

NHS Board: 28 March 2018

Lanarkshire NHS Board
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SUBJECT: Digital Lived Experience - “Lanarkshire e-Cancer Nursing Project (e-CaN)”

1. PURPOSE

This paper is coming to the Board:

For approval	<input type="checkbox"/>	For endorsement	<input type="checkbox"/>	To note	<input checked="" type="checkbox"/>
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Offering people diagnosed with cancer the opportunity to have an online assessment by a cancer nurse specialist

<https://vimeo.com/222830523/df046c5f06>

This digital story was produced by two patients who were the first people in Lanarkshire to take part in the ground-breaking Transforming Care after Treatment (TCAT) programme, funded by Macmillan Cancer Support in Scotland. Both patients had a diagnosis of lung cancer and were offered a monthly online assessment over six months to identify unmet need following completion of treatment.

The assessment was reviewed by Pamela Rose, Macmillan Cancer Nurse Specialist and patients were given a personalised care plan with information to help manage their concerns or to put in them touch with the right services to help. The aim of the service is to promote a healthier lifestyle, encourages more independence in self-management and puts patients back in touch with their local community.

2. ROUTE TO THE BOARD

This paper has been:

Prepared	<input type="checkbox"/>	Reviewed	<input type="checkbox"/>	Endorsed	<input type="checkbox"/>
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By the following Committee:

3. SUMMARY OF KEY ISSUES

The NHS Lanarkshire Lung Cancer Project was part of the Transforming Care after Treatment programme, a partnership between Scottish Government, Macmillan Cancer Support, NHS Scotland and local authorities. It aims to explore new ways of working to redesign care after treatment for cancer patients. Lung cancer is the most common cancer within Lanarkshire. More people are being diagnosed and living with lung cancer but it continues to have a poor prognosis. It is therefore essential that all patient needs, not just medical are appropriately addressed.

Methodology: The Sheffield Profile of Referral and Assessment of Care (SPARC) was selected to support patients to identify their needs. The SPARC contains 45 items which are scored by the patient as 0 – not at all, 1 – a little bit, 2 – quite a bit and 3 – very much depending on level of need. This was developed onto an online platform Docobo-WEB by telehealth providers Docobo, allowing the patients to access the assessment on any day between 6am and 11pm from a mobile phone, tablet, laptop or personal computer. Patients were offered six monthly SPARC assessments to identify unmet need and review from a lung cancer clinical nurse specialist with the provision of a personalised care plan and access to self management information.

Results: 275 patients were eligible and invited to participate of which 58 patients agreed (21%) - 248 eSPARC questionnaires were completed identifying 3396 concerns.

Following their assessment patients were offered a telephone or face to face consultation. The majority of patients opted for a telephone consultation (88%). This appeared to be the most time effective method, taking on average 20 minutes compared to an average of 48 minutes for a face to face consultation.

71% of patients completed a patient experience questionnaire with 90% rating the service as high and 10% rating it as good.

This e-health model of care is acceptable to patients, is time efficient and clinically effective. It can reduce the burden of having to return to a clinic appointment and offers the flexibility of highlighting unmet needs or concerns in the comfort of their own home or while at work, on a day and time that is convenient to them. It is also paper light which makes better use of resources as care plans are transferred electronically to the clinical portal and GP practice via Win Pro and information is shared in real time leading to improved co-ordination of care between different sectors. It reduced the number of calls to the CNS team allowing them to focus on clinical service developments. This model of working is transferable, not only within cancer care but could be used to support patients with long term conditions.

A successful application was made for further funding for another year (Aug 2017-Aug 2018) to support the Lanarkshire electronic-Cancer Nursing Project (e-CaN). In light of stage one learning, patients are now offered two eSPARC assessments rather than six as the number of concerns appeared to plateau after the third assessment. The e-CaN project is currently being offered to patients with Lung, Breast, Urology, Skin and Head and Neck cancer.

4. STRATEGIC CONTEXT

This paper links to the following:

Corporate Objectives	<input checked="" type="checkbox"/>	LDP	<input type="checkbox"/>	Government Policy	<input type="checkbox"/>
Government Directive	<input type="checkbox"/>	Statutory Requirement	<input type="checkbox"/>	AHF/Local Policy	<input type="checkbox"/>
Urgent Operational Issue	<input type="checkbox"/>	Other	<input checked="" type="checkbox"/>		

5. CONTRIBUTION TO QUALITY

This paper aligns to the following elements of safety and quality improvement:

Three Quality Ambitions:

Safe	<input checked="" type="checkbox"/>	Effective	<input checked="" type="checkbox"/>	Person Centred	<input checked="" type="checkbox"/>
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Six Quality Outcomes:

Everyone has the best start in life and is able to live longer healthier lives; (Effective)	<input type="checkbox"/>
People are able to live well at home or in the community; (Person Centred)	<input checked="" type="checkbox"/>
Everyone has a positive experience of healthcare; (Person Centred)	<input checked="" type="checkbox"/>
Staff feel supported and engaged; (Effective)	<input type="checkbox"/>
Healthcare is safe for every person, every time; (Safe)	<input checked="" type="checkbox"/>
Best use is made of available resources. (Effective)	<input checked="" type="checkbox"/>

6. MEASURES FOR IMPROVEMENT

Patients are asked to complete baseline and comparative Functional Assessment of Cancer Therapy (FACT-L), Memorial Symptoms Assessment Scale (MSAS), Supportive Care Needs Survey Long-Form 59 (SCNS) and a patient experience questionnaire. The analysis of this data demonstrated the improvements in quality of life and provides patient feedback.

7. FINANCIAL IMPLICATIONS

This model of working, if adopted by NHS Lanarkshire, has the potential to reduce the number of patients returning to clinic for follow-up appointment. Instead they can be remotely monitored through the use of electronic holistic care needs assessment and telephone consultation. A medical review would be arranged if the patient had a clinical need to be seen. There is also potential for this model of working to be adopted by other specialties. Health economics were within the original plan but not supported when finalised with partners. However, data is available and could be analysed if expertise was accessible. Introducing a skill mix into specialist nursing services would result in cost savings and optimal utilisation of specialist nursing resource. With the number of patients being diagnosed and treated for cancer set to rise there will be an increased demand for specialist nursing services. Instead of the number of CNS's increasing (and associated costs) to cope with this demand healthcare support workers can be utilised to deliver the supportive care of patients creating capacity for the CNS to deal with the specific specialist needs of the patient. Although it is dependent on buy in from clinical teams there is also the potential to use remote monitoring to follow up patients resulting in a reduction of outpatient clinic episodes. At this time the exact level of monetary savings cannot be quantified.

Initial eHealth Platform and development costs were £40,000 and included 600 assessments. The cost per assessment is currently £10 but would reduce if a higher volume of patients enrolled.

The anticipated resources to sustain the approach described above across all cancer types within NHS Lanarkshire would be three Band 4 healthcare support workers @ £86,066 one Band 5 administrator £33,363 and one Band 7 cancer nurse specialist £51,547. Total cost = £170,976. The service is exploring potential funding streams within the service (as an invest to save scheme) or from outwith the service.

8. RISK ASSESSMENT/MANAGEMENT IMPLICATIONS

Any associated issues will be managed, recorded and reported in line with NHS Lanarkshire Policies and Guidelines.

9. FIT WITH BEST VALUE CRITERIA

This paper aligns to the following best value criteria:

Vision and leadership	<input checked="" type="checkbox"/>	Effective partnerships	<input checked="" type="checkbox"/>	Governance and accountability	<input checked="" type="checkbox"/>
Use of resources	<input checked="" type="checkbox"/>	Performance management	<input checked="" type="checkbox"/>	Equality	<input checked="" type="checkbox"/>
Sustainability	<input checked="" type="checkbox"/>				

10. EQUALITY AND DIVERSITY IMPACT ASSESSMENT

Yes
No

11. CONSULTATION AND ENGAGEMENT

The evaluation of the Lanarkshire TCAT Lung Cancer project has been shared with other Health Boards and third parties. Poster presentations include EONS10, NHSScotland 2017 and 2018, winner of best abstract and annual award at the National Lung Cancer Forum for Nurses Conference November 2017 and 1st prize abstract winner at British Thoracic Oncology Group Meeting in Dublin in January 2018. The interim findings were published in the RCNi Cancer Nursing Journal. We have been awarded a certificate of Merit at the Senior NMAHP Meeting in February 2018.

12. ACTIONS FOR THE BOARD

The Board are asked to:

Approval	<input type="checkbox"/>	Endorsement	<input type="checkbox"/>	Identify further actions	<input type="checkbox"/>
Note	<input checked="" type="checkbox"/>	Accept the risk identified	<input type="checkbox"/>		

13. FURTHER INFORMATION

More people will be living longer with the effects of cancer and its treatment as the number of people living with cancer is set to rise. In response to this, the Scottish Government (2016) challenged health, social care, and third sector staff to develop new 'sustainable and innovative' ways of working to meet this demand and better support patients. Granted further testing in the general cancer population is required, the findings from this evaluation suggest that this model of working does just that. It appears to be time efficient and clinically effective, reducing both physical and psychological symptom burden, care needs and improving quality of life and should be considered as an effective approach to support those affected by cancer.

For further information about any aspect of this paper, please contact Pamela Rose, Cancer Nurse Specialist 07973 903786 or Heather Quail, Project Manager 07973 884698 or on global Pamela.rose@lanarkshire.scot.nhs.uk, heather.quail@lanarkshire.scot.nhs.uk