



**Greater Manchester**  
Cancer Alliance

# Greater Manchester Acute Oncology 5 Year Transformation Plan

## Phase One: System Wide Daily Virtual Acute Oncology MDM

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[gmcancer.org.uk](http://gmcancer.org.uk)

# Acute Oncology (AO) Background

**Acute Oncology – Multiprofessional teams supporting the management of the complications of cancer and its treatments**

## **Type 1 AO patient**

**New diagnosis of malignancy through emergency pathways. More likely to present with metastatic disease<sup>1</sup>**

## **Type 2 AO patient**

**Emergency presentation with the complications of anti-cancer treatment (ACT)**

## **Type 3 AO patient**

**Emergency presentations with the complications of the cancer itself**

***In 2021/22 in England, 3.5 million doses of SACT were delivered<sup>2</sup> and this is set to increase by 6-8% per annum, whilst the oncologist workforce shrinks<sup>3</sup>***

***Cancer population aging and increasingly co-morbid and SACT regimens are increasing in complexity with challenging toxicities***

***14.9% of patients are admitted as an unplanned emergency within 30 days of SACT treatment<sup>2</sup>***

***7.6% of all acute medical admissions are due to cancer-related issues<sup>4</sup>***

***AOS can significantly reduce length of stay, improve patient satisfaction and be cost-saving<sup>5,6,7</sup>***

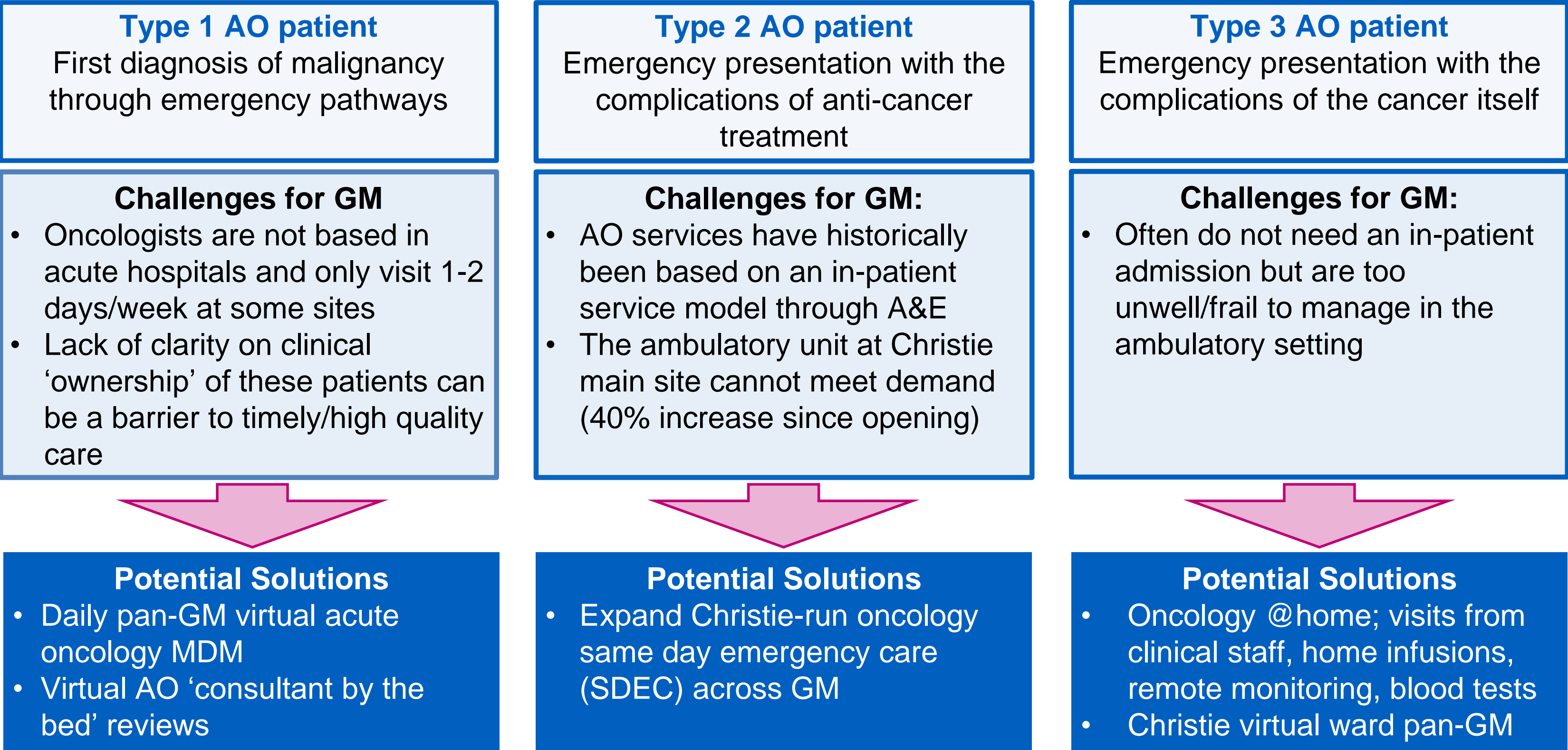
***Many admissions avoidable with timely access to cancer specialists/ SDEC/ ambulatory pathways***

