements in breast cancer follow-up (Figure 3).

Figure 3: Key breast cancer follow-up findings from the TCFU evaluation

Enhance coordination and integration of care	Improve cancer patients' aftercare experience	Improve resource utilisation
1,000 fewer patients receiving dual speciality follow-up (39% reduction)	Patients satisfied with the timing of appointments: 70%→90%	Release of almost 3,000 review appointments
More patients feeling various aspects of their care were well coordinated: 71%→78%	More patients feeling supported to manage the emotional impacts of their cancer: 44%→67%	2,724 fewer patients on surgical review waiting lists (28% reduction)
	More patients feeling supported to manage the practical impacts of their cancer: 40%→65%	228 fewer patients on oncology review waiting lists (4% reduction)
	More than 1,000 patients had received an HNA	

Adapted from Macmillan Cancer Support and PwC. *Evaluation of the Transforming Cancer Follow-up Programme in Northern Ireland, Final Report*. Available from: <http://www.macmillan.org.uk/documents/aboutus/research/researchandevaluationreports/ourresearchpartners/tcfufinalreportfeb2015.pdf>

One year since the final evaluation report was published and since the project management structure and posts have ceased, it is timely to revisit TCFU and assess ongoing progress.

Method

Data were drawn from multiple sources to gauge the impact and sustainability of the breast cancer programme and the implementation of TCFU principles in other cancer services, to include:

- Aggregating and analysing regional hospital activity data (2012–16) on TCFU breast cancer patients.
- Scanning the cancer services landscape in Northern Ireland to identify other services where TCFU principles are being implemented.

Results

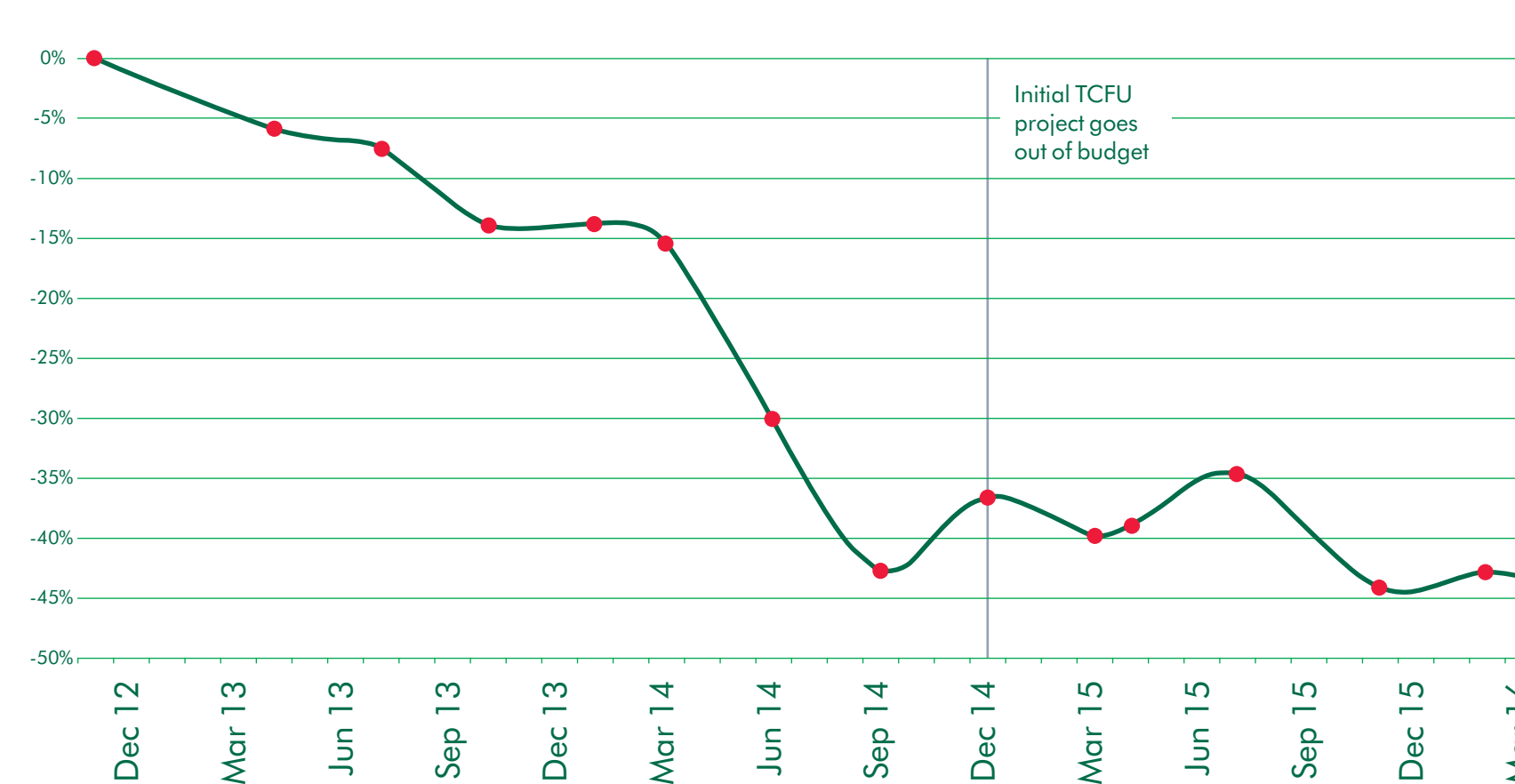
On the breast cancer programme during the 2015–16 activity year, there was further exceptional progress (relative to figures from the final evaluation report) on the key objectives of TCFU across Northern Ireland.

