




NSO Briefing for Kirklees Health & Adults Social Care Scrutiny Panel

May 2024







What is non-surgical oncology and how might changes proposed by the NSO Programme impact residents of Kirklees.

Non-surgical oncology (NSO) is an umbrella term for treatment and care for cancer patients using systemic anti-cancer drugs (SACT, commonly chemotherapy) and radiotherapy. NSO also includes acute oncology, the care of patients who become unwell due to complications of treatment or from the progress of their cancer.

NSO services are under pressure: there is a national and local medical workforce shortage. At the same time there is with an ageing population and more effective treatment options there are more people living with cancer and receiving care for longer.

Clinicians and senior leaders in all 6 Trusts in West Yorkshire & Harrogate recognised that unless services were strengthened there was a risk that patients might be impacted, for example they might experience delays in care or no longer be able to receive routine treatments at the cancer unit closest to their home





What is non-surgical oncology and how might changes proposed by the NSO Programme impact residents of Kirklees.

To address the risks to local services, the West Yorkshire Association of Acute Trusts (WYAAT) asked the West Yorkshire & Harrogate Cancer Alliance (WY&HCA) to undertake a review of how we might organise NSO differently, to create more resilient and equitable local service provision.

That review identified proposals for the configuration of services in each place, improved collaboration between providers and transformation of the human and digital workforce. Collectively these strengthen services to create more stability, resilience and reduction of reliance on temporary workforce as well as supporting more care to be delivered closer to patient's homes.

This pack advises how these developing proposals will change the NSO services that residents of Kirklees will receive



Outpatient Services

Clinics for the outpatient management of oncology patients are a core element of NSO. Patients undergoing treatments will have regular clinic appointments and diagnostic tests to review how they are responding to that treatment.

Due to shortages in the oncology medical workforce at Mid Yorkshire Teaching Hospitals Trust (MYTT), they have been in receipt of mutual aid support from neighbouring trusts for a number of years.

MYTT and Calderdale and Huddersfield Foundation Trust (CHFT) are transitioning that mutual aid arrangement into a sustainable partnership delivering care across Calderdale, Kirklees and Wakefield. Trusts in the north of the region are also forming a collaboration across that area.



Addressing the medical workforce shortage, both MYTT and CHFT are developing a larger workforce of advanced oncology pharmacists, nurses and Advanced Care Practitioners (ACPs) to support consultants to deliver outpatient clinics.

Systemic Anti-Cancer Therapies (SACT)

