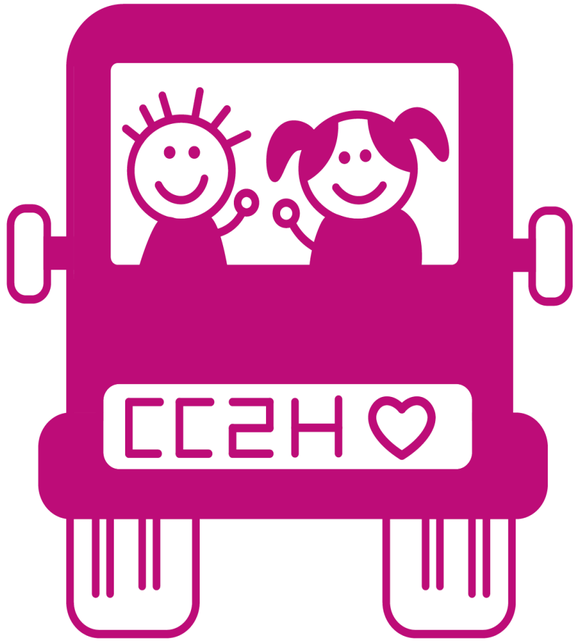
North West Children's Cancer Operational Delivery Network

care closer to home



Project Submission:

- Collaborative approach across systems to consider a project within Children's Cancer services.
- Completed an application bid and applied via Cancer Alliances.
- Domain of interest within bid criteria: **Personalised Care & Innovation**

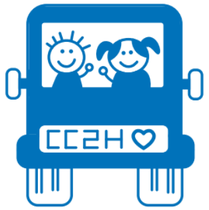
Home Care Team

Mobile Unit

Project Aim:

- An **increase focus** on **supportive care and chemotherapy** closer to home either in the home environment or on the mobile cancer care unit.

Home Care Team



Mobile Unit

KEY FOCUS POINTS

Personalised Care & innovation
Equity of care
Access
Reduce travel impact and financial costs (to service users)
Capacity within PTCs
Feasibility and impact of model

MEASURES

***evaluation plan**

Patient Reported Outcomes & Experience Measures (PROMs and PREMs)
Quality of Life (QOLS)
Wait Times
Daycase Activity
Travel Times & Cost for Families
Staff Experience
Safety & Quality of Service Provision

PHASE ONE

Phase 1 runs across the **initial 6 months** from the Go Live Project date (Nov2024).

The planning phase will ensure adoption of a **co-designed, collaborative approach.** Involvement of professionals, and service users (Patients & Families) is essential throughout, and especially during the planning phase

A **methodical and structured** approach to the project is required to ensure we successfully deliver on the **aims** and objectives. The co-leads will bring their knowledge and experience of **project management** and **service development,** to aid direction. Recognition of the wider team's specific clinical and operational **knowledge, skills, strengths and ideas** is crucial.

The planning phase will involve a **breakdown of the deliverables, timescales and identification of interdependencies w**hich will all be categorised via workstreams.

PHASE TWO

Phase 2 is based around the **delivery of a home care team**.

Phase 2 runs over a **total of 12 months**. There will be a cross over of 6 months whereby Phase 2 and Phase 3 run concurrently.

The home care team provides the opportunity for allocated patients to receive a variety of treatments at home and potentially reduce the need for hospital attendance and overnight stays.

PHASE THREE

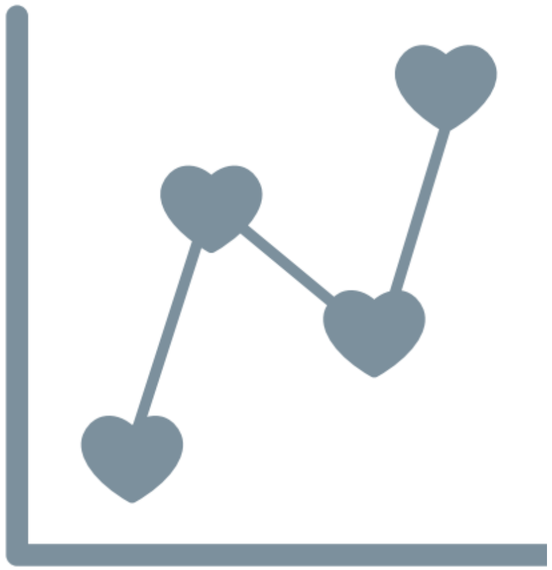
Phase 3 commences towards the **latter end of the overall project** and will run over a **6-month timeframe.**

Phase 3 **introduces the use of a Mobile Cancer Care Unit** for children as an innovative idea, which for a region where distance is significant, may prove hugely valuable in terms of **travel impact and patient experience**.