Enhance coordination and integration of care

There have been further reductions in dual speciality follow-up during 2015–16 (Figure 4). By March 2016, the number of patients appearing on both oncology and surgical review waiting lists across Northern Ireland had fallen:

- by 43% since November 2012; and
- by 10% since the initial TCFU project went out of budget in December 2014.

Figure 4: % change in patients receiving dual speciality follow-up, Nov 12–Mar 16



The number of appointments this has released since December 2014 has not been finalised, but, for breast surgical review appointments, the figure is somewhere in the region of 700.

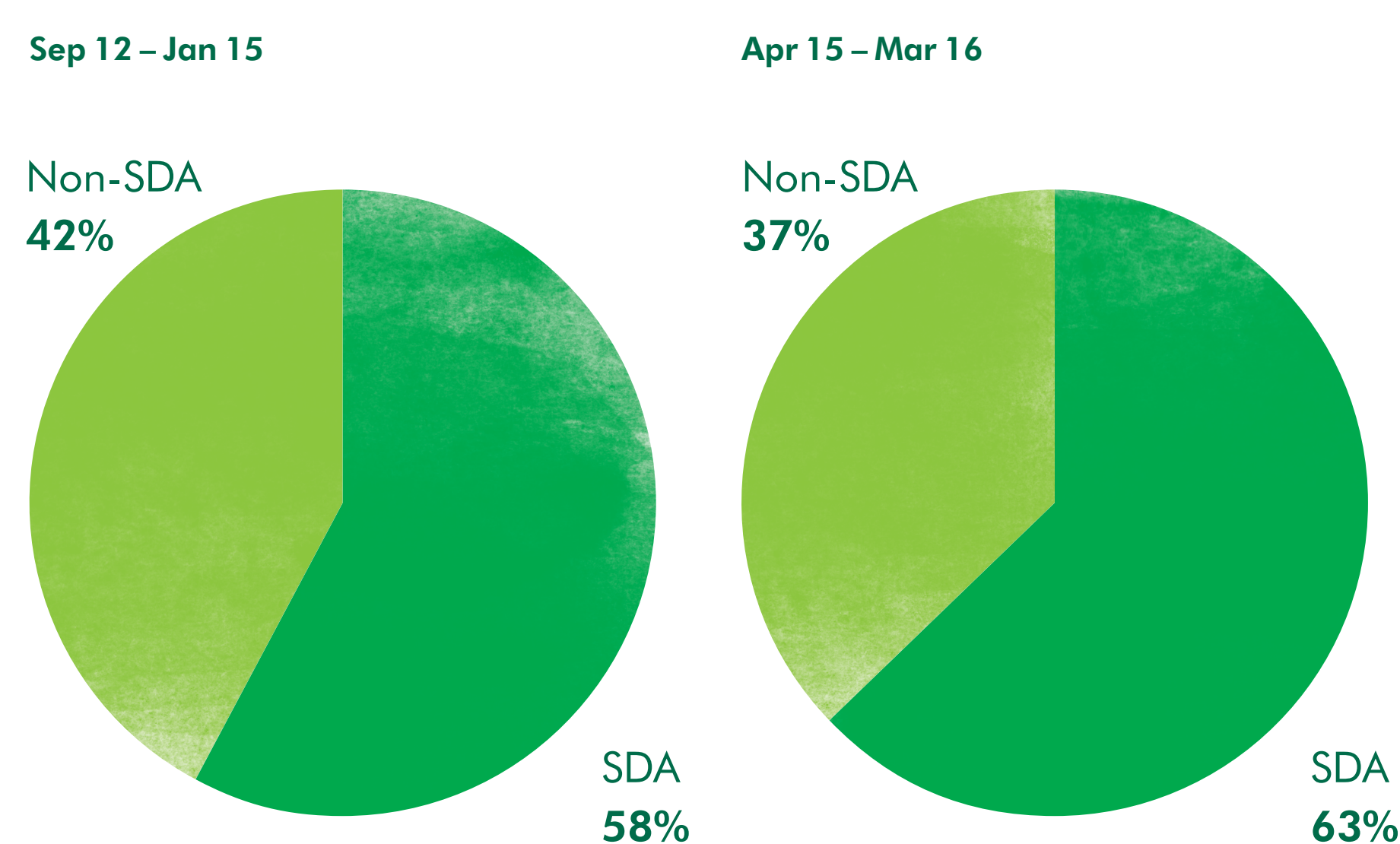
Improve cancer patients' aftercare experience