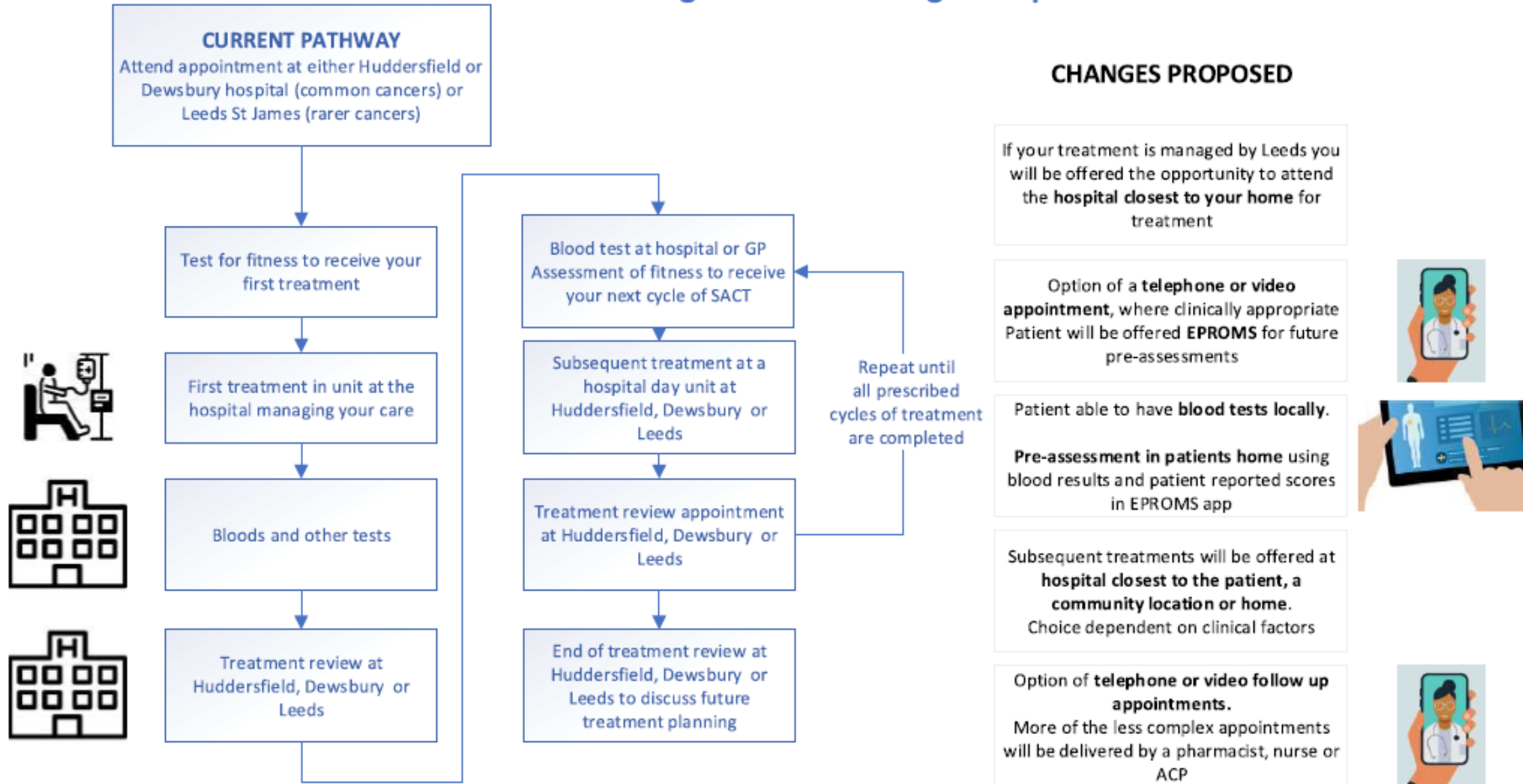
SACT are drug therapies for cancer. These are provided as a number of 'cycles' of treatment over multiple weeks. Patients receiving SACT require multiple diagnostic tests and outpatient reviews during this time to check that the treatment is effective and non-toxic.



Kirklees residents may receive SACT from either MYTT or CHFT if they have a common cancer, usually at the site closest to their home. Patients with a rarer cancer will be managed by Leeds Cancer Centre. Last year MYTT and CHFT provided over 5,800 SACT treatments to Kirklees patients.

The next slide shows the proposed changes to SACT pathways. **These proposals are designed to maximise the amount of care that is provided close to patient's homes, reducing patient travel.**

Current and optimum future pathway for patients from Kirklees receiving anti-cancer drug therapies



A patient on a typical 8 cycle course of chemotherapy might make 30+ visits to hospital on current care pathways

A patient on the same course of chemotherapy will have significantly fewer visits to a hospital on future care pathways




ePROMS

Trusts will invest in Electronically Reported Patient Outcomes Measures technology, known as ePROMS.

ePROMS are online tools that a patient can access via computer or smartphone. They allow patients to report and record how well they are feeling, data is shared with the team managing their care.

Trusts will use the data provided by patients, alongside blood test results, to streamline the pre-SACT clinic, only bringing into hospital those patients whom actually need a face to face assessment.

An ePROM portal gives patients a voice in their care and will help improve access by reducing the number, and cost, of journeys they need to make to a hospital



Acute Oncology (AO)

AO is the care of patients who become unwell due to complications of treatment or from their cancer progressing.



The significant majority of patients present with symptoms that are simple for clinicians to manage, for example nausea, fatigue and infections. Some patients have symptoms that are best managed by another medical or surgical specialty, for example a bowel obstruction. A very small proportion of patients will present with complex oncology issues that require admission under an oncologist.

