

Greater Manchester Cancer Board 31st March 2025

Title of paper:	Greater Manchester Acute Oncology Transformation Strategy Phase One: Equitable Access to timely Acute Oncology (AO) senior decision-making, through provision of a daily acute oncology multidisciplinary team meeting (MDM)
Purpose of the paper:	<ul style="list-style-type: none"> To inform cancer board of the overall Acute Oncology Transformation Strategy To update cancer board on the progress with Phase One – Equitable access to daily Acute Oncology MDM To seek approval to explore feasibility of Phase Two – Equitable access to acute oncology ambulatory services
Summary outline of main points / highlights / issues	<ul style="list-style-type: none"> Cancer emergency care places an enormous pressure on NHS urgent care services and is frequently associated with poor patient experience and poor outcomes. An effective acute oncology service can significantly reduce length of stay, improve patient satisfaction and be cost saving There is variation in access to timely senior clinical decision making within the GM system and equity could be improved with the provision of a virtual daily AO MDM To futureproof urgent and emergency cancer care there needs to be equity of access to ambulatory and home-based services, such as oncology SDEC (same day emergency care) and virtual wards
Consulted	<ul style="list-style-type: none"> Service User Representatives GM Cancer Alliance AO Pathway Board AO and specialty oncologists AO nursing teams and AHP Commissioning representatives Christie executive team Urgent and Emergency Care Alignment with UKAOS
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Contents

1.0	Background and context
2.0	Key discussion points 2.1: Challenges in delivering high quality Acute Oncology care in Greater Manchester 2.2: Overview of the proposed Greater Manchester Acute Oncology 5-Year Transformation Plan 2.3: Variation in access to timely consultant-level decision-making for acute oncology patients 2.4: Progress with implementation of Phase One: Equitable access to timely clinical decision-making for AO patients via a system wide daily AO MDM
3.0	Next Steps
4.0	Recommendation, requests /support required of the Board
5.0	References

1.0 Background and Context

Acute Oncology (AO) describes a service where multiprofessional teams support the management of the complications of cancer and its treatments. AO brings together oncology, emergency care, acute medicine and palliative care services to provide a co-ordinated approach to the care of cancer patients attending as an emergency or who are admitted to hospital non-electively.

Acute cancer care represents a complex mix of emergency presentation of new cancers (more commonly at a late stage), complications of cancer therapy, and complications of cancer progression. This places an enormous pressure on the NHS urgent care services with 7.6% of all acute medical admissions being due to cancer-related issues¹.

Across data sets, between 15 and 30% of cancers in England are diagnosed as an emergency presentation and 14.9% of patients are admitted as an unplanned emergency within 30 days of SACT treatment².

In 2021/22 in England, 3.5 million doses of SACT were delivered² and this is set to increase by 6-8% per annum, whilst the oncologist workforce shrinks³. In addition to an increasing number of SACT treatments being delivered, the cancer population is aging and increasingly co-morbid and SACT regimens are increasing in complexity with challenging toxicities, so SACT delivery carries a continuously increasing risk of complications.

Emergency cancer admissions are frequently associated with disjointed care, delays in decision-making, poor patient experience and poor outcomes^{4,5}.

An effective acute oncology service (AOS) can significantly reduce length of stay, improve patient satisfaction and be cost-saving^{6,7,8}. Reducing variation in AO service provision across the system will reduce demand on emergency departments and inpatient beds.

2.0 Key Discussion Points

2.1 Challenges in delivering high quality AO care in Greater Manchester

When considering AO services, patients are broadly described in the following groups:

- Type 1 AO patient: First diagnosis of malignancy through emergency pathways
- Type 2 AO patient: Emergency presentation with the complications of anti-cancer treatment
- Type 3 AO patient: Emergency presentation with the complications of the cancer itself, including disease progression

In addition to the national challenges described in section 1.0, clinicians have identified additional barriers to providing equitable care for AO patients in Greater Manchester:

- Acute oncologists' job plans generally consist of a majority of clinical or medical oncology sessions in site-specific specialties, with a smaller number of sessions dedicated to providing acute

oncology services. Oncologists are not based in acute hospitals and only visit 1-2 days/week at some sites.

- When cancer patients are admitted there can be a lack of clarity on clinical 'ownership' of these patients, particularly if there is a cancer of unknown primary, multiple sites of primary and metastatic disease, or when non-cancer comorbidities cause medical emergencies alongside cancer treatment complications or cancer progression. This lack of ownership can be a barrier to timely-decision-making and high quality care.
- AO services have historically been based on an inpatient service model through A&E, but there is evidence that many acute oncology patients, particularly type 2 patients, can be safely treated in an ambulatory setting for complications including low risk febrile neutropenia, incidental pulmonary embolism, malignant hypercalcaemia and other electrolyte abnormalities, chemotherapy induced nausea and vomiting, platinum related acute kidney injury, and immune-oncology therapy related toxicities such as hypophysitis (inflammation of the pituitary gland).
- The current ambulatory unit at The Christie main site cannot meet demand for the whole system and patients may not be able, or willing, to travel to The Christie for ambulatory care, reporting instead to their local emergency department due to personal, geographical or financial circumstances.
- Some acute oncology patients, particularly type 3 patients, do not need an inpatient admission but are too unwell/frail to manage in the ambulatory setting and care at home through a virtual ward type arrangement would be the preferred option for many such patients.

2.2 Overview of the proposed Greater Manchester Acute Oncology (AO) 5-Year Transformation Plan

PHASE ONE: **Provide system-wide equitable access to timely clinical decision-making for AO patients**

To address the inequitable access to consultant level decision making, a pan-GM (including East and Mid Cheshire) daily virtual AO MDM is proposed.

