

## Improve the Skin Cancer Diagnosis Pathway and Breast Cancer Non-Surgical Oncology Supportive Care Model within South Yorkshire and Bassetlaw ICS Cancer Alliance

### Case Study

#### 1.0 Project Aims and Objectives

The collaborative working project covered two areas of focus – **Skin Cancer Diagnosis Pathway** and **Breast Cancer Non-Surgical Oncology Supportive Care**.

The aims and objectives for the **Skin Cancer** project were:

##### Aims

1. Define the optimum rapid diagnostic pathway for skin cancer reflecting end to end improvements (as required) and with a focus on addressing areas of unwarranted variation.
2. Review and enhance the delivery of teledermatology across South Yorkshire & Bassetlaw (SYB), exploring opportunities for a system wide, standardised operating model.

##### Objectives

1. To ensure equity of pathway access, provision, and experience for patients with suspicious skin lesions in SYB through reductions in unwarranted variations in care
2. To enable clinically safe and effective risk stratified care using digital solutions and process which allow high resolution/quality images to be shared with appropriate skin cancer specialists
3. To better understand options related to the onward delivery model for teledermatology which optimise clinical outcomes, resource utilisation and contracting opportunities

The aims and objectives for the **Breast Cancer** project were:

##### Aims

1. Facilitate exploration and potential revision of the breast non-surgical oncology supportive care model across SYB.
2. Piloting of enhanced video consultations as a potential change in the breast oncology delivery model.

##### Objectives

1. To improve the continuity of care and experience for breast cancer patients undergoing non-surgical oncological treatments
2. To establish resiliency across the non-surgical oncology service in breast – optimising workforce and key enablers
3. To optimise the opportunities afforded from the use of virtual receptions to deliver person centred, remote consultations
4. To ensure patients are offered the choice of video consultations which enable an effective communication exchange without the constraints of social distancing and PPE, allow relatives to be present for discussions, reduce travel to hospital and disruption to daily routine etc.

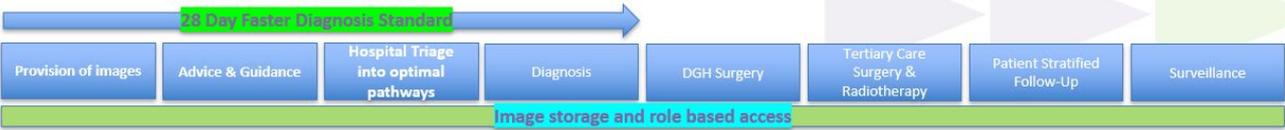
## 2.0 Key Achievements and Highlights of the Project

The collaborative working project commenced in November 2021 and was completed in April 2023.

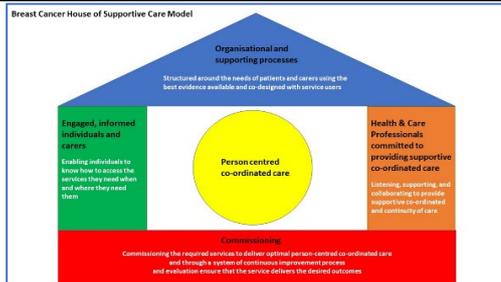
To deliver the project objectives the project manager from Sanofi worked alongside the Cancer Alliance Skin Cancer Project Team consisting of a clinical lead, project manager and project implementation officer and the breast cancer project team consisting of a clinical lead and project implementation officer.