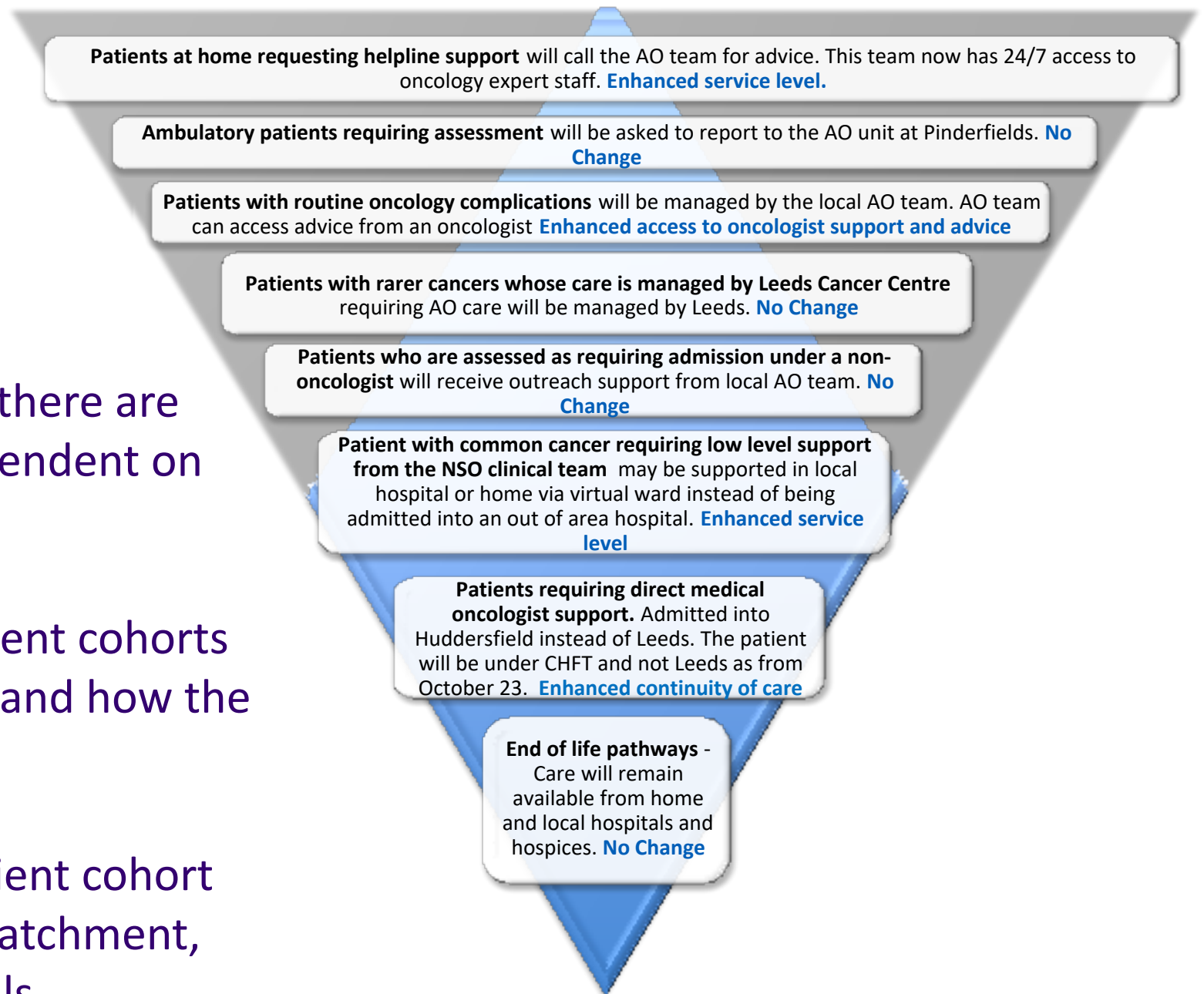
MYTT's hospitals do not host beds which are managed by oncologists. CHFT has specialist beds in a recently expanded ward at Huddersfield Royal Infirmary. Kirklees patients requiring specialised oncology inpatient care would in future be admitted either into Leeds (rare cancers and radiotherapy complications) or Huddersfield Royal Infirmary (Common cancers), under the care of the team treating them as an outpatient.

How will the AO impact Kirklees patients?

AO is a highly stratified service, there are multiple AO care pathways, dependent on diagnosis.