Between April 2015 and March 2016, just over 1,000 new patients were allocated to the 'Self Directed Aftercare' pathway (Box 1). This equated to around 63% of all new breast cancer diagnoses during this period¹ an increase of 5% on the figure from the final wave of the 2012–14 evaluation (Figure 5). There was significant variation between HSC Trusts in the proportions of new patients being allocated to SDA during 2015–16, ranging from 48% to 78%.

Box 1

Self Directed Aftercare (SDA) is a tailored, individualised pathway of self-care. After treatment, cancer patients are not required to attend regular, ongoing review appointments. SDA includes a 'rapid access' facility whereby patients can be fast-tracked for review and investigations where they experience complications or suspect recurrence.

Figure 5: Proportions of new breast cancer patients in Northern Ireland allocated to the SDA pathway, Sep 12–Mar 16



Close to 100% of breast cancer patients diagnosed in Northern Ireland during 2015–16 (c. 1,400 patients) were offered an HNA post-surgery.

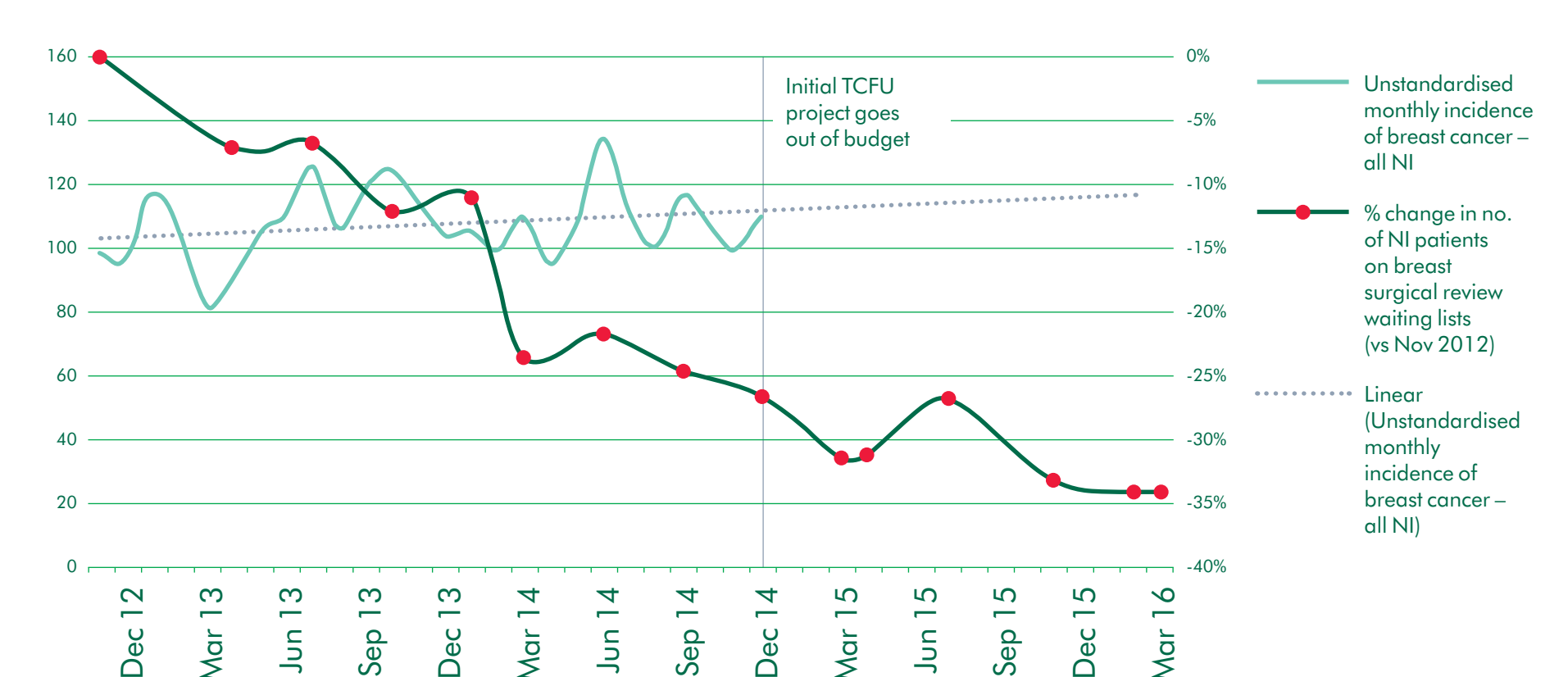
Improve resource utilisation

The number of breast cancer patients waiting for surgical review appointments has continued to fall. By March 2016, waiting lists across all Northern Ireland had fallen:

- by over one-third (34%) since November 2012; and
- by 10% since the initial TCFU project went out of budget in December 2014.

It should be noted that this reduction has been against a general trend of increasing breast cancer incidence in Northern Ireland (Figure 6).

Figure 6: % change in breast cancer surgical review waiting lists versus monthly incidence, Nov 12–Mar 16



Source: Monthly incidence figures courtesy of the N. Ireland Cancer Registry. Incidence data are only available to December 2014.

Each of the HSC Trusts reported a reduction in surgical review waiting lists over the period, but there was again significant variation between them, with the smallest reduction being 15% and the largest 87%.