The key achievements and highlights of the project were:

### Skin

	<ul style="list-style-type: none"> <li>Held a series of <b>Task and Finish Groups</b> with input from clinician and operational leads within primary and secondary care to review issues and gaps within current pathway and to define the Optimum Skin Cancer Diagnosis Pathway.</li> </ul>
<ul style="list-style-type: none"> <li>Developed an <b>Optimum Skin Cancer Diagnosis Pathway</b> setting out the revised pathway to be implemented to achieve the 28 Day Faster Diagnosis Pathway and meet the requirements of the Best Practice Timed Pathway.</li> <li>Identified the <b>Key Enablers</b> required to support implementation of the optimum diagnosis pathway.</li> </ul> 	
<ul style="list-style-type: none"> <li>Developed <b>Service Specification and Quality Standards</b> for the remote (virtual) assessment and/ triage of lesions and suspected skin cancers</li> </ul>	
<ul style="list-style-type: none"> <li><b>Analysis of referral and outcome data</b> to assess the impact of current teledermatology services on 2 week wait skin cancer referrals and conversion to skin cancer diagnosis.</li> </ul>	
<ul style="list-style-type: none"> <li><b>Optimal Skin Cancer Diagnosis Pathway</b> and <b>Service Specification</b> was presented to and approved by SYB Skin Cancer Clinical Delivery Group and Cancer Alliance Quality Oversight and Steering Group and Cancer Alliance Board.</li> </ul>	
<ul style="list-style-type: none"> <li>Secured ICB approval to proceed with a pilot of a <b>digital platform</b> to evaluate a cloud native digital solution across SYB ICB to provide an end to end digital (single integrated) pathway for patients with skin cancer allowing access to images throughout the pathway and facilitating the processing of workflow from referral to diagnosis to treatment and communication of outcomes to referring GPs and patients.</li> </ul>	
<ul style="list-style-type: none"> <li>Outline <b>Implementation Plan</b> developed to take forward implementation of the optimum skin diagnosis pathway</li> <li><b>Commissioning Implementation Group</b> formed to lead and co-ordinate implementation of the optimum pathway with a target for implementation by 1 April 2024</li> <li>Dedicated <b>Project Manager</b> appointed by the Cancer Alliance to project manage implementation of the pathway</li> <li>Collation of <b>service specifications</b> for existing teledermatology services.</li> <li>Completion of a <b>benchmark of the current diagnosis pathway</b> against the component elements of the optimum pathway</li> </ul>	
<ul style="list-style-type: none"> <li>Developed an <b>Evaluation Framework</b> to inform measurement of the outcomes of implementing the optimum skin cancer diagnosis pathway.</li> </ul>	

- Developed and undertook a detailed **baseline survey** to **benchmark current breast cancer supportive care services across the ICB** including an initial rating of the current delivery of core elements of supportive care within individual Hospital Trusts.



- Developed an **Optimal Model for Breast Cancer Non-Surgical Oncology Supportive Care** which was based on the 'House of Supportive Care Model'. The optimal model was developed by the project steering group with input from clinical, managerial and other staff and from a patient representative.
- Feedback on the draft optimal model was also received from a group of breast cancer patients facilitated by the Breast Cancer Now Charity which informed the production of the final version approved by the project steering group.

- **Optimal Model for Breast Cancer Non-Surgical Oncology Supportive Care** was presented to and approved by SYB Breast Cancer Clinical Delivery Group, Cancer Alliance Quality Oversight and Steering Group and Patient Advisory Board.

- Developed an **Action Plan** focussing on the elements of the optimal pathway which requires a co-ordinated response across the SYB Cancer Alliance to support implementation.
- Other elements of the optimal model will be picked up by the Hospital Trusts as part of their individual **Improvement Plans** developed as part of the current 'Breast Cancer Now Pledge Programme' within SYB Cancer Alliance.

- The **Breast Cancer Supportive Care Project Group** will continue to meet to co-ordinate and review the implementation of the action plan as well as individual 'Hospital Trust Improvement Plans.'
- The project group will report on progress with implementation to the Breast Cancer Clinical Delivery Group and Cancer Alliance Quality & Oversight Group.