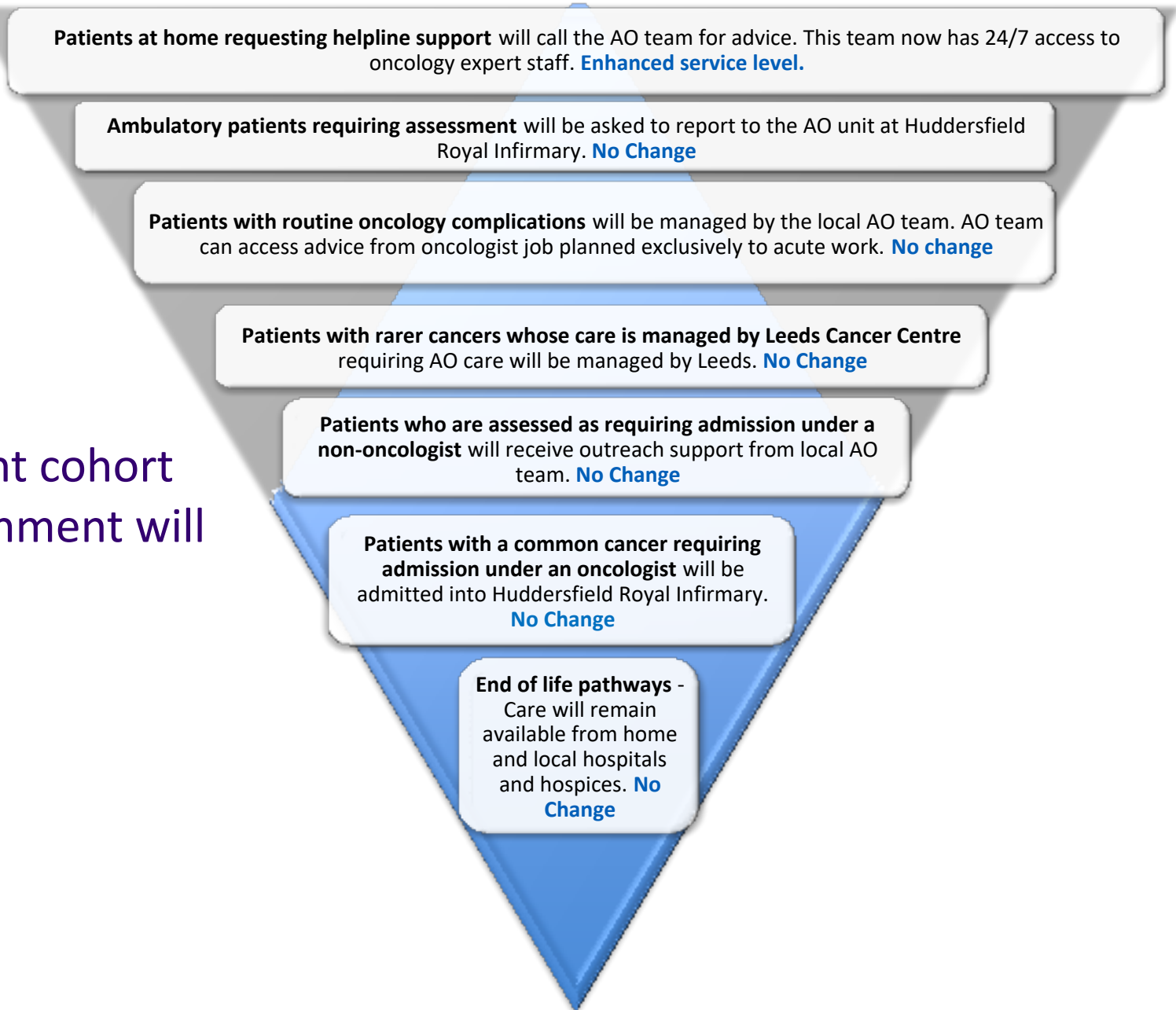
However, we can describe different cohorts of patients requiring acute care and how the proposals affect each of these.

This image shows how each patient cohort from North Kirklees, i.e. MYTT catchment, will be impacted by the proposals



How will the impact Kirklees patients?