Further roll-out

TCFU/Recovery Package principles are currently being implemented in cancer services across Northern Ireland. The prostate cancer element of the original programme has been more challenging than the breast cancer element but is now established across all five HSC Trusts, with six redesigned follow-up pathways in operation. Other priority areas for roll-out include colorectal, haematological and gynaecological cancers (Figure 7).

Figure 7: Ongoing implementation of TCFU principles in cancer services across Northern Ireland



Conclusions

The TCFU breast cancer programme represents a welcome demonstration that cancer service redesign can be sustained and embedded after an initial project goes out of budget. However, the prostate cancer programme has been more challenging. With a regional commitment to the roll-out of TCFU, including steps towards implementing electronic HNA and the Health and Social Care Board's clinical nurse specialist work plan for Northern Ireland, the need to apply the TCFU principles adaptively and to manage expectations for different cancer types and services must be recognised.

Acknowledgements

Macmillan Cancer Support would like to thank the Northern Ireland Cancer Network for facilitating access to regional hospital activity data and the N. Ireland Cancer Registry for providing supporting cancer prevalence data.

Footnote

1. The 2015–16 breast cancer diagnoses estimate is based on red flag analysis of 2013–14 data on new breast cancer diagnoses (provided by the Health and Social Care Performance Management and Service Improvement Directorate). SDA proportions are discounted by 10% to account for any patients discharged through rapid access.

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Digital version of this poster available from macmillan.org.uk/TCFU