WE ARE MACMILLAN. CANCER SUPPORT

Macmillan Social Care Co-ordinator – Northampton General Hospital

Economic and quality case study

Service summary

The Macmillan Social Care Co-ordinator is a single post based at Northampton General Hospital in the Centre for Oncology. The post was established in February 2008 in response to the lack of a dedicated professional to address the social care needs of patients living with cancer and their families. It provides proactive support for patients and families by identifying and addressing the social care needs at the point of admission or in the out-patient setting. The Co-ordinator enhances and improves the experience of people living with cancer across the health and social care journey by streamlining services, facilitating timely hospital discharge and preventing avoidable admissions to hospital.

The Co-ordinator also has an annual 'innovations budget' provided by Macmillan to spot purchase care and support services in cases where statutory provision is not available or appropriate.
The figure overleaf provides an overview of the service including what was required to set it up and to run it, what it delivers, and the types of benefits it generates for service users and the healthcare system.

This case study proceeds to describe how the service helps enhance productivity in other health and social care services and delivers quality outcomes for service users.

Return on investment

- Helped service users return home more quickly by reducing delayed discharge.
- Enabled service users to have greater independence, to exercise choice and to enjoy improved quality of life due to being able to access appropriate help and care in their preferred places of care.
- In addition to these quality outcomes for service users, every **£1** invested in the service generated **£2.24** of monetised benefits to the healthcare system.

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INPUTS

Investment

- ✓ **Set up costs: £2,513** (*funded by Northampton General Hospital NHS Trust*)
- ✓ **Operational costs: £69,089 per year on average** (*funded by Northampton General Hospital NHS Trust, including £16,000 discretionary budget from Macmillan Cancer Support*)

Staffing

- ✓ 1 x FTE Social Care Co-ordinator
- ✓ 5 hours per month line management from Cancer Lead Nurse
- ✓ 1 hour per month IT support
- ✓ I hour per month finance support to manage innovations budget

Facilities

- ✓ Office space provided by the NHS Trust

THE SERVICE

Referral routes

- ✓ Health professionals
- ✓ Palliative care team

Delivery volume

- ✓ 228 clients in 2009-10

Services

Co-ordination

- ✓ Single point of contact to support clients with their transition home
- ✓ Co-ordinating NHS Continuing Healthcare assessments

Practical support

- ✓ Early intervention to assess needs
- ✓ Organising effective packages of social care
- ✓ Facilitating adaptations
- ✓ Respite care for carers

Emotional support

- ✓ Single point of support throughout cancer journey
- ✓ Information, advice and support on issues including finance, housing and safeguarding

BENEFITS

For service users

- ✓ Clients are able to return home more quickly
- ✓ Reduced anxiety and stress
- ✓ Greater independence, choice and improved quality of life due to being able to access appropriate help and care in their preferred place of care

For healthcare system

- ✓ Efficiency saving of **£104,646** by reducing delayed discharge by **326** excess bed days
- ✓ Efficiency saving of **£44,940** by avoiding **10** hospital admissions
- ✓ Productivity gains of **£4,989** by enabling healthcare professionals to focus on core clinical functions

On an annual operational basis, every £1 invested generated £2.24 of monetised benefits to the healthcare system

1) Benefits for service users

1.1 Quality, innovation and prevention

- ✓ **Service users are able to return home more quickly**

The Co-ordinator proactively engages with healthcare professionals to promote early identification of patients who may be in need of support services. This service is unique and includes a daily ward visit to check on admissions and potential referrals. The service is generally delivered to patients and carers at the patients' bedside whilst they are in hospital and awaiting discharge.
The Co-ordinator generally sees patients the same day as referral. If the role did not exist, people would be referred to the hospital discharge team, where it could take them up to five days to be seen. Without the Co-ordinator, support would be arranged through the local authority social services which could result in an average of an additional seven days in hospital than is necessary. These benefits are monetised in the following section.

- ✓ **Greater independence, choice and improved quality of life due to being able to access appropriate help and care in their preferred places of care**

Service users are supported to exercise real choice and gain wider access to advice and support e.g. facilitating 56 preferred place of care choices, including end of life. Case studies researched as part of this work show that the Co-ordinator gave service users and their families more choice and control as well as greater independence, leading to improved quality of life. For example, one woman was able to choose to die in a cottage surrounded by nature and her family; arranged as a short home let by the Co-ordinator.

2) Benefits for the healthcare system

2.1 Prevention

- ✓ **£104,646 saved as a result of saving 326 excess bed days by reducing delayed discharge**
- ✓ **£44,940 saved as a result of avoiding 10 hospital admissions**

The Co-ordinator enables cancer patients with specific and complex needs to be discharged more quickly than they would be if they had been referred to the generic Hospital Discharge Team thus saving money on bed days. Service users also feel adequately supported to remain at home thus reducing readmissions and saving money on bed days.

The annual £16,000 'innovations budget' provided by Macmillan Cancer Support and made available to the post holder has played an important role in the number of bed days saved because it has enabled the post holder to spot purchase services to 'tide people over' until the agreed statutory package of care starts; e.g. care assistance or money to purchase take–away food until a 'meals on wheels' service is set up. This facilitates earlier discharge of service users, who do not have to wait until the full package of care is in place and has a significant impact on reducing excess bed days[1]. **Table 1** provides a breakdown of the cases directly influenced by the Co-ordinator.