The Mobile Cancer Care Unit will be a **collaborative service model with Hope for Tomorrow Charity**. This option opens the scope to a mobile cancer care unit whereby we can carry out pre-treatment bloods, symptom management assessments, specific chemotherapy regimens, immunotherapy, central venous access device care and dressing changes, holistic needs assessments, collection of oral medication and late effects support.

Mobile Cancer Care Units are **used within diagnostics and treatment** services nationally **within Adult Services** for delivering care closer to homes and in local communities. The **transferrable learning** will influence the success of this delivery model into Paediatrics. There is an **opportunity to shape the model to fit the needs of our unique population and their families**.

EVALUATION



Service development evaluation will be an **ongoing process** that will help ensure the **effectiveness**, **efficiency** and **sustainability**. It will **guide future decision making**.

By **evaluating from the onset,** with a specific focus on the services within this project (**Phase 2 and Phase 3**), we can be guided in refining service delivery, optimising resource, enhancing the experience of care of patients and families, and ultimately **shape the future development** of the initiative to meet both the **service users needs**, and **align with the national specifications and policy**.

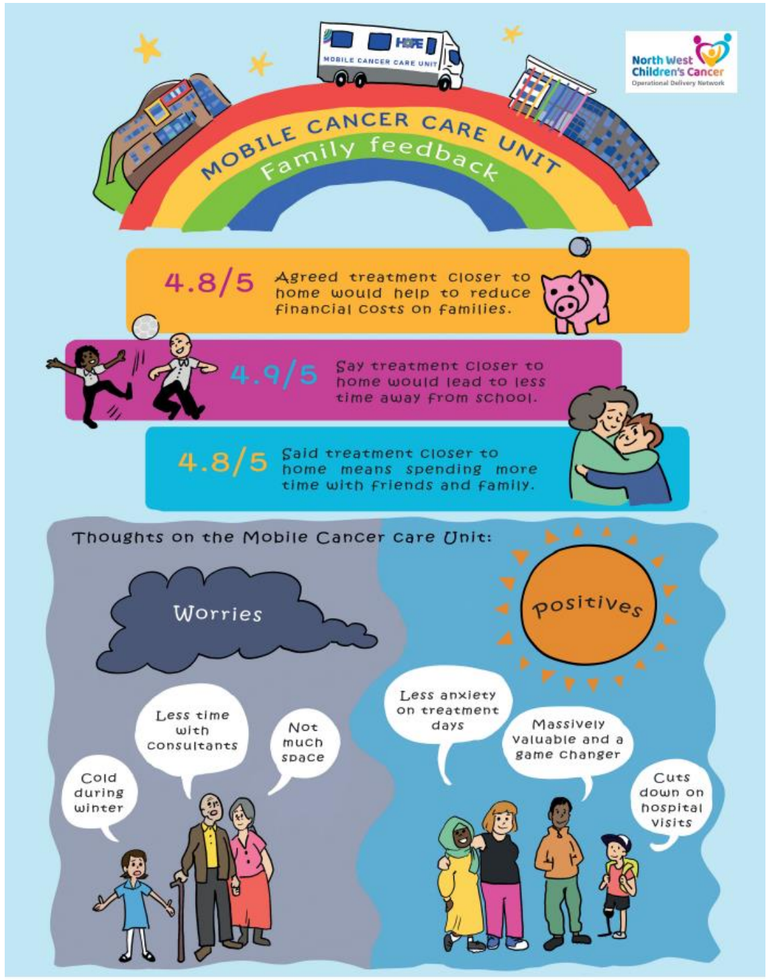
There will be a **formal evaluation and write up** at the **end** of the 18months; which will be **led by the Research & Evaluation sub-group**.

