



briefing

June 2010 Issue 203

Coordinated cancer care: better for patients, more efficient

Key points

- There are two million people with cancer in the UK.
- It is suggested that by 2030 there will be over four million people living with cancer in the UK.
- The NHS spends almost £5 billion on treating cancers and tumours each year.
- The number of admissions has increased by 50 per cent in the past eight years.
- Coordinated care could release up to 10 per cent of cancer expenditure.
- Supported self-management leads to more efficient use of NHS resources.

Ensuring that cancer care is delivered in a coordinated and efficient way that provides good quality for patients is very important for the NHS. Not only does it affect a large number of patients, but it also takes a considerable amount of the NHS budget.

This *Briefing*, published jointly by the NHS Confederation and Macmillan Cancer Support, looks at how improvements in efficiencies can be achieved by focusing on reducing waste while also providing high-quality supportive care.

It is part of a series of briefings for commissioners and providers looking at opportunities for improving quality and safety through the implementation of policies or service models which are tried and tested. Some of these offer significant efficiency savings; others represent opportunities to prevent significant risks to patients.

Background

In the UK there are two million people with cancer, approximately 3 per cent of the population. This is increasing by around 3.2 per cent per year, which suggests that by 2030 there could be over four million people living with cancer in the UK if current trends continue.¹

The NHS spends almost £5 billion on cancers and tumours each

year.² While cancer drugs and treatment are very expensive, there is potential to reduce these costs. In fact, the National Audit Office (NAO) estimates that £103 million of savings would be possible by reducing emergency admissions by 10 per cent and reducing the average length of stay by three days.³

In these times, when the NHS is expected to make significant

efficiency savings,⁴ NHS organisations should consider whether they will be able to change the way that they provide services for people with cancer and whether there are any possibilities for efficiency savings while improving their quality of care.

Recent policy

The Cancer Reform Strategy, published in 2007, identifies the key areas that the NHS needs to focus on and describes the next steps in developing a modern cancer service in England. The strategy recommends a focus on the provision of supportive care such as assessment and care planning, information provision, benefits advice and clinical nurse specialists. Emerging evidence from the National

Efficiency opportunities

Department of Health figures for 2007/08³ show:

- cancer inpatient costs for the NHS are £1.2 billion per year
- cancer takes up 12 per cent of all acute inpatient care
- the number of emergency admissions for cancer has gone up by 50 per cent in the past eight years.

The statistics for 2006/07 in England³ show:

- 417,646 emergency inpatients admission for cancer, representing 2,963,987 bed days
- 339,038 elective inpatient admissions for cancer, representing 1,750,223 bed days
- 756,684 total inpatient episodes using 4,714,210 bed days.

Cancer Survivorship Programme⁵ suggests that supported self-management leads to more efficient use of NHS resources.

Many of the political parties, including those that now make up the new Government, made commitments in the run-up to the general election to provide a supportive element of care within cancer, such as clinical nurse specialists who are vital to the delivery of future cancer services.

Case study: Coordinated care in Manchester⁶

Research led by Macmillan and Monitor Group in Manchester indicates that in that area coordinated care could release about 10 per cent of cancer expenditure suggesting a potential to release money in other PCTs. This would be achieved by:

- improving follow-up in secondary care
- supporting patients to die at home rather than in hospital
- improving care coordination so that patients can be moved into a less resource-intensive pathway
- reducing length of stay
- reducing avoidable emergency admissions to hospital
- supporting patients to return to or stay in work.

Although this research did not examine quality specifically, Macmillan's experience suggests that such changes can also significantly improve the quality of care received by cancer patients, including:

- reduced stress
- reduced confusion
- increased involvement of carers and patients in their treatment
- improved health outcomes for survivors.

Quality and cost effectiveness

Improved outcomes for patients can be linked to cost efficiencies for the NHS. For example, recent research undertaken by Macmillan Cancer Support in Manchester suggests that improving supportive care such as coordination, communication and information can deliver improved productivity and is cost effective (see case study).

Improved care management

Better patient management in a community setting and proactive discharge support could improve

the quality of care for patients and reduce costs.⁷ The following scenario is common without coordinated care. The patient, who has been diagnosed with cancer, and the family are not clear about what exactly is happening to them, what to expect or how to manage their symptoms. By the time they get in touch with the NHS, they are very stressed and become an emergency case. This results in avoidable admissions and longer-than-necessary stays in hospital.

However, with coordinated care, the patient is assessed by a clinical nurse specialist or allied health professional and has a comprehensive care plan which is fully understood by the patient and their family. The patient is informed and may be able to respond to the situation themselves in many cases and feels empowered and informed. Even if there is no improvement in their condition, the patient will be clear about who to contact, and everyone would end up feeling less stressed and in the appropriate place. This all results in fewer admissions or reduced stays and an overall lower impact on healthcare resources.

Macmillan's experience indicates this could be provided by clinical nurse specialists and specialist allied healthcare professionals, with the priorities set out here.

Assessment and care planning

The assessment of the individual's needs, and specific planning of their care and subsequent support, ensures that interventions are appropriate and

are not given unnecessarily or at the incorrect time, resulting in improved compliance from the patient, and ensuring that the interventions are not wasteful and have the greatest possible impact.