- Work was initially undertaken as part of the project to explore the opportunities afforded from the use of virtual receptions to deliver person centred, remote **video consultations** and to ensure patients are offered the choice of video consultations.
- Exploratory meetings with clinical staff, Information Leads within the ICB and an external provider (OXDH) as to how the virtual consultation platform and waiting room function could facilitate increased patient access to video consultations and to improve breast cancer clinical nurse specialist input into oncology outpatient clinics.
- However, it was agreed not to proceed with this further due to:
  - on-going problems with long wait times within oncology outpatient clinics.
  - the need to align to wider ICB digital priorities and procurement processes related to virtual consultations.
- In addition, the ICB has secured funding to have dedicated breast cancer clinical nurse specialist posts at the Breathing Space Unit to ensure specialist nurse input into oncology clinics for all patients which has addressed the specific need for video consultations to support CNS input into oncology clinics.

- A number of changes have been made to **implement the Optimal Model**:
  - The ICB has secured funding for dedicated breast cancer clinical nurse specialist posts at the 'Breathing Space Unit' to ensure breast cancer specialist nurse input into oncology clinics for all patients.
  - Hospital Trusts have updated telephone answerphone messages to ensure patients are informed how and when the breast cancer nurse team will respond to their queries.
  - Hospital Trusts have reviewed current arrangements post-covid to enable patients at appointments to be accompanied by a relative/friend and improved arrangements to keep patients regularly updated on delays in waiting time when attending outpatient clinics.

- Organisations where there isn't a Metastatic CNS are looking to develop or have developed business cases for this role.
- A number of sessions of advanced communication course have been facilitated to ensure all CNS/CSW/AHP's working in cancer have access to this training (the baseline survey identified this as a training need).
- A baseline of psychological services has taken place with further work planned to improve access to these services.
- Behavioural science project to look at developing a Nudge to increase the health care staff's awareness to have the conversation with patients around Personalised Care Planning and the offer to complete a Holistic Needs Assessment.

### 3.0 Customer Feedback

Written Feedback on the outcomes of the collaborative working project and working with Sanofi has been received from:

**Georgia Thompson**, Programme Lead for the Collaborative Working Project and Associate Director of SYB Cancer Alliance:

*From beginning to end, the experience of working with Sanofi and Martin on these collaborative project pieces has been nothing but positive. In particular, the wealth of experience and knowledge that Martin has brought to both priority areas has been invaluable – and it has been great to learn from work that Sanofi is supporting elsewhere, but which has a similar focus. Across the board, Martin has enabled a methodical and structured improvement process to be undertaken – fostering excellent stakeholder engagement and relationships, utilising data to inform and shape; and producing high quality outputs which will provide robust foundations for the next phases of implementation. Both the skin and non-surgical oncology deliverables are significant pieces of work for SYB Cancer Alliance and reflect areas under considerable pressure. There is an absolute need to work differently – to employ models which optimise patient experience and outcomes whilst also making effective use of healthcare resources. The meticulous and considered way that the Optimum Skin Cancer Pathway and the revised Breast Non-surgical oncology supportive care model have come together should enable us to achieve this objective. It is testimony to Martin and his direct involvement, that we are now in a strong position to move forward and deliver real change.*

*One element that is worthy of note is the way that Martin has integrated so well with clinical colleagues (as well as the wider Alliance team). We are very sorry to be losing him and this current partnership with Sanofi. We hope, it has been a mutually supportive process and on behalf of the SYB Cancer Alliance – I would like to thank both Martin and Sanofi for affording this opportunity and enabling us to achieve our agreed objectives.*

**Michelle Fletcher**, Clinical Lead of the Breast Cancer Non-Surgical Oncology Supportive Care Project and Lead Cancer Nurse at The Rotherham Hospitals:

*Working with Sanofi and Martin on the non-surgical oncology supportive care project has been a really positive experience. When I was asked to be the Clinical Lead for this piece of work, I agreed but was out of my comfort zone. Martin's professionalism, encouragement and experience has made the process a positive learning experience for myself, and I have learned so much around project management. Most of the time we want to work on making improvements but having the time and headspace can be the challenge so having Martin's involvement to drive the project forward and get it to the place is currently sits has be invaluable. I hope we can maintain the momentum through the task and finish group to demonstrate a difference to people affected by breast cancer by implementing the action plan.*