

Clinical Services Fit for the Future Clinical Services Groups – Summary

Group: Cancer services

Date: 16 August 2012 (Half day workshop)

What was discussed?

- Predictions for future cancer trends – increasing trends
- Enhancing survival and quality of life
 - Access to highly trained and equipped specialist teams, including expert surgical treatment, centralised low volume cancers to improve outcomes and specialist unit provision for highly specialist treatments
 - Best possible targeted chemotherapy treatment with options for community administration
 - High quality and timely radiotherapy
 - Multi-disciplinary team approach to planning care
 - Rapid access and same day investigation and treatment
 - High quality and timely investigations
- Anticipated pressures/ challenges
 - Timely care for patients, recognising probable increase in demand
 - Meeting cancer target times, urgent status and referral guidelines
 - Increasing demands with fixed capacity, e.g. more patients requiring input from specialist nurses
 - Meeting waiting times and other targets
 - Changing requirements for support services, such as imaging and AHP input
- Good practice and innovation, such as telehealth and telecare
- Expected technological and treatment advances and their implications
- Patient experience and outcomes

- Workshop sessions
 - Screening and early diagnosis
 - Diagnosis and treatment
 - Chemotherapy and emergency admissions
 - Radiotherapy
 - Follow up and new interventions
 - Palliative care/ end of life care
- What changes should be recommended in each of these areas as part of the case for change?

Case for change

- Increase awareness of the importance of early detection of cancer to make this a real focus
- Avoid the risk of over screening, e.g. for prostate cancer, and over investigation, leading to over diagnosis and treatment
- Extend rapid access to diagnostic facilities, using open access where possible and co-ordinating patient pathways to provide one-stop diagnosis and treatment where appropriate
- Make best use of chemotherapy, extending options for providing chemotherapy close to home and recognising when chemotherapy is of limited benefit.
- Review the role of GPs in cancer care
- Meet all appropriate demands for radiotherapy by extending capacity and making best use of radiotherapy facilities
- Change follow-up patterns from routine hospital care to follow-up tailored to individual patient needs in terms of time and place
- Increase options for palliative care, including making home care a realistic choice for patients and families
- Improve shared decision-making and communication between clinician and patient/ carer. Adjust approach as more patients are living with cancer as a long term condition.

Next Steps

- Present the case for change at the joint event on 30 August.
- Liaise with other clinical groups on areas of overlap. In particular, the cancer group will link with the child and maternal health group on paediatric cancer services.
- Work up high level service models that would allow implementation of the case for change by December 2012.

Next meetings

24 October 2012