This image shows how each patient cohort from South Kirklees i.e. CHFT catchment will be impacted by the proposals



Summary of Changes for Kirklees

	Current Service	Future Service
Overview and Workforce	<p>Services delivered by a joint medical workforce employed primarily by CHFT but deployed across Calderdale, Kirklees and Wakefield</p> <p>Blended workforce mix with clinics delivered by Oncologists, ACPs and Pharmacists</p> <p>Excellent track record in recruitment and retention of medical oncologists (CHFT).</p> <p>Significant oncology research programme (CHFT), No oncology research programme (MYTT)</p> <p>Poor track record in recruitment and retention of medical oncologists and unsustainable levels of expenditure on locum consultants at MYTT</p>	<p>Long term planned partnership between CHFT and MYTT– Enhanced resilience and sustainability</p> <p>Blended workforce mix with clinics delivered by Oncologists, ACPs and Pharmacists – No Change</p> <p>Medical oncologist workforce recruited by CHFT and jointly deployed across MYTT and CHFT catchment – Access to a larger medical and more resilient medical workforce</p> <p>Investment to develop skills to deliver local research programmes at MYTT - Enhanced local access to clinical trials</p> <p>CHFT to supply medical oncology staff at actual cost – Better Value</p>
Outpatient clinics	<p>Clinics for Urology, Upper GI, Lower GI, Breast, Lung, Gynae and CUP available locally</p> <p>Visiting outpatient service from LTHT for radiotherapy patients with common cancers</p> <p>Patients whose tumour site is not listed above are managed at Leeds Cancer Centre</p> <p>Primarily delivered in face to face setting in hospitals</p> <p>CHFT provide oncology consultants to support service delivery under temporary mutual aid arrangements</p>	<p>Clinics for Prostate, Upper GI, Bowel, Breast, Lung, Gynae and CUP available locally – No change</p> <p>Visiting outpatient service from LTHT for radiotherapy patients with common cancers – No change</p> <p>Patients whose tumour site is not listed above will be managed at Leeds Cancer Centre – No change</p> <p>Patients to be offered remote appointments wherever clinically appropriate – Enhanced Access</p>

Summary of Changes for Kirklees

	Current Service	Future Service
SACT treatments	SACT treatments available for Urology, Upper GI, Lower GI, Breast, Lung, Gynae, HPB and CUP	SACT treatments available for Urology, Upper GI, Lower GI, Breast, Lung, Gynae and CUP – No change
	SACT day units located in Dewsbury and Huddersfield	SACT day units located in Dewsbury and Huddersfield – No change
	Limited out of hospital offer, limited to oral chemotherapy	Expansion in number of patients offered SACT outside of a hospital setting – Enhanced access to care close to home
	Patients managed by the Cancer Centre travel to Leeds for treatments	Patients managed by the Cancer Centre will be able to access treatment locally, subject to clinical factors – Enhanced access to care close to home
	Pilot roll out of EPROMS, reducing the number of avoidable hospital visits for pre-SACT assessments	Full roll out of EPROMS, preventing many avoidable hospital visits for pre-SACT assessments – Travel avoidance, enhanced patient experience
Acute and inpatient Care	Most patients needing acute care, including IP care, managed locally	Most patients needing acute care, including IP care, managed locally – No change
	Local helpline not always staffed with expert staff out of hours	Shared Single helpline with CHFT staffed robustly with expert staff 24/7 – Enhanced out of hours cover
	Specialist acute oncology assessment facility at Huddersfield	Specialist acute oncology assessment facility at Huddersfield – No change
	Acute beds available for cancer patients at Huddersfield and Dewsbury	Acute beds available for cancer patients at Huddersfield and Dewsbury – No change
	Most patients needing specialist IP care admitted at Huddersfield Royal Infirmary. Patients with a rare cancer or complication of radiotherapy go to Leeds Cancer Centre	Most patients needing specialist IP care admitted at Huddersfield Royal Infirmary. Patients with a rare cancer or complication of radiotherapy go to Leeds Cancer Centre – No change
	Huddersfield “Consultant of the Week” model supports acute oncology care, including on-call consultant advice	Huddersfield “Consultant of the Week” model supports acute oncology care, including on-call consultant advice- AO team at Dewsbury have access to consultant level support and guidance



I will go to my local hospital for my Outpatient appointments (for common cancers) and / or be able to have virtual appointments
In Kirklees this is 7,743 appointments annually



I will go to my local hospital for chemotherapy (for common cancers)
For Kirklees this is 5,865 treatments per year



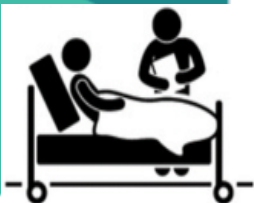
For some patients, they will be able to switch to oral or home based chemotherapy.
In Kirklees we forecast that this will grow by 1,233 treatments per year by 2025



