Cancer Support Worker Case for Change

Wessex Cancer Alliance

Case for Change for the Cancer Support Worker Role

Contents

1. Document Aim

This document provides a rationale for the Cancer Support Worker roles who are employed by secondary care providers in the Wessex Cancer Alliance. Some of the these roles have been introduced using short term NHS transformation and voluntary sector funds. In order to support long-term funding of the roles in the, Wessex Cancer Alliance commissioned NHS South, Central and West Commissioning Support Unit to build an economic and quality case for change.

In addition, there is an accompanying document provided which is designed to provide tips and resources to achieve successful business cases that can be used across Wessex.

2. Executive Summary

Investment Objective: Improved Patient Outcomes through Outpatient Redesign

Cancer Support Workers providing personalised care interventions enable a greater number of patients to move to self-managed follow-up pathways. The resulting release of outpatient appointments improves patient outcomes and experience, and contributes significantly to outpatient redesign, which is essential to support COVID-19 recovery.

Cancer incidence is increasing nationally and locally. There are significant numbers of new cancers being diagnosed in people aged 65 and over, many of whom have associated co-morbidities. Cancer patients often report significant unmet needs, and there is the additional short fall in the cancer-nursing workforce available to meet these needs. This results in increased costs of delivering cancer services and poor outcomes for patients.

In order to deliver effective and efficient cancer care there is a requirement to move away from acute and episodic care towards a holistic and personalised approach that is well coordinated and integrated. This is essential with the move to a system-wide outcomes based with the emerging Integrated Care Systems.

Key to this approach has been the implementation of the Band 4 Cancer Support Worker (CSW) role, who provide personalised care interventions from the point of cancer diagnosis. CSWs provide an increase in workforce capacity in order to deliver effective support to more cancer patients. They release time for clinical nurse specialists and clinicians to carry out interventions that are more complex. Through providing personalised care interventions, CSWs support patients to self-manage, resulting in delivery of Personalised Stratified Follow-Up (PSFU). This releases outpatient capacity, which is repurposed to support achievement of key cancer performance standards.

Increased cancer incidence is putting significant strain on already stretched outpatient capacity, therefore PSFU is vital to optimise this capacity and supports the NHS Phase 3 COVID recovery requirements.

CSW's in Wessex are currently largely employed using short term transformational and voluntary sector funding. Investment is required to secure and extend the workforce, capitalise on investment in induction and training and prevent workforce attrition. This investment is considered cost-effective due to the financial implications of achieving outpatient appointment release as part of PSFU.

The report contains outpatient release data for breast, colorectal and prostate cancer using the National Cancer Programme Outpatient Appointment Estimator tool, and the application of provider reference costs to this data. Development of PSFU pathways in other cancer sites will result in an increase in outpatient appointment release and more financial incentive to justify the investment.

Table 1: Summary of Investment Required and Cost Reduction

Provider	Investment required	Outpatient Provider Cost Reduction (Y 1)	Outpatient Provider Cost Reduction (Y 0-7)

3. Current Issue

Cancer incidence for both NHS Dorset CCG and NHS Hampshire/IOW STP (2018/19) is higher than the average for England, at 671 per 100,000

standardised population (Dorset) and 586 per 100,000 standardised population (Hampshire/IOW) versus a national average of 529[1].

Both Dorset CCG and Hampshire/IOW STP have significantly more people aged over 65 years than the national average (Dorset 24.4%; Hampshire/IOW 20.2%; England 17.5%). Data correct for 2020.

In 2019, there were xxxx new cancer cases diagnosed at XXXX and a XX% increase in the number of new primary cancers diagnosed at xxx Trust in 2018 (Insert local cancer data)

There are significant numbers of new cancers being diagnosed in people aged 65 and over, many of whom have associated co-morbidities. Cancer patients often report significant unmet needs. Around one in four people experience poor health or disability following treatment and many people are now living with multiple long-term conditions. Care is becoming more complex as people are living longer, meaning that a broader range of services is required. This leads to a rapid growth in demand and poses a significant challenge for the cancer workforce both now and in the future.

Patients have reported that ceasing active treatment feels like 'stepping off a cliff' as the intensive support available during treatment suddenly stops. They state a lack of ongoing support to cope with the impacts that their cancer diagnosis and treatment has had on theirs, their family and carers lives. These impacts can include fatigue, chronic pain, sexual dysfunction, long-term financial difficulties, difficulty returning to work and persisting emotional and psychological problems.