Virtual 'consultant-by-the-bed' reviews may be considered following service user consultation.

PHASE TWO: **Provide system-wide equitable access to ambulatory care for AO patients**

Expand Christie-run oncology same day emergency care (SDEC)/ambulatory services across GM.

A collaborative approach with The Christie NHS Foundation Trust, Urgent and Emergency Care and GM Cancer Alliance will be required, with involvement of commissioners and service users, to develop an options appraisal.

Options that could be considered would be an expansion of the current ambulatory Christie service (potentially at different geographical locations) or upskilling of current locality same day emergency care (SDEC) to manage appropriate oncology patients. A stratified model of care could be considered with different levels of risk being stratified to different SDEC services.

PHASE THREE: Provide system-wide equitable access to home-based care for AO patients

Develop pan-GM home-based acute oncology care, including visits from clinical staff, home infusions, remote monitoring, blood tests.

Explore feasibility of providing system-wide acute oncology virtual wards.

2.3 Variation in access to consultant-level decision-making for acute oncology patients

A 2024 AO staffing survey undertaken by the GM Cancer Alliance AO Pathway Board identified that:

- The median (range) number of acute oncology consultant PAs/week/100 in-patient beds for the acute trusts in GM and Cheshire is 0.49 (0.08-1.19)
- This equates to 2hrs per week/100 inpatient beds, usually delivered over 1 or 2 days of the week
- There is no cover for AO consultants' absence due to planned or unplanned leave, resulting in nurse-led AO services in the acute trusts having no dedicated senior AO decision makers
- This is a particular problem in the acute trusts outside of central Manchester, leading to an inequity of care provision

There is variation in the current provision of a consultant-led AO service within the system, with:

- 7-day cross-site service at MFT, however, there is a lack of cover for planned and unplanned leave
- 5-day service with pilot at Mid and East Cheshire, with a lack of cover for planned and unplanned leave
- < 5-day service at other acute hospitals

2.4 Progress with implementation of Phase One: Equitable access to timely clinical decision-making for AO patients via a system wide daily AO MDM

The Cancer Alliance has funded the resources required to pump-prime the system-wide implementation of daily AO MDMs. All funding has been transacted in 2024/25 and will not impact on the 2025/26 budget.

- Leadership (roles not expected to be required long term)
 - AO consultant clinical lead time – 2hrs/week
 - AO nursing clinical lead time – 2 hrs/week

- Project management provided by NHSTU (NHS Transformation Unit), including health economics modelling
- Additional workforce
 - 1 WTE AO MDM co-ordinator
 - No additional funding is required for oncologists as this is covered by the existing SLA between acute trusts and The Christie NHS Foundation Trust
- Digital infrastructure
 - Software – funding has been provided to backfill a business analyst role within the Christie business intelligence team to allow a thorough exploration of software options (including a self-build within CWP) to support system-wide MDM patient tracking and communication of MDM outcomes
 - Hardware – iPads and headsets have been provided for AO CNS teams in acute NHS trusts to enable engagement with the virtual daily AO MDM and facilitate virtual ‘consultant-by-the-bedside’ reviews of admitted patients as required
- Communications
 - Resources developed to promote the AO MDM to the workforce and patients
 - Three 90 second animations and three infographics
 - Assets developed with AO clinical leadership and consultation with the AO CNS Forum and a patient expert advisory group
- Education and training
 - 4 face-to-face education sessions planned for 2025/26 to support AO nursing teams transition to the new way of working

3.0 Next Steps in Phase One Delivery

Apr – May 2025:	Complete development of communication assets and circulate prior to go live date
Apr – Sep 2025:	Plan for digital sustainability with support from The Christie BI team
May – Oct 2025:	Roll-out of system-wide daily AO MDM to all trusts, onboarding trusts in phases to allow for education of involved clinical teams and for locality concerns to be addressed by the AO transformation leadership team and the MDM coordinators
Dec 2025:	Report outcomes to Cancer Board, including economic analysis
2026/27:	If economically viable, transition to BAU

4.0 Support required from Cancer Board

- Approve ongoing roll-out of Phase One
- Cancer Board to advise on further stakeholder involvement regarding oncology SDEC and virtual ward engagement
- Support of Cancer Board requested to develop an options appraisal for Phase Two for stakeholder consideration
- Approval to stand-up an executive-level oversight group to ensure inter-organisational alignment

5.0 References

1. Society for Acute Medicine Benchmarking Audit (SAMBA) 2022
2. Data from SACT Clinical Reference Group Specialist Services Quality Dashboard 2021/2022
3. Royal College Radiologists Workforce Census (2023)
4. NCEPOD (2008) "For Better, for worse? A review of the care of patients who died within 30 days of receiving systematic anti-cancer therapy"
5. Cancer Patients in Crisis: A joint working party report from the Royal College of Physicians and Royal College of Radiologists (2013).
6. J King, C Ingham-Clark, C Parker, *et al.* Towards saving a million bed days: reducing length of stay through an acute oncology model of care for inpatients diagnosed as having cancer *BMJ Qual Saf*, 20 (2011), pp. 718-724
7. HL Neville-Webbe, JE Carser, H Wong, *et al.* The impact of a new acute oncology service in acute hospitals: experience from the Clatterbridge Cancer Centre and Merseyside and Cheshire Cancer Network *Clin Med (Lond)*, 13 (2013), pp. 565-569
8. HL Neville-Webbe, H Wong, E Marshall Patterns of acute oncology admissions: an exploratory analysis of over 7000 patient episodes *Postgrad Med J*, 92 (2016), pp. 649-652