



GM Consolidation of Oncology Outpatient Capacity

Jackie Wrench¹, Lisa Galligan-Dawson², Sarah Lyon³

Divisional Director Networked Services, The Christie¹, GM Cancer Performance Director², GM Cancer Project Manager³

Background & Introduction

At present, The Christie employs the Oncologists delivering outpatient care for patients in GM. However, there are three oncology outpatient models in place; Christie activity delivered at Christie; Christie activity delivered in localities; activity delivered locally via an SLA with the Christie. The project aims to consolidate all oncology outpatient appointments under The Christie. Clinics will still be delivered locally, but the booking, co-ordination, management of activity and recording would be via The Christie. This will maximise utilisation, allow activity to be flexed to meet demand (convert new to follow up or vice versa), allocate extra WLI sessions to meet waiting time needs, even out waiting times, and reduce variation. In effect, it will introduce a 'single queue' approach to the allocation of Oncology slots.

Project Rationale

- Not all outpatient capacity is effectively utilised; where SLAs are in place, the waiting list for this capacity comes from one Trust only, with variable demand.
- SLAs are based on 46-week cover, due to resource limitations. During periods of annual leave of sickness, waiting times vary significantly, with no ability to prioritise across the GM region.
- Waiting times vary significantly, with no overview at a system level.

Where We Are

- Task & Finish Group that includes all Trusts that will be affected by the project set up and meet monthly.
- Each Trust is collating data on their current clinic set up and resources.
- The Christie operational, finance and digital teams engaged and meeting with each Trust individually to go through and confirm data.
- We are now in the stage of being ready to roll out at the first initial site. The project will roll out in a phased approach with a full implementation plan in place through 2023.

Proposed Pathway For Peripheral Referrals & Bookings