Cancer nurse specialists (CNS) have a positive impact on patient care, however significant numbers of patients do not get access to CNSs[2]. There is a shortage of CNSs and they are increasingly being more actively involved in multi-modality and multi-sequenced treatments, including more complex and targeted interventions. This includes mainstreaming genomics.

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[1] Cancer Services - PHE

[2] Wessex Cancer Alliance 2019 National Cancer Patient Experience quantitative reports (ncpes.co.uk)

Traditional secondary care outpatient follow-up models are proven inefficient at picking up recurrence of cancer and meeting the wider holistic needs of people living with and beyond cancer.

The growing numbers of patient in total and over the age of 65 in Wessex is of concern. Local cancer systems are struggling with providing holistic patient care with the current workforce levels and models of outpatient delivery.

4. Current Opportunity

The Wessex Cancer Alliance 5 Year Plan[3] produced in response to the NHS Long Term Plan[4] details the achievements to date and proposed developments in relation to personalised care in cancer. Wessex Cancer Alliance aim to ensure that all cancer patients experience personalised care from the point of diagnosis and enables the empowerment of people with cancer to have choice and control over their care. There is a need to move away from a one-size-fits-all approach to care in order to meet the increasing complexity of people with cancer.

Wessex Cancer Alliance wants to improve patient outcomes through active participation in decision-making, increased uptake and adherence to prehabilitation and early recognition of adverse treatment effects. This aims to reduce health service utilisation across primary and secondary care, including emergency presentations, inpatient and outpatient attendances and GP appointments.

Increasing patient's ability to self-manage is therefore key to taking a whole system approach to cancer care. This impacts positively on participation in cancer screening programmes and in healthy behaviour uptake i.e. smoking cessation, increased physical activity and reduced alcohol intake.

[3] CS51005-WCS-Wessex-Cancer-5-year-plan-UPDATE-PRF3.pdf (wessexcanceralliance.nhs.uk)
[4] NHS Long Term Plan » The NHS Long Term Plan

Supported self-management is fundamental to the effective implementation of Personalised Stratified Follow-Up (PSFU) pathways and the release of outpatient capacity. This both improves cancer waiting time performance and provides more effective support for patients with complex needs. The NHS Phase 3 COVID19[5] response highlighted the importance of introducing PSFU to support delivery of outpatient reform. This will contribute to achievement of the LTP target to reduce NHS outpatient attendances by 30 million by 2023 but also support reduction of backlogs caused by the pandemic. In Wessex, in line with the LTP ambitions, PSFU has focussed initially on breast, colorectal and prostate cancer. Roll out to other cancer sites has commenced at some Trusts.

A key enabler to this programme of work is the Band 4 Cancer Support Worker (CSW) role who support patients from the point of diagnosis. This role was piloted in Wessex following work with the National Patient Experience Team, as a direct result of the National Cancer Patient Experience Survey. As cancer incidence increases and there are significant workforce pressures, the introduction of the CSW role both addresses patient needs, and enable clinical nurse specialists to provide more complex care.

Currently CSWs work from within secondary care providing support to patients from the point of diagnosis using behaviour change approaches, including health coaching, goal setting and Making Every Contact Count (MECC) to enable patients to make lifestyle changes. They screen using an holistic approach with patients to identify individual concerns and then offer signposting and direct support to address these concerns. A direct benefit of the CSW role is more patients being able to successfully transition to self-managed pathways at the end of treatment.

There has been significant investment in embedding CSWs within cancer teams, including provision of appropriate induction and training. They now provide an invaluable service to cancer patients and their support network.

[5] Implementing phase 3 of the NHS response to the COVID-19 pandemic (england.nhs.uk)