For some patients, they will be able to have their chemotherapy for rarer cancers at their local hospital
For Kirklees 662 treatments for skin & sarcoma currently at LHTT



I will be able to access more research trial treatments at my local hospital
If trial opportunities were equitably distributed, an additional 1,314 Kirklees patients per year would be able to access trials locally



Reducing travel for routine care

Increasing care closer to home

Continuity of care

Maintaining and improving choice

Equity of access to expert care wherever you are

Kirklees

70% of cancer diagnoses are for the four most common types - Breast, Bowel, Lung or Prostate

If I become unwell I will be able to:

- access expert help via a phone line 24/7
- access care at my local hospital in most cases- either as an OP, for assessment or if needed an admission
- if I am very unwell and need to be admitted under the care of my oncologist, I may be admitted to Huddersfield (or Leeds for a small number of patients with rarer cancers or complex radiotherapy related issues)
- if I am that unwell it is likely that I will be transported to Huddersfield or Leeds by ambulance
- If I get my care at another hospital, eg Barnsley, that will continue, including if I become unwell unless I choose otherwise.

For Kirklees this is 2097 calls, 665 assessments, 365 admissions

Public Engagement

From Summer 2023 the NSO Programme engaged with the public to establish how the proposals were regarded. Fifteen face-to-face and three online events were held across West Yorkshire and Harrogate.

Street surveys which provided quantitative data on how the proposals were regarded were undertaken in January 2024.

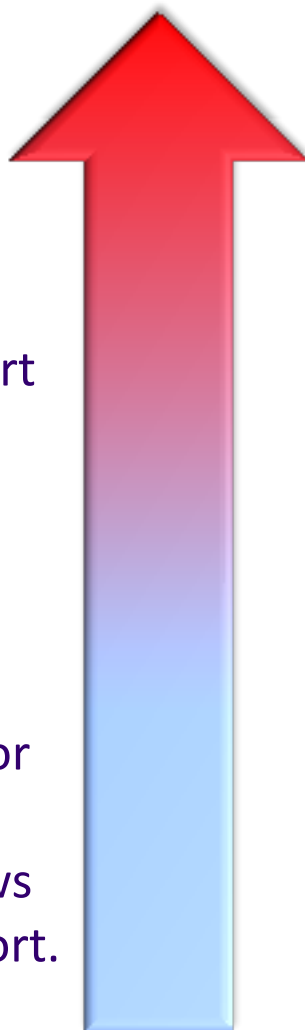
Engagement established that there is **broad support for the proposed model of care in all places within West Yorkshire and Harrogate**, with current travel issues being regularly cited as an issue. Engagement feedback has been shared with implementation teams and a transport working group has been established.

Engagement has provided assurance that the proposals will provide improved access to care close to patient's homes and are supported by

Kirklees Street Survey Feedback

Engagement surveys identified strong support for all of the NSO proposals amongst Kirklees residents.

The depth of support for the various proposals varied. Table right shows the rank order of support.