Table 1: Economic outcomes of interventions 2009-10

	Feb – Apr 2009	May - Jul 2009	Aug – Oct 2009	Nov 09 – Jan 2010	Total
Admission avoidance	1	4	3	2	**10**
Bed days saved by admission avoidance	14	56	42	28	**140**
Facilitate hospital discharge	28	25	27	17	**97**
Bed days saved by facilitating hospital discharge	95	76	91	64	**326**

2.2 Productivity

- ✓ **Productivity gains of up to £4,989 by enabling healthcare professionals to concentrate on their core clinical tasks**

The Co-ordinator provides practical information and advice that users may otherwise seek from healthcare professionals, such as contacting appropriate services and filling out referral forms. We estimated that the Co-ordinator helps save a healthcare professional (e.g. a Clinical Nurse Specialist) one hour per service user, or 228 hours for the 228 service users referred in 2009-10. This equates to a productivity gain of £4,989[2], based on the number of service users who would otherwise have used healthcare professionals' time for non-clinical support. This enables other healthcare professionals to focus on their clinical workloads, thus contributing to the NHS 'releasing time to care' initiative[3].

3) Economic overview

In generating the above benefits, the service:

- required **£2,513 in set up costs[4]**, paid for by the Northampton General Hospital NHS Trust in 2008.
- **has average annual operational costs of £69,089[5],** initially paid for by Macmillan Cancer Support for the first three years. The Northampton General Hospital NHS Trust now provides average annual operational funding of £53,089, with Macmillan Cancer Support continuing to fund the annual 'innovations budget' of £16,000 to spend on improving services to people living with cancer and their families.

Applying a return on investment (ROI) calculation to the monetised costs and benefits, we see that on an annual operational basis[6] every **£1** invested in the service by Northampton General Hospital NHS Trust and Macmillan Cancer Support generated **£2.24 of monetised benefits to the healthcare system.**

4) Summary

Cancer patients encounter numerous social and emotional challenges that affect their daily lives from the point of diagnosis to post-treatment. In addition, family and relatives of those living with cancer can also be emotionally affected by the diagnosis and physical effects of the treatment that patients experience[7]. Patients and carers therefore need support from professionals who understand the social aspect of living with cancer.

There is currently a lack of awareness of the ongoing social support that people living with cancer require in order to improve their health and wellbeing and manage their condition. Professionals tend to identify only the medical needs of patients rather than the personal and social aspects that cancer brings to a patient's life. As a result there is currently heavy use of secondary care services and a lack of referrals to social services support, and in turn also a lack of adequate signposting to available social care support for cancer patients.

Against this context, the Social Care Co-ordinator plays a crucial role. The Co-ordinator is effective in reducing delayed discharge and preventing avoidable admissions. In addition the Co-ordinator plays a vital part in supporting service users to express a preference and managing the practical arrangements to support their choices around their preferred places of care or places to die. The 'innovations budget' is particularly effective in enabling the Co-ordinator to operate flexibly and responsively to spot purchase services where statutory provision is not available or is not appropriate. This contributes to reducing delayed discharge, and also enhances service users' sense of wellbeing.

Research shows that the emotional support provided by social workers improves psychological health and other psychiatric symptoms for cancer patients[8]. Additionally, this type of proactive service improves outcomes for patients both in terms of getting the help they need quicker, and improving psychological status. This can result in economic outcomes through a reduction in the uptake of inappropriate services. The role also has an impact on increasing the quality of life and wellbeing for patients and their families[9]. Specifically one study shows the benefit to family carers in terms of improving quality of life, and reducing the perceived burden of patients' symptoms and their care tasks[10].

This case study is one of 16 economic appraisals of Macmillan-funded benefits advice services, cancer information and support services, and social work services. Details of specific methods and data are discussed in a separate technical report. Overarching assessments of the 6 cancer information and support services; 7 benefits advice services and 3 social work services in terms of their impact and points of learning that have emerged are presented in separate overview reports for each service type.

Notes and references

[1] The cost of an Oncology bed is estimated to be £326 per day.
[2] Calculations are based on an average Band 7 CNS salary of £42,229 per annum, or £21.66 per hour (including on-costs (12.8% NI and 5% Pension)). Available at: http://www.nhscareers.nhs.uk/details/Default.aspx?Id=766
[3] See http://www.institute.nhs.uk/quality_and_value/productivity_series/productive_ward.html
[4] Set up costs relate to staff time spent writing the bid for funding submitted to Macmillan.
[5] Operational costs include staffing and employment costs, home visits and the innovations budget.
[6] This excludes set up costs.
[7] Macmillan Cancer Support (2010) *Social Workers in Cancer Care: An evidence review,* London: Macmillan Cancer Support.
[8] NICE (2004) *Improving Supportive and Palliative Care for Adults with Cancer: The Manual. NICE: Guidance on Cancer Services* Available online at: http://www.nice.org.uk/nicemedia/live/10893/28816/28816.pdf (accessed 29/09/10)
[9] Hudson, P. L., Remedios, C. and Thomas, K. (2010) A systematic review of psychosocial interventions for family carers of palliative care patients, *BMC Palliative Care,* Vol. 9 (17) Available online at: http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2924287/ (accessed 29/09/10)
[10] Milberg, A., Rydstrand, K., Helander, L. and Friedrichsen, M. (2005) Participants' experiences of a support group intervention for family members during ongoing palliative home care, *Journal of Palliative Care,* Vol. 21(4), pp.277–284.