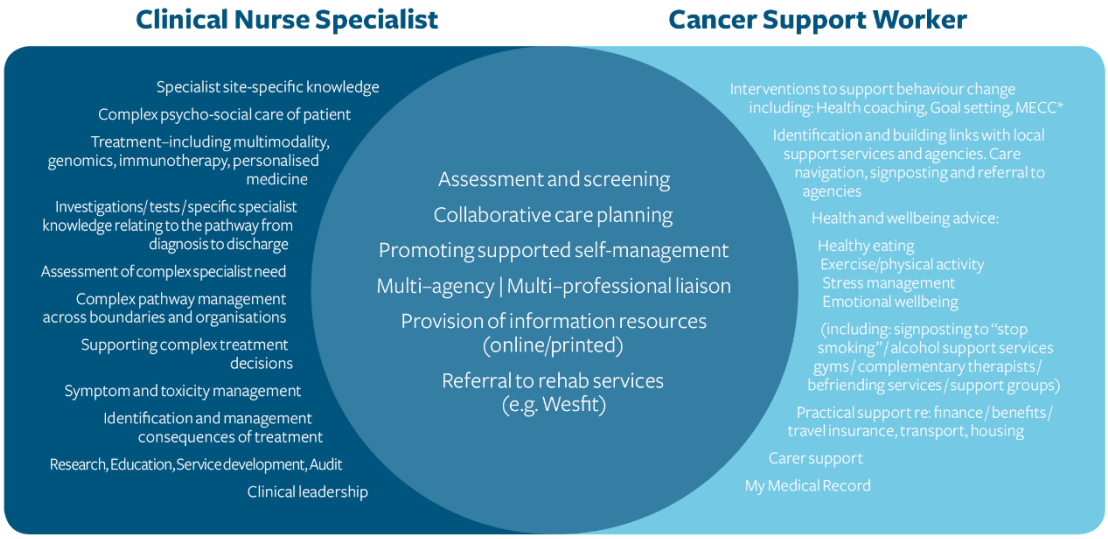
A longer-term ambition in Wessex is to improve patient support offered across both primary and secondary care. Innovative programmes such as 'Cancer Nursing Across Boundaries' and Macmillan 'Right By You'[6] have been developed to improve the knowledge and confidence of primary care teams to support patients with cancer. The Wessex Fit for Cancer (Wesfit) prehabilitation trial[7] aims to optimise patient health and wellbeing and provide evidence to support a business as usual service. It has become an exemplar for prehabilitation nationally and internationally.

CSW's interface with social prescribing link workers in primary care and their role underpins many of the boundary spanning innovative developments discussed above. It is acknowledged that introducing CSWs to secondary care is the first phase of fulfilling some of the wider ambitions of Wessex Cancer Alliance for personalised care. This supports the current move towards a more integrated and outcomes based approach to health care and the development of the Integrated Care Systems (ICS) in Wessex.

Although the current CSW workforce has been introduced successfully across Wessex, funding for roles is mostly short term using NHS transformation and/ or voluntary sector funding. Sustainable funding is required in order to fully realise the benefits the role offers and build a solid foundation for future development. The current CSW workforce is not sufficient to provide support to all patients diagnosed with cancer in Wessex, therefore it is important to develop a case for sustainably funding both the existing and future CSW workforce.

Figure 1: Overview of the CNS and CSW roles in cancer in Wessex

[6] Right By You Wessex - Welcome to Wessex Cancer Alliance
[7] WesFit - Welcome to Wessex Cancer Alliance



Source: Improving Access to Cancer Clinical Nurse Specialists and Key Workers. Evaluation Report, June 2019[8]

5. Proposed Solution

In order to deliver effective holistic care to patients with cancer from the point of diagnosis and enable outpatient appointment release, existing Band 4 CSW roles need to be funded on a substantive basis. There is a requirement to invest in further roles to enable all patient diagnosed with cancer to access support.

Table 1 below outlines the benefits offered from investing in the CSW roles

Table 1: Benefits and Outputs of CSW Investment

[8] Sodergren, S., H. Brodie, A. Richardson, J. Winter and C. Foster (2019). Improving access to clinical nurse specialists and key workers project: evaluation report. Southampton, University of Southampton.

Outcome	Benefit	Output
Improved patient outcomes and experience	Increased patient confidence to interact appropriately and in a timely way with cancer team Patients prepared for outcomes of cancer treatment resulting in earlier recognition of treatment effects and signs of recurrence Personalised Care interventions offered throughout the patient pathway. Includes practical, emotional and social support Support for carers Patients feel more engaged and 'in control' of their care Attendance only at necessary outpatient appointments	Reduced requirements for complex CNS contacts during and following treatment Reduced outpatient appointments over follow-up period e.g. 5 years Reduced demand on inpatient, outpatient and GP services Early identification of patient needs - referrals to community services/ social prescribing Reduction in travel (time/costs), time off work etc
Efficient working practices	Clinician and CNS time saving Cost effective workforce redesign	Increased capacity to provide complex diagnostic and treatment interventions Increase in overall workforce to meet demand but at appropriate skill mix levels
Outpatient appointment reduction	Timely outpatient appointments available to appropriate patients i.e. new and complex patients	Improved Trust cancer performance Increase in outpatient capacity Fewer overbooked clinics and reduction in associated costs of waiting list initiative clinics

6. Options Appraisal

Option 1: Do Nothing

This option results in fewer patients having access to personalised care and support and significantly increases CNS workload. This limits capacity to provide care to patients who require specialist interventions. There will be wide variation in outcomes across cancer sites. Over time, any support currently offered will reduce and cease as the cancer support worker contracts finish.