### References;

1. Cancer Patients in Crisis: A joint working party report from the Royal College of Physicians and Royal College of Radiologists (2013). 2. Data from SACT Clinical Reference Group Specialist Services Quality Dashboard 3. Royal College Radiologists Workforce Census (2023) 4. Society for Acute Medicine Benchmarking Audit 2022 5. 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 6. 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. 7. 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



# Acute Oncology 5-Year Transformation Plan Overview



# Phase One: System-wide Daily Virtual AO MDM

## Background and Current Service Provision

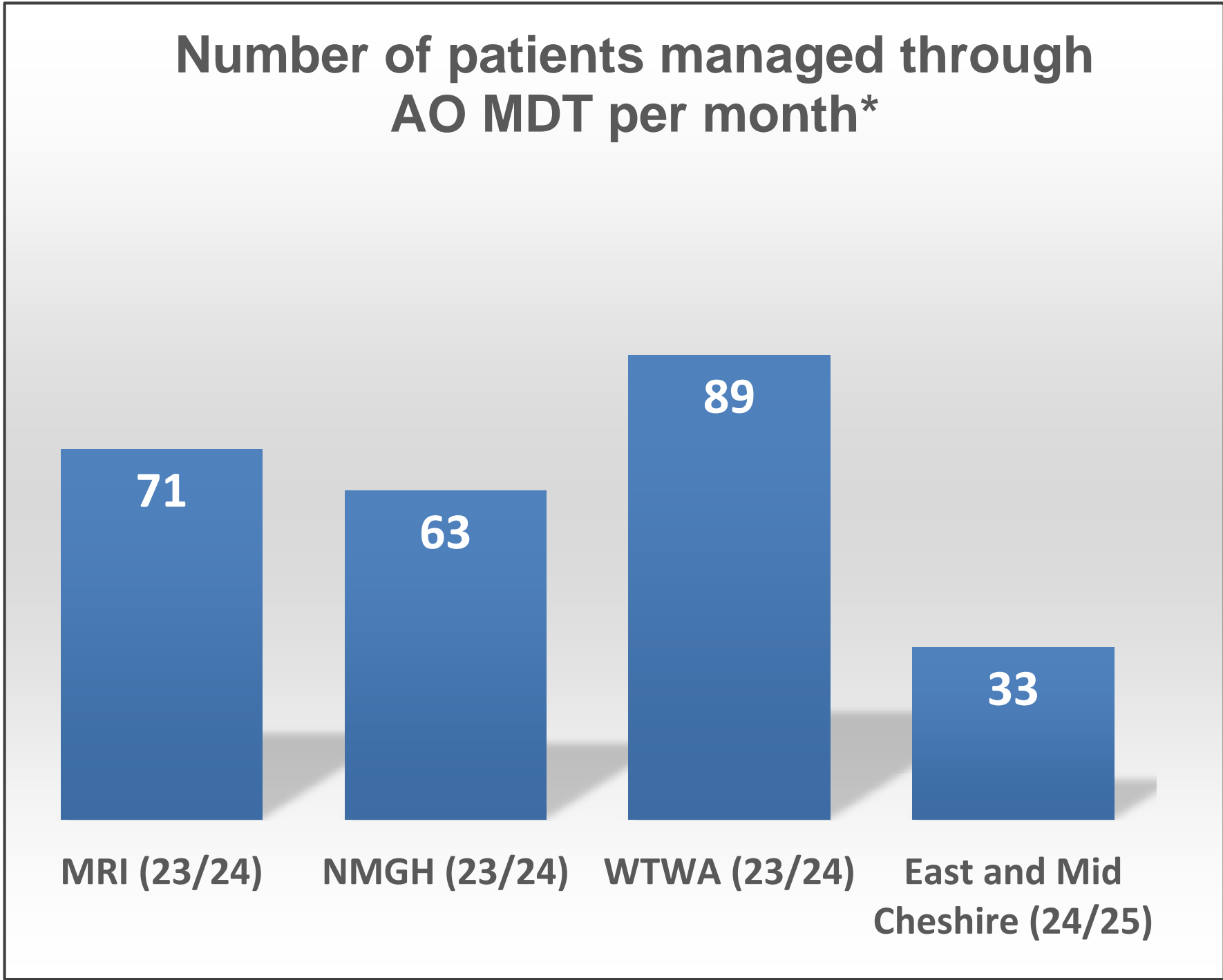
- **2024 AO staffing survey undertaken by the GM Cancer Alliance AO Pathway Board**
  - The median (range) number of acute oncology consultant PAs/week/100 in-patient beds for the acute trusts in GM and Cheshire is 0.49 (0.08-1.19)
  - This equates to 2hrs per week/100 inpatient beds, usually delivered 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
- **Current position for AO consultant-led service**
  - 7-day cross-site service at MFT (lack of cover for leave)
  - 5-day service with pilot at Mid and East Cheshire
  - <5-day service at other acute hospitals

