

Reducing Time to Treatment Administration (RTTA)

A Joint Working Project between the Northern Centre for Cancer Care (NCCC) as part of The Newcastle upon Tyne Hospitals Foundation Trust (NuTH) and Bristol Myers-Squibb Pharmaceuticals Ltd (BMS)

Executive Summary

Project Background

In recent years immuno-oncology therapies (I-O therapies) have been utilised providing additional anti-cancer benefits to patients who previously had limited treatment options available to them. These therapies represent a 'breakthrough' in cancer therapy and have had the potential to change the way many forms of cancer are treated. The use of I-O therapies is expected to have major implications on cost and resources as well as impact on outcomes for patients. In turn, this is likely to put pressure on a cancer service's ability to meet governmental standards. At an early stage of development, the NCCC senior management staff predicted considerable pressure on the resources required to manage this patient cohort safely.

In terms of future service requirements, it was anticipated that there will be an increase in the numbers of systemic treatments that will be administered with the introduction of these drugs because of the following considerations;

1. The dosage schedule involves frequent administrations (every two or three weeks);
2. An increase in the number of patient who may be eligible for I-O Therapy
3. A proportion of these patients may survive for longer with the introduction of these agents into the treatment pathway
4. Some patients may remain on I-O therapy for indefinite periods of time.

A key predicted concern was the increased requirement for available oncologist, nursing and pharmacy time required to safely manage this patient population over time.

Project Objectives

The aim of the project was to maintain or reduce the time between decision to treat and the time to administration of anti-cancer treatment, in the face of the expected increase in patient numbers and demand on services, resulting from implementation of I-O therapies, both in the short term and a longer time frame (2021). This was done by evolving the current 'treatment administration' service to maximise the efficiency of process, staff skills, staff resource, estates, to design and plan a high quality and potential patient focused service configuration that can reduce current time to administration and manage any increase in the capacity of patients being treated with I-O therapies.

Project Structure and Deliverables

Workstreams

The project had six workstreams defined by the project board:

- Workstream 1 - Communication
- Workstream 2 – Stakeholder Engagement
- Workstream 3 – Patient Perspective
- Workstream 4 – Healthcare Professional Perspective

- Workstream 5 – Data Capture/Analysis
- Workstream 6 – Stakeholder Workshop

Constituent Activities

- Data Capture/Analysis
 - Post Code Analysis
 - 31 Day Target Analysis
- Healthcare Professional Perspective:
 - 19 Face to Face interviews were completed
- A Stakeholder Workshop was held:
 - For key stakeholders to validate the insights and feedback (issues and opportunities) gleaned from the Healthcare Professional perspective.
 - To refine a set of high impact actions (expressed as short term easy wins and longer-term proposals), to help towards achieving a pathway that would maintain or reduce the time between decision to treat and the time to administration of anti-cancer treatment.
- Patient Perspective:
 - 13 patients completed the self-report survey
- A Project Report that will cover:
 - The current RTTA pathway
 - The effectiveness of information sharing and communication between HCPs
 - The quality and accessibility of information recorded throughout the services which would assist in the assessment of service effectiveness
 - Areas of effectiveness which could be used to create best practice as part of a new more efficient patient pathway

Proposals

There were four proposals that emerged following the stakeholder workshop (two short-term and two longer term);

Short Term Proposals	Treatment Efficiencies for Chemotherapy within Freeman Example <ul style="list-style-type: none"> • Patient pathway re-design to incorporate out-patients from presentation to treatment administration • Primary Care and Blood Tests
	Scheduler Communication/Standard Operating Procedures Example <ul style="list-style-type: none"> • Standardising communication between doctors and schedulers • Mapping out current scheduler process and creating a SOP
Longer Term Proposals	Improved use of Satellite Clinics Example(s) <ul style="list-style-type: none"> • Decisions/Pathway/Communication around where patients get treated • Rebranding of Clinics/Features and Benefits of different clinics
	IT Solutions Example(s) <ul style="list-style-type: none"> • Proactive contact with patients • Evolving Chemo care to be more fit for purpose and avoid duplication