This option will result in increased future costs to meet the rising demand of new and follow-up outpatient appointments, and the resource requirements for complex patients.

Benefits	Benefits Realisation	Risks
Requires no new or additional investment	Benefits currently offered by the CSW role will be maintained until their fixed term contracts end	Patients are not provided with holistic support during their cancer treatment There is no early identification of adverse treatment effects Increasing future costs associated with increasing prevalence of cancer, high numbers of patients over 65 with cancer and adverse effects that result from cancer and its treatment

Option 2: Gold Standard Service

Each cancer team at each provider would have access to cancer support workers. This would require existing CSW contracts to be made permanent but also to provide further investment to provide CSW resource to each cancer team.

Benefits	Benefits Realisation	Risks
Effective and efficient delivery of	Patient needs are identified early and acted upon in timely manner	Significant financial investment which exceeds the amount identified by outpatient cost release

personalised care interventions to all patients diagnosed with cancer at XXX Trust	resulting in fewer treatment effects Enables self-management and facilitates reduction in follow-up Improved patient health outcomes Reduced morbidity Reduced carer burden Improved patient satisfaction/ experience Reduced appointment burden in acute and primary care Clinician and clinical nurse specialist time is released to provide complex interventions Improved Trust cancer performance Improved patient care across primary and secondary care due to improved communication and links to social prescribing link workers	Source of financial investment is unknown Outpatient appointment release does not yield cashable savings Current block system for NHS funding Requires system-wide discussion in order to fully realise benefits Training and HR requirements to provide appropriate support to CSWs

Option 3: Preferred Approach

Secure existing CSW resource from reduction in outpatient appointments, and invest in some additional posts to ensure roll out of PSFU to identified cancer sites. CSW resource to be networked wherever possible to provide cross-cover

and ensure maximum reach. This would provide the platform for having a dedicated CSW resource in secondary care, and then allow further development in cross boundary support roles to meet the Wessex Cancer Alliance LTP ambitions.

This option provides all the identified benefits of the CSW role to be offered to significant numbers of people with cancer, and is cost-effective when balanced against the outpatient appointment release.

Benefits	Benefits Realisation	Risks
Delivery of personalised care interventions to the majority of patients diagnosed with cancer at XXX Trust	Patient needs are identified early and acted upon in timely manner resulting in fewer treatment effects Enables self-management and facilitates reduction in follow-up Improved patient health outcomes Reduced morbidity Reduced carer burden Improved patient satisfaction/ experience Reduced appointment burden in acute and primary care Clinician and clinical nurse specialist time is released to provide complex interventions	Significant financial investment required. Source of financial investment is unknown. Current block system for NHS funding Requires system-wide discussion in order to fully realise benefits Training and HR requirements to provide appropriate support to CSWs

	Improved Trust cancer performance Improved patient care across primary and secondary care due to improved communication and links to social prescribing link workers

7. Cost Profile for Proposed Option

Cost Investment

Below are the costs associated to provide sustainable funding for personalised care interventions and outpatient release in each of the Wessex Trusts who provided information. Some Trusts have included fixed term project manager resource to support transition to achieving CSW sustainability, and future roll out of PSFU to other cancer sites. *The tables below have been anonymised but illustrate 2 scenarios.*

Xxx NHS FT

	Cancer Support Workers Band 4 Spine Point 14	**Project Manager** Band 7 Spine Point 30
20/21 Salary	£24,157	£40,894
ERS NI rates	£2,121	£4,431
ERS SUPER 20/21	£3,474	£5,881
20/21 Total	£29,752	£51,205
Proposed WTE	2.8	1

Tumour sites	Breast, Colorectal and Prostate	To develop CSW roles in other pathways
COSTS	**£83,306 – Recurrent Cost**	**£51,205 – Fixed Term Cost**

Xxx NHS Trust

	Cancer Support Workers Band 4 Spine Point 14
20/21 Salary	£24,157
ERS NI rates	£2,121
ERS SUPER 20/21	£3,474
20/21 Total	£29,752
Proposed WTE	3
Tumour sites	Breast, Colorectal and Prostate
COSTS	**£89,256 – Recurrent Cost**

Savings (non-cash releasing)

Wessex Cancer Alliance commissioned NHS South, Central and West Commissioning Support Unit (SCW) to help to build a case for sustainable commissioning of the expected elements of personalised care in cancer and PSFU. SCW carried out analysis of potential reduction in both outpatient appointments and their associated cost. Repurposing the outpatient activity is essential to meet the demand from cancer growth, and a secondary beneficial outcome is to support the backlog resulting from COVID-19.

Calculation of potential total number of Breast, Colorectal and Prostate appointments released was made using the National Cancer Programme Outpatient Appointment Estimator (OPA) tool. Cancer follow-up protocols typically follow a pattern of reducing appointments over a 5-10 year period, therefore it is important to consider the impact of patient cohorts over multiple years.

The OPA tool requires the number of patients in each tumour site per Trust that were diagnosed in the previous financial year, and the number of follow-up appointments typically provided per year over a 7 year period, for both clinically-led and self-managed follow-up. For both clinically led and self-managed, the percentage split between the two was required to make the final calculation. All of this data was provided by each Trust.

Calculation of potential Provider cost reduction was based on national 2017/18 reference costs in the absence of Provider specific tariffs.

Outpatient release data is provided for Breast, Colorectal and Prostate. Different Trusts are at varying stages of PSFU implementation for these sites and this creates variation in the OPA data. Development of PSFU pathways in these and other tumour sites will result in further outpatient release.

The OPA reduction data including provider costs for each of the 4 Trusts who submitted data in the Cost Investment section is detailed below. *Data anonymised but two examples.*

Xxx NHS FT

	Potential Year 1 reduction		Potential Year 0 – 7 reduction	
Pathway	**Outpatient Appointments**	**Provider costs**	**Outpatient Appointments**	**Provider costs**
Breast	547	£63,452	8,357	£969,412
Colorectal	241	£29,884	3,252	£403,248
Prostate	241	£21,931	3,199	£291,109
TOTAL	**1,029**	**£113,533**	**14,808**	**£1,633,816**

Xxx NHS Trust

	Potential Year 1 reduction		Potential Year 0 – 7 reduction	
Pathway	**Outpatient Appointments**	**Provider costs**	**Outpatient Appointments**	**Provider costs**
Breast	423	£49,068	1,608	£186,528
Prostate	421	£38,311	5,441	£495,131
TOTAL	**845**	**£93,232**	**7,048**	**£777,629**

8. Summary

Based on this evidence we would recommend Option 3, which would safeguard the existing CSW roles, continue to network them and provide ability to target capacity more effectively. This is especially important given the requirement for recovery post-COVID-19.

This option would enable more patients from a range of cancer sites to benefit from personalised care, increase supported self-management, resulting in a greater release in outpatient appointments, which can be repurposed.

The CSW role releases CNS and clinician capacity to perform more complex interventions, and outpatient repurposing has a positive effect on cancer wait times and ability for patients to access clinical interventions at the most appropriate time for them.

Although outpatient release does not realise cash-releasing savings, it does increase capacity to help meet the growth in cancer incidence. Without this, there would an increasing requirement for more outpatient clinics, which has a significant effect on staff and estate resource.

The CSW role directly enables patients to move to self-managed pathways in a cost-effective way. The CSW role has been tested in all the secondary care providers in Wessex, and has provided direct benefit to patients and become an integral part of cancer teams. The investment required will result in improved patient outcomes and experience. It also contributes significantly to outpatient redesign, which is essential in the recovery from COVID-19, including support to reducing backlogs.

Appendix 1

Appendix 2: References

1. Public Health England Cancer Services Data Cancer Services - PHE

2. National Cancer Patient Experience Survey (2020) Wessex Cancer Alliance 2019 Results 2019 National Cancer Patient Experience quantitative reports (ncpes.co.uk)

3. Wessex Cancer Alliance (2019) Our Cancer Plan for Wessex https://wessexcanceralliance.nhs.uk/wp-content/uploads/2020/11/CS51005-WCS-Wessex-Cancer-5-year-plan-UPDATE-PRF3

4. NHS England (2019) *The NHS Long Term Plan* https://www.longtermplan.nhs.uk/publication/nhs-long-term-plan/

5. NHS England (2020) Implementing phase 3 of the NHS response to the COVID-19 pandemic https://www.england.nhs.uk/publication/implementing-phase-3-of-the-nhs-response-to-the-covid-19-pandemic/

6. NHS Wessex Cancer Alliance Macmillan Right By You Wessex Right By You Wessex - Welcome to Wessex Cancer Alliance

7. NHS Wessex Cancer Alliance Wesfit Project WesFit - Welcome to Wessex Cancer Alliance

8. Sodergren, S., H. Brodie, A. Richardson, J. Winter and C. Foster (2019) Improving access to clinical nurse specialists and key workers project: evaluation report. Southampton, University of Southampton.