SACT available at hospital closest to patient's home **93% +ve, 2% -ve**

LSJUH & HRI to provide specialist beds

All SACT day units to remain open

Universal availability of Acute Oncology services

SACT available outside of hospital settings

Protection of local care for common cancers

Better access to clinical trials

Broader skills mix in clinic workforce

Overall Proposal

Change to IP flows, MYTT catchment from LSJUH to HRI

BRI to stop hosting specialist oncology beds

Cancer Centre to remain only place managing rare cancers **53%+ve, 22% -ve**

Financial Business Case

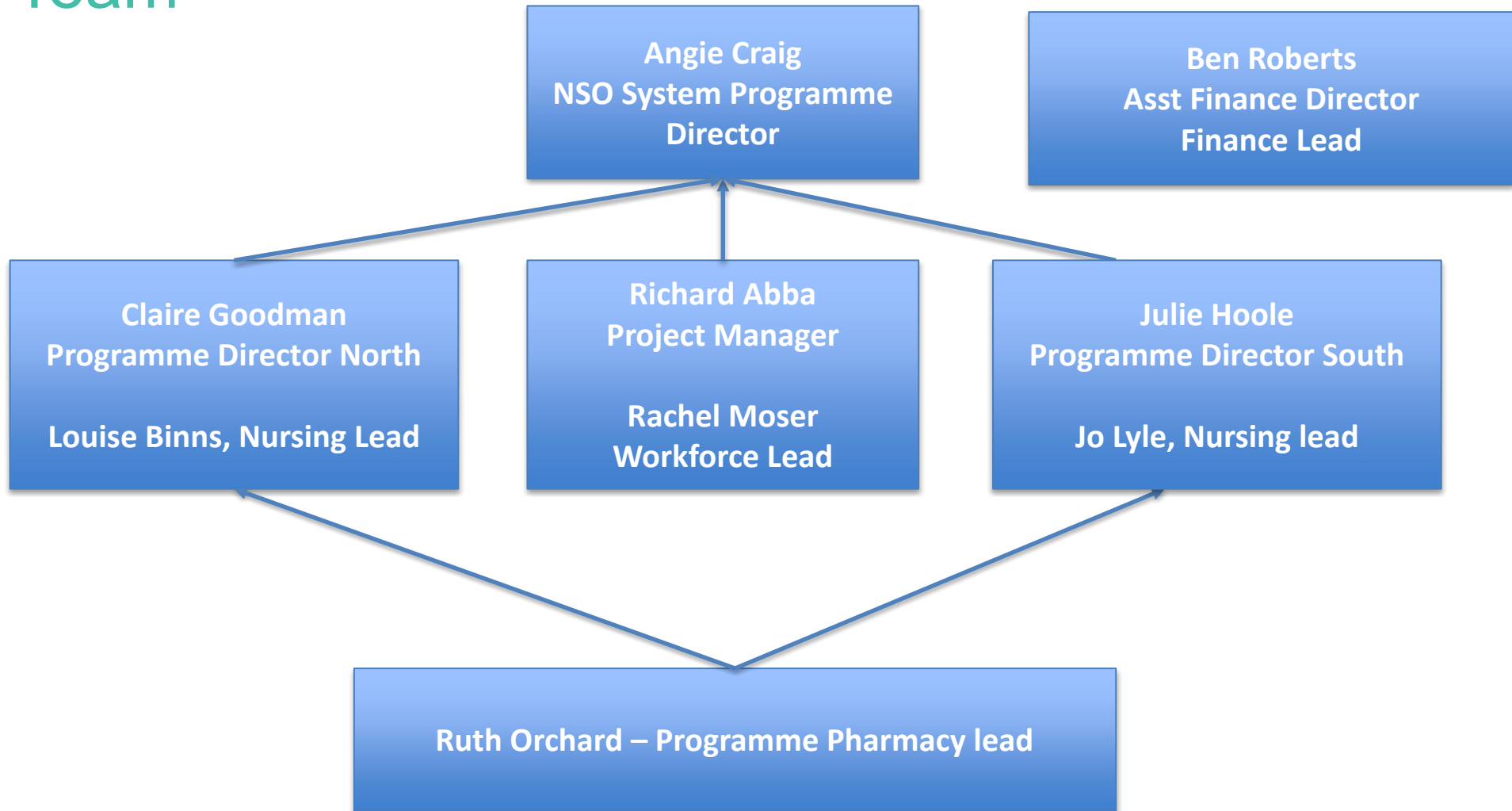
No.	Steps	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24
1	Briefing for Information														
2	Business Case Draft Ready														
3	Internal Stakeholder Review														
4	ICB place Exec Groups - Draft														
5	Spec Comm Snr Group - Draft														
6	WYAAT Exec Groups - Draft														
7	Business Case Draft to Final														
8	ICB place Exec Groups - Final														
9	Spec Comm Snr Group - Final														
10	WYAAT Exec Groups - Final														
11	ICB Groups - Final														
12	Brief to Company Secs														
13	Contingency Month														
14	CiC Approval														
15	Individual Trust Boards														
16	ICB Board Approval														

A financial business case will be developed to underpin the workforce transformation, service reconfiguration and digital investments necessary to create the new NSO model of care.

Place will be kept fully informed on the business case.

Place SMT oversight will be a governance step in the approval process

The NSO Programme Core Team





Residents of HD8 Postcode

A minority of Kirklees patients, from HD8 postcode, attend Barnsley District Hospital for their cancer care and are under the care of Sheffield Teaching Hospitals NHS Foundation Trust.

Their care is not impacted by these proposals