**Not an equitable or reactive service that can support timely decision-making for unplanned emergency cancer care**



# Phase One: System-wide Daily Virtual AO MDM

## Current Service Provision



\*Unverified and unpublished departmental audit data

### Outcomes from the East and Mid Cheshire Pilot

Average (range) length of AO MDT meeting = 38 minutes (4-60)  
– scope to extend this MDT to include another 1-2 acute trusts

Development of relationships between AO CNS teams in different trusts

100% of site-specific oncology consultants think the AO MDM supports management of AO admissions and 100% want the AO MDT to continue

Supports timely and knowledgeable management of IO toxicity

50% of site-specific oncology consultants reported a reduction in e-mails regarding acute patients

Positive learning opportunity for CNS, ACP, resident doctors, PA





# Phase One: System-wide Daily Virtual AO MDM

## Resources

- Pump-prime funding by Cancer Alliance
  - Clinical Lead
  - Nursing Lead
  - Project Management via NHSTU including health economics modelling
  - MDM Coordinator
  - Hardware
  - Software development in collaboration with Christie BI team
  - Comms and education for staff and patients
- AO SLA agreement already in place between acute trusts and the Christie

## Stakeholder Engagement

- Service User Representatives
- GM Cancer Alliance AO Pathway Board
- AO and specialty oncologists
- AO nursing teams and AHP
- Commissioning
- The Christie Exec Team
- UEC
- Launch Meeting for AO teams 21<sup>st</sup> March 2025
- Alignment with UKAOS

**A New Acute Oncology Service.**

Every hospital with an A&E across Greater Manchester and Cheshire has a Nurse led Acute Oncology Service.

These Acute Oncology Nursing specialists offer urgent cancer care advice, and support managing the complications of cancer and its treatment.

**Supported by Christie Consultant Oncologists**

Acute Oncology Nurses are now supported daily (Mon-Fri) by a Christie Consultant Oncologist specialising in cancer emergencies.

This support is provided face to face or through a newly launched lunch time virtual Multidisciplinary Team Meeting.

**With Access to Senior Oncology Advice**

If you require senior cancer specialist advice about your patients, ask your Acute Oncology Nurse to discuss with a Christie Consultant.

**Who can access this service?**

This new acute oncology service, can offer daily advice (Mon-Fri) on the following acute oncology patients:

- Type 1 — A new diagnosis of cancer as part of an unplanned emergency admission
- Type 2 — A complication of cancer treatment
- Type 3 — A complication of the cancer itself

**Find out more:**

Further help and resources are available via the Acute Oncology Passports. Scan the QR code to find out more.

Get in touch: [gmcancer.admin@nhs.net](mailto:gmcancer.admin@nhs.net)



# Next Steps

## **Phase 1: Pan-GM Daily AO MDM**

- Continue roll-out of system-wide daily AO MDM
- Ensure BI sustainability with support from the Christie BI team
- Return to board with outcomes including economic analysis

## **Phase 2: Oncology Ambulatory Care**

- Cancer Board to advise on further stakeholder involvement
- Ask of Cancer Board to approve options appraisal development for stakeholder consideration
- Consider executive-level oversight group to ensure inter-organisational alignment

## **The GM AO 5 Year Plan sits alongside the GM Cancer Alliance Metastatic Strategy**

- Presentation to Cancer Board postponed due to other competing pressures
- Overview included in slide deck for information
- The Cancer Alliance will proceed with those projects that can be delivered with no additional resources
- Presentation with patient story at next Cancer Board

