Evaluation of the Macmillan Integrated Cancer Care Programme

Executive summary pull-out – key headline findings

October 2018

The Macmillan Integrated Cancer Care Programme and Evaluation

The Macmillan Integrated Cancer Care Programme (MICCP) at Cambridge University Hospitals Foundation Trust (CUHFT) is funded by Macmillan Cancer Support and delivered primarily at Addenbrooke's Hospital. The programme began in 2015 and Macmillan funding ends in December 2018. The programme aims to improve cancer care, by risk stratifying pathways of care for people affected by cancer (PABC) and embedding elements of the Recovery Package – specifically, electronic Holistic Needs Assessments (eHNA) and Care Plans, Treatment Summaries, Exercise Referrals and Health and Wellbeing (HWB) events. The evaluation was commissioned to provide an independent formative, summative and economic assessment of the MICCP, and ran from May 2017 to June 2018, concurrent with MICCP implementation.

The MICCP was a direct response to the rising demand for cancer care and the wider policy context. Patient numbers continue to increase, with a predicted ongoing annual increase in CUHFT's cancer patients of 7%.

Evaluation findings – progress and implementation

By March 2018, a total of **20 pathways were mapped and risk stratified** across all cancer sites. Clinics were undertaken via a mixture of telephone-based, face to face and holistic approaches. Risk stratification requires relevant clinicians at the sites to collaborate to make shared-decisions around care. As a result, maintaining momentum was a challenge, exacerbated by turnover, capacity squeezes and pathway variation.

The most widely-delivered element of the Recovery Package was the eHNA, with **843 eHNAs taking place**. PABC agreed that **the eHNA was a valuable tool supporting different conversations** with clinicians. Divergent views persist regarding the best timing for the intervention however.

There were **666 Care Plans generated** up to November 2017. Stakeholders agreed that Care Plans were useful for PABC, particularly in providing contact details for queries or concerns, and detailing symptoms to look for, supporting PABC to self-manage and take control over their care.

Referrals to two exercise schemes were key successes of the MICCP. This included the REACT programme delivered by a CUHFT Senior Physiotherapist, and a scheme delivered through a partnership established with Cambridgeshire County Council. PABC feedback was extremely positive.

The MICCP team designed a **learning and development programme** for the workforce within the CUHFT Cancer Directorate. The training was advertised to all staff groups across all cancer sites. The majority of the 21 participants were from nursing and AHP roles; no medics attended.

Whilst some good progress was made, **changes to IT took significant time** to be approved, followed by a secondary lag before implementation. Systemic delays to implementing IT builds had a significant knock-on impact on the MICCP team's ability to progress certain aspects of the Recovery Package.

The impact of the MICCP

The MICCP sought to increase the opportunities for PABC to express their needs, improve the quality of conversations, provide tailored information and improve the overall experience of care. The MICCP:

- Gave PABC the opportunity to express their holistic needs
- Supported PABC and clinicians to have new and different conversations
- Supplied information to help PABC to self-manage
- Improved the overall PABC experience
- Provided follow up care which PABC found to be more convenient and less stressful
- Built the knowledge, skills and confidence of the workforce
- Encouraged the new skills to be put into practice
- Improved coordination of patient pathways
- Improved relationships between PABC and healthcare and support services
- Improved capacity across the system.

Key learning

1. **Prioritise quick wins:** By prioritising who to work with, where to work and the specific areas of focus, the MICCP trialled and tested activity, generating learning to inform wider roll out.

2. **Adopt a fluid approach:** The MICCP team re-prioritised and changed focus when needed, depending on momentum and capacity at that particular moment.

3. **Recruit a project team with a 'can do' approach:** Recognising the pressures and competing priorities facing key stakeholders, the MICCP team took on a variety of tasks to support implementation, from basic administration through to high level influencing. This flexibility was key.

4. **Influence:** The MICCP team networked through formal channels internally and externally, and encouraged engaged stakeholders (such as CNSs) to champion the work within and across sites.

5. **Be realistic about the pace of change:** Recognising the scale of the challenge was vital in managing stakeholder expectations.

6. **Recruit engaged clinicians:** Take early steps to engage those with the authority, capacity and skills needed to unite and enthuse colleagues around a shared vision and new ways of working.

7. **Consider how volunteers can play a role:** For example, in providing low level support.

8. **Engage the local Macmillan GP**: They can provide peer credibility and understanding of the context.

9. **Ensure a fully resourced programme team:** Across the whole period of delivery, able to pick up different levels of activity across multiple cancer sites and stakeholder groups.

10. **Prioritise and trial new ways of working on a site by site basis**: This can prove key, rather than attempting to drive through all activities at the same time.

11. **Collect meaningful PABC experience data at every opportunity where appropriate**: e.g. risk stratified clinic feedback, and use this to inform revisions and refinement to the model.

12. **Consider IT implications and build these into the work plan:** Specifically prioritising activities or workstreams that will help to generate 'quick wins'.

The MICCP is a key part of the wider strategy to improve cancer care and coordinate pathways, and there remains work to do at cancer site, service and system levels. Funding has been provided to sustain the programme, indicating the value placed on the new ways of working by local commissioners. Embedding the model as 'business as usual' offers potential for further benefits to emerge.