# SOUTH WALES CANCER NETWORK
## Acute Oncology Services in Wales

**Friday 27th April 2012**
**11.30 – 5.00 pm**

Lecture Theatre, Princess of Wales Postgraduate Centre, Bridgend

## PROGRAMME

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<tr>
<td>11.30</td>
<td>Registration &amp; Arrival (Refreshments)</td>
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| 12.00 | Introduce Day and Aims. Overview of why Wales could lead on implementation of AoS  
Dr Tom Crosby, Consultant Oncologist, Velindre Cancer Centre/Medical Director, South Wales Cancer Network  |
| 12.20 | General overview of Acute Oncology. How it came about in the Whittington? Challenges, lessons and benefits  
Dr Pauline Leonard, Consultant Medical Oncologist, Whittington NHS Trust  |
| 1.00  | LUNCH                                                                    |
| 1.30  | Presentation of Aneurin Bevan case and data to show an example of how it could work in Wales and the benefits  
Dr Hilary Williams, Medical Oncologist, Velindre Cancer Centre  |
| 2.10  | How the Nurse-Led Model works in Durham?  
Thelma Rosenvinge, Acute Oncology Specialist Nurse, University Hospital, North Durham  
Catherine Simpson, Acute Oncology Specialist Nurse, University Hospital, North Durham  |
| 3.00  | Performance Measures and Outcomes Southampton evidence  
Andrew Reid, Macmillan Data Manager, University Southampton NHS Foundation Trust  
Hannah Pritchard, Nurse Practitioner, University Southampton NHS Foundation Trust  |
| 3.45  | Breakout Rooms (Health Boards to consider how AOS can be developed locally)/Refreshments |
| 5.00  | Close & feedback forms                                                   |

Supported by the ABPI Cymru Wales Cancer Sub-Group, which is a group of member companies of the ABPI working together for the benefit of cancer patients in Wales. The Group comprises the following companies:

- AstraZeneca plc
- Bristow-Meyers Squibb Pharmaceuticals Ltd
- Celgene Ltd
- MSD Ltd
- Eli Lilly & Co Ltd (marketing as Lilly)
- Janssen-Cilag Ltd (marketing as Janssen)
- LEO Laboratories Ltd (marketing as LEO Pharma)
- Merck Serono Ltd
- Merck Sharp & Dohme Ltd
- Novartis
- Pharmaceuticals Ltd
- Pfizer Ltd
- Sanofi Ltd (marketing as Sanofi)
What is Acute Oncology

• Deals with the acute presenting problems of cancer
  – relating to newly presenting cancers
  – relating to the complications of cancer
  – relating to toxicities to the treatment of cancer
What is Acute Oncology

• Deals with the acute presenting problems of cancer
  – relating to newly presenting cancers
    • Carcinoma unknown primary, multiple cancers, second cancers etc
  
  – relating to the complications of cancer
    • Metastatic spinal cord compression, hypercalcaemia, ascites etc

  – relating to toxicities to the treatment of cancer
    • Neutropenic sepsis, post-operative complications
What is the issue?

Acute care takes 25% of NHS cancer spend
10-15% of all acute beds used for ‘cancer care’

5% of cancers - cancer unknown primary
1/3 of emergency ‘cancer’ admissions under investigation for advanced disease
Emergency admission is default care pathway

60% increase in use of chemotherapy
Increased number pts admitted outside cancer centre with complications of treatment

Increase number patients living with metastatic cancer
Increased number pts admitted outside cancer centre

Prolonged admissions
Sporadic oncology input
Risk inappropriate investigation
Slow to definitive tx decision
Many poor prognosis patients

Acute care takes 25% of NHS cancer spend
10-15% of all acute beds used for ‘cancer care’
Day 1 - admitted
PS-1 abdominal pain

Day 2 & 3 - CT scan – liver metastasis

Day 5 - Colonoscopy &
Day 6 - Endoscopy & Bone scan

Day 5-11
Await liver biopsy (bank holiday)

Day 14
Discussed at MDT- refer oncology

Day 15
Discharged – awaits clinic appointment

Common Scenarios: Example 1

IF Acute oncology review
• Information
• Biopsy & urgent clinic
• Discharged
Common Scenarios: Example 2

Day 1
Admitted

PS-3 dementia

Day 2 & 3 - CT scan & ascitic tap

Day 5 - Diagnosis ovarian cancer

IF Acute Oncology review
- PS = 3/4 Best supportive care decision day 2

Day 5-11
Await transfer ward ? for chemo

Got diarrhoea - missed consultant review

Day 11
Seen by oncologist
*Not fit for chemo*

Day 13
Palliative care planning

Day 26 - Nursing home
Population 2.35 million

BGH – Bronlais General Hospital
WGH – Withybush General Hospital
GGH – Glangwili General Hospital
PPH – Prince Philip Hospital
Mor – Morriston Hospital
Sing – Singleton (Cancer Centre)
NPT – Neath Port Talbot Hospital
POW – Princess of Wales Hospital
RGI – Royal Glamorgan Hospital
UHW – University Hospitals of Wales
UHL – University Hospital Llandough
PCH – Prince Charles Hospital
RGw – Royal Gwent Hospitals
Vel – Velindre Cancer Centre
NHH – Nevill Hall Hospital
Non surgical oncology services in Wales

• South East Wales (1.4 million popn., Hub and spoke model)
  – Velindre Cancer Centre, Cardiff: Hub of non surgical oncology
  – ~ 27 wte oncologists in solid tumour oncology, medical and clinical
  – Haematology in all Cancer Units, little overlap in service/AOS provision
  – Specialist service provided to Cardiff, Cwm Taf, Bridgend and Gwent

• South West Wales (0.9 million popn., Hybrid model)
  – Singleton, Swansea: Hub of clinical oncology as well as oncologists in units
  – ~ 14 wte oncologists in solid tumour oncology, medical and clinical
  – 3 associate specialists in Hywel Dda cancer units
  – Haematology in all Cancer Units, better overlap in terms of service
  – Specialist MDTs provided by in reach/out reach models to ABMU and HD
Proposals for Acute Oncology Service

Together against Cancer 2012

‘All Local Health Boards will need to consider how acute oncology services can be developed to support the diagnostic process in patients admitted