



A service development and innovation proof of concept within Children's Cancer Services.

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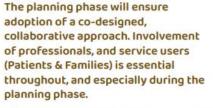
Project Summary

The Care Closer to Home Innovation & Service Development for Paediatric Oncology Services – Proof of Concept project aims to increase focus on the delivery of supportive care and chemotherapy closer to home, either in the home environment or via the Mobile Cancer care Unit at a location close to the patients home. These specialist services will be delivered whilst maintaining safety and ensuring equity of access to specialist services.

PRE-PLANNING

PHASE ONE

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



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.

The North West Children's Cancer Operational Delivery Network are motivated to enhance access and experience of care for children with cancer across the region.

The team submitted a bid to the regional Cancer Alliances to deliver care closer to home and the project was born. The Pre-Planning Phase encompasses the time between the bid acceptance and the formal start of the project. This time was vital in building momentum, relationships and ensuring the team had the resources in place to launch the project.

In the Pre-Planning Phase the team laid down the foundations for the project by creating a Project Initiation Document and establishing a Communications Sub-Group. 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 dentification of interdependencies which will all be categorised via workstreams. The workstreams for the service development approach are:

- Project Management
- Clinical Model & Service Design
- Capacity Model
- Workforce Design, Recruitment & Training
- Data & Digital (including Research & Evaluation)
 - Estates & Infrastructure
 - Finance & Contracting
 - Comms & Engagement





PHASE TWO



Planning 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.

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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.

Methods for evaluation will consider the below:

- Qualitative Methods
- Quantitative Methods
- Benchmarking
- Cost-Benefit Analysis
- Surveys and Questionnaires on service quality, effectiveness and satisfaction

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.

This project is in collaboration with:





Greater Manchester

Cheshire and Merseyside Cancer Alliance





Get Involved

Project updates and involvement will come through the ODN working groups and via patient and family engagement.

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North West Children's Cancer Operational Delivery Network

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