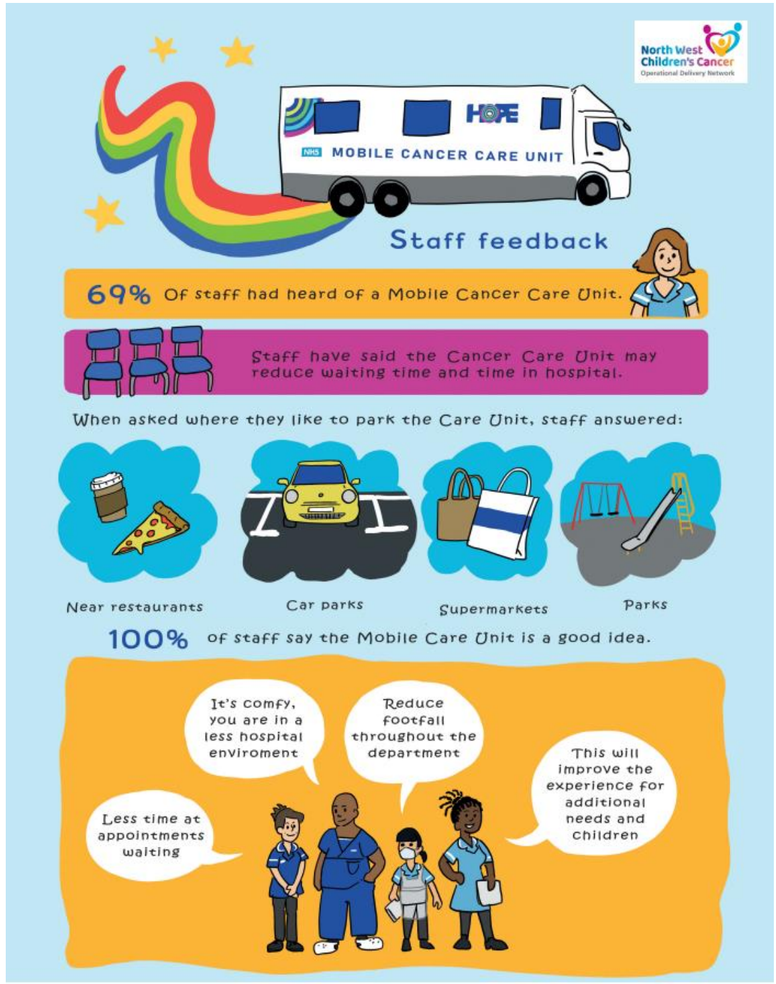
Service Development Model

Project management	Co-ordinating all the other workstreams, project management ensures the cadence and rhythm of all actions towards a successful mobilisation. This can mean problem solving, prioritisation, escalation and derogation of scope.
Clinical model and service design	The **clinical model** shows the step-by-step process for each individual patient and details the individual assessments tests, treatments and key milestones. The **service design** shows our practice to deliver the pathway (eg. the clinic frequency, which wards, how referrals are received and so on)
Capacity model	Based on the clinical model, the capacity model aggregates the individual tasks to determine the total capacity needed of the service in terms of physical spaces and time of personell. This is just a quantification – planning to deliver these comes in below workstreams.
Workforce design, recruitment, training	With a quantification of WTE from the prior workstream, this re-appraises workforce design to consider broader support, skills mix for a rounded team, how it fits with existing workforce, ongoing sustainability including career progression. With a final design, each role is given a recruitment plan and training needs identified and delivered.
Digital and data	Following a clear clinical and workforce design, assessment is taken of any hardware, software and data processing requirements. Clear plans for recording activity and evaluation are made – including design of the data set and systems for storing.
Estate and infrastructure	Both patients, families and staff will require accommodation and wider physical support. This workstream considers the environment and equipment (eg. the clinic/ward, offices, laptops for staff)
Finance and contracting	Using information from all workstreams, this is where financial control is maintained. It appraises all the expected costs, evaluates this versus available budget, income sources, managing risks, and plans for surplus/deficits. This workstream also includes all contractual agreements (such as commissioner contract, grant terms and conditions)
Comms & Engagement	The comms workstream ensures all stakeholders receive and provide the correct information at the right time.

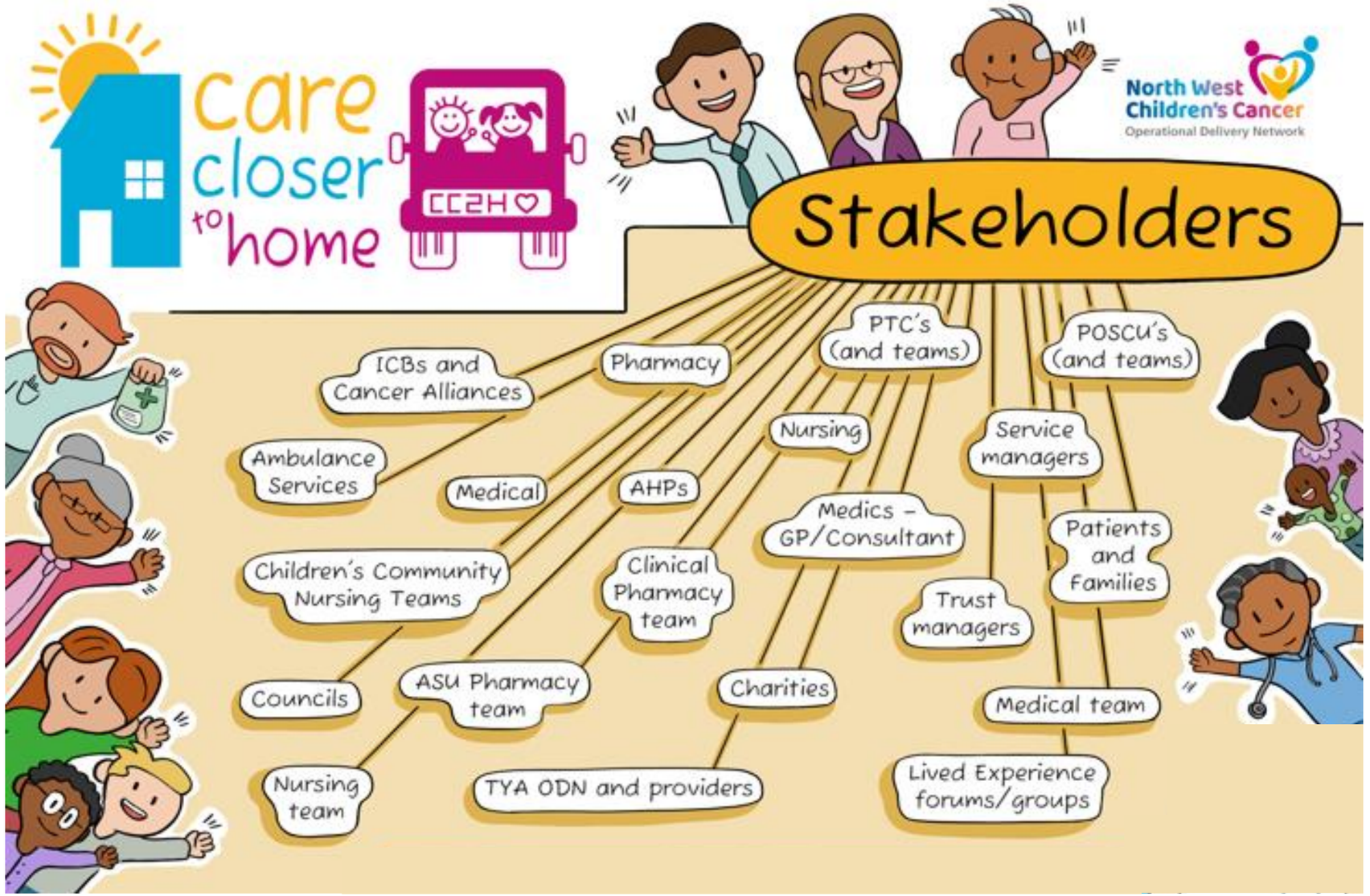
Wood, 2023

Feedback from Mobile Unit Visits





Feedback from professional workshops



Scope & Inclusion

CRITERIA:

Children and TYA patients receiving planned day case cancer care from the NWCCODN region

+

Patients receiving identified regimens and interventions to be specified during planning phase

Options to consider:

- Pre-Treatment Bloods
- Blood review pathway (mobile point of care testing)
- Day Case interventions
- Bolus chemotherapy
  - Cytarabine
  - Vinblastine
  - Vincristine
- Central Line Care and dressing changes
- Hydration fluids
- Ambulatory Care provision
- Education and training
- Holistic Care Needs Assessments
- Specific clinical reviews
- Symptom Management
- Virtual Appointments

Considerations during planning:

- Current Activity
- Map current Children's Community Nursing Team (CCNTs) provision regionally and compliment existing structures Recognise and continue PTC (Principal Treatment Centre) and POSCU(Paediatric Oncology Shared Care Unit) collaboration
- Potential new pathways
- Patient flow
- Principles of patient review
- Trust and confidence in families
- Safety and escalation pathway
- Workforce and skill mix
- Training and development of workforce
- Access to Allied Health Care (AHPs) professionals

Key priorities

- Project Management
- Clinical Model and Service Design
- Workforce design, recruitment, training
- Capacity Model
- Data & Digital
- Comms & Engagement
- Estates & Infrastructure
- Finance & Contracting

Thank you for reading!

Any questions?

Get in touch….

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