

Enhanced supportive cancer care

New models of care developed by The Christie NHS Foundation Trust

The NHS Improvement/HFMA *NHS efficiency map* is designed to help NHS provider organisations to deliver their savings plans. One way is by sharing experience and good practice, in this case in the treatment of patients with incurable cancer.

The Christie NHS Foundation Trust, the largest single-site cancer centre in Europe, has been a foundation trust since 2007. It serves 3.2 million people in Greater Manchester and Cheshire (about 75% of its patients), with the rest referred from the UK. It employs 2,500 staff, with total income of about £260m.

Cancer care continues to change. Increasing numbers of patients live with incurable cancer for years, receiving therapy as the illness advances. The way services are delivered must adapt to meet their needs. This is a complex issue, especially financially, as effectiveness and value for money can only be understood in terms of the whole health economy. This case study describes new models of service developed by the Christie.

Pilot projects

The first pilot, from 2014 to 2017, was a transformation of existing palliative care services into what the trust called enhanced supportive care (ESC).

The change of name alone helped

patients, given the connotations of palliative care, but there was much more to the project. The multi-disciplinary ESC team covered all patients' needs. It had strong financial support and worked with the oncology team, so that patients could access the ESC team at any stage of their diagnosis or treatment.

This was supported by joint ward rounds, case discussions and education events. The aim was that, as well as improving the service to patients, costly hospital admissions would be avoided.

The second pilot project, for 2017/18, extends the ESC service model into multiple stand-alone ambulatory care clinics with rapid access for patients.

Evaluating the projects

Evaluation of projects like these is difficult. The benefit to patients is hard to quantify, although feedback was positive. The direct extra cost of the project can be assessed as it arises in the trust, but the savings are much harder to quantify, especially as they arise across the whole health economy. The impact on contractual values and payment mechanisms is also complex.

For the main ESC project, the trust's finance team led a retrospective evaluation of the impact of the pilot. This meant establishing baseline activity at the main points where patients

covered by ESC would have accessed healthcare, modelling what would have happened without the ESC project, and comparing it to what actually happened.

It focused on inpatient emergency admissions for patients now cared for by the ESC – difficult, as the data had to be extracted at disease level. Finance staff had to work with business intelligence colleagues to define the data needed and review the information collected.

For the second project, the ambulatory care clinics, the finance team worked with clinicians from the outset, designing templates to record the expected outcome of each patient visit.

Outcomes and savings

These are the main outcomes from the original ESC project:

- The main measure of financial success was a fall in emergency admissions for the disease groups in the pilot. Over the three-year trial, it was estimated almost 600 admissions were avoided – equivalent to a £1.4m saving, or £460,000 a year. This cut the emergency admissions for these disease groups by more than 20%.
- The evidence was strong enough for NHS England to adopt it as a new CQUIN (commissioning for quality and innovation) scheme in 2016/17. A total of 16 cancer centres engaged in the

scheme, with positive initial results, reducing emergency admissions and avoiding inappropriate chemotherapy.

- The trust has ensured lead clinicians and commissioners share findings, to support fuller implementation, which will be decided in 2018.

Although the ambulatory care clinic is less well advanced, there is already positive evidence:

- In the first six months, 141 patients avoided an admission and 59 were discharged early, with the saving evaluated at £566,000. A full five-day service has the potential to deliver further savings. Patients also had less need to see their GPs, although any financial savings associated with this have not yet been assessed.
- The trust is working with the local cancer board to develop a service model across Greater Manchester. ◉

The Christie NHS Foundation Trust was shortlisted in the 2017 HFMA Innovation Award for its work on enhanced supportive cancer care.

KEY CONTACTS

The Christie NHS Foundation Trust

- James Thomson, deputy FD, james.thomson@christie.nhs.uk