"Cancer made me incapable of coping with everything. When the Macmillan nurse came into our lives, her support got me through it. Both my wife and I were really stressed but her practical and emotional help, in person, and over the 'phone, meant we were better able to deal with all the problems that this illness brings"

Richard, 63, London, diagnosed with anal cancer

Coordination of care

A skilful coordination of care and effective signposting/referral ensures that patients get what they need, when they need it and in the way they want it, based on periodic reassessment. This avoids duplication, wasted or ineffective visits and, more importantly, it ensures that patients do not fall out of the complex systems across organisations and professionals.

Emotional support

The effective management of the intense emotional stress associated with cancer not only ensures that patients and carers are supported during this time but also are more likely to be able to manage their symptoms and treatments better, improving compliance and preventing unnecessary urgent professional interventions or admissions to NHS services.

Building trusting relationships with patients and families

The confidence and trust in the professionals involved supports the effective communication necessary for people to be managed through this complex system.

Education of patients and families on what to look out for and what to do to manage signs and symptoms

If people know what to expect they worry less, are less likely to seek advice from emergency services and can in many cases resolve problems without professional intervention.⁸

Training and support to generalist clinical staff, including GPs and community nurses

The number of skilled specialists able to meet the needs of people affected by cancer is low. Therefore, the constant transfer of skills and knowledge to other staff who will also look after people with cancer is necessary to ensure that they have the skills and confidence to undertake the care effectively. Also key to this is the ability to ask for advice from a specialist without a referral to hospital or making a formal referral, both of which can be costly.

Provision of information and support tailored to the individual's needs

43 per cent of cancer survivors report that they would have liked more information and advice.⁹ Information that meets the needs of the individual supports self-management, enables patients to make informed choices, and allows them to access the most effective treatment and care.

This provides a much better quality of care for the patient. Moreover, it reduces waste and improves collaboration. This includes:

- reducing possible admissions because of lack of knowledge
- reducing the number of instances in which the patient or carer seek clinical advice out of hours¹⁰
- help with financial and social support which, at the same time, increases the individual's ability to maintain a stable home-care situation and reduces the need for hospital admission.

In too many cases, people are admitted to hospital or access expensive out-of-hours emergency care for avoidable

reasons. For example, an increase in the severity of symptoms that do not have a pre-determined management plan can cause anxiety to patients and carers who seek admission to hospital for management.¹¹ Some people are not being managed following treatment – 30 per cent of cancer survivors reported more than five moderate or severe unmet needs at the end of treatment for cancer, and for 60 per cent of these individuals these had not improved six months after treatment had ended.¹²

Follow-up care for survivors

People who survive cancer are moved out of coordinated support into a follow-up system to check that the cancer does not return.

“If patients are equipped to know when they need to see a health professional or when they may need a diagnostic test, this will reduce the need for ‘empty’ follow-up appointments”
Jane Maher, Macmillan chief medical officer

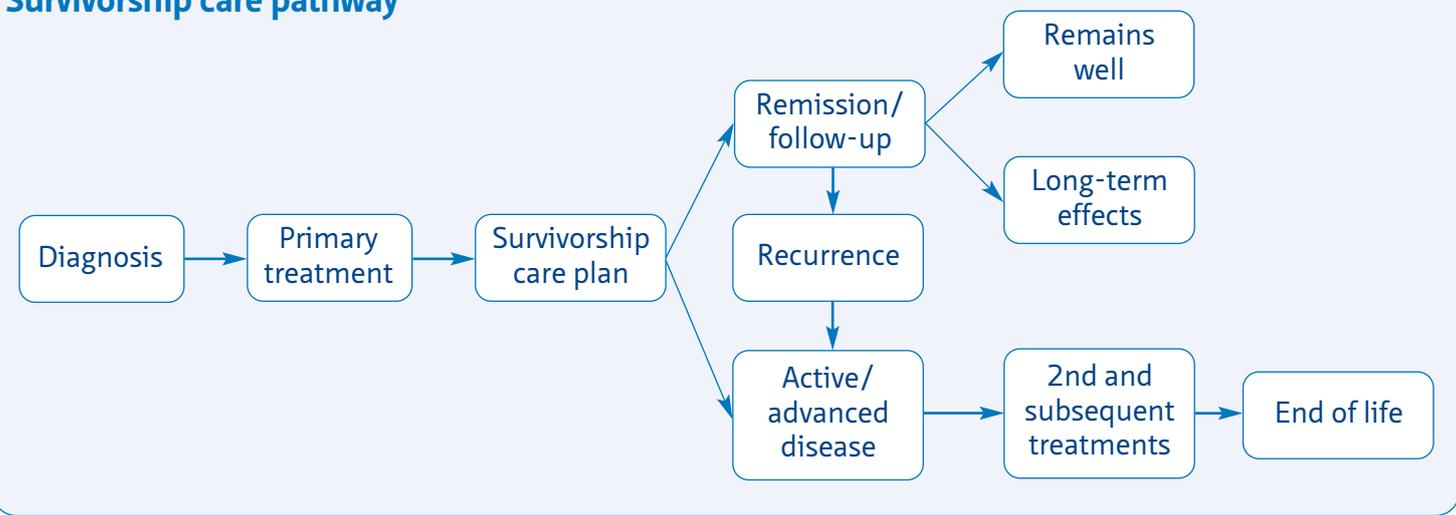
However, there are concerns that this system is not always working effectively:

- One study found that between 70 and 75 per cent of breast cancer patient recurrences are detected between routine hospital appointments.¹³
- Patients can feel abandoned,¹⁴ which has implications for their well-being and mental health.
- The current system does not address the fact that cancer survivors may need support to get their life back on track. This support could lead to improvements in the quality of life, including getting back to work, which has been proven to have positive implications for their health.

“Patients and their families are the biggest untapped resource in the health system. If you are to do one thing in your quest to provide higher quality care and better patient experience at a lower cost, think differently about how you can support patients and their families to play a bigger part in their care”

Dr Lynne Maher, Interim Director for Innovation and Design, NHS Institute for Innovation and Improvement

Survivorship care pathway



- It is not cost effective – on average, each cancer outpatient visit costs £106.¹⁵ The cost of preventative visits to an appropriately-trained surgery-based nurse are significantly lower.

The evidence points to the need for a more comprehensive after-care system. The National Cancer Survivorship Initiative is leading the way in looking at what this new system should offer. This would include post-treatment assessment from an appropriately trained professional, looking at long-term consequences of the cancer and its treatment. In the vast majority of cases this would take the form of supported self-care with quick access back into the system if and when needed to improve early detection. In studies where self-care was improved, visits to GPs – with an average cost of £36 – can be reduced by over 40 per cent for high-risk groups and outpatient visits reduced by 17 per cent generally.¹⁶

Conclusions

Evidence suggests that implementing the following can lead to improved outcomes for patients and efficiency savings for the NHS, specifically:

1. Development of specialist teams of nurses and allied health professionals who:
 - assess patients and undertake care planning
 - coordinate care
 - provide emotional support
 - build trusting relationships with patients and families
 - educate patients and families on what to look out for and

Key questions for boards

What percentage of your cancer patients have good access to specialist nursing and allied health professional support?

What is the case load of these specialists and is this comparable with others with a similar role?

Do these specialists undertake all of the priorities of the role detailed in the 'Improved care management' section?

What systems do you have in place to provide supported information provision and access to benefits advice?

Is your system of follow-up care meeting the needs of cancer survivors?

What services are you planning to support people living with and beyond cancer in the next five to ten years?

1. What to do to manage signs and symptoms
 - provide information tailored to the individual's needs
 - train and support generalist clinical staff including GPs and community nurses.
2. Better systems of supportive care that provide effective coordination, including information provision, benefits and return-to-work advice and practical support in the local community.
3. Development of survivorship services and better systems of follow-up for people following active treatment.

Potential improvements include:

- an average reduction in admissions of between 32 and 43 per cent^{17,18}
- an average length of stay could be reduced by up to 33 per cent
- up to 74 per cent of patients benefited from treatment

optimisation when seen by a community nurse specialist¹⁹

- 30 per cent of patients had overall symptoms and general activity improved²⁰
- a 30 per cent reduction in unplanned readmissions as a result of rehabilitation programmes and systematic tailored information provision alone²¹

Confederation viewpoint

The Cancer Reform Strategy provides a framework for the development of good supportive care and covers all of the elements of care suggested in this *Briefing*. However, progress on implementing the strategy at local level, based on NHS organisations' plans for 2010/11, does not suggest that enough attention is being paid to this area of the strategy. NHS organisations need to be encouraged to focus more on providing supportive care so that patients receive the high-quality care they require and can achieve the savings it needs.

The new Government is committed to making the NHS work better by extending best practice to improve discharge from hospital and, where possible, enabling community access to care and treatments. Supportive care will be integral to the success of these developments.

It also intends to publish detailed data about the performance of healthcare providers online, so that everyone will know who is

providing a good service and who is falling behind. The question that organisations will have to ask themselves is: What will patients consider to be good service, and will this comprise the elements of supportive care described in this paper? Either way, the new Government is keen to put patients in charge of making decisions about their care, including control of their health records, which will require

patients to be better informed and supported.

For more information on the issues covered in this *Briefing*, contact

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References

For all references in this *Briefing*, please see the appendices at www.nhsconfed.org/publications

The NHS Confederation

The NHS Confederation is the only independent membership body for the full range of organisations that make up today's NHS. Our ambition is a health system that delivers first-class services and improved health for all.

We work with our members to ensure that we are an independent driving force for positive change by:

- influencing policy, implementation and the public debate
- supporting leaders through networking, sharing information and learning
- promoting excellence in employment.

Macmillan Cancer Support

Macmillan Cancer Support is a registered charity whose aim is to improve the lives of people affected by cancer. We are a source of support: providing practical, medical, emotional and financial support. We are a force for change: listening to people affected by cancer and working together for better cancer care.

www.macmillan.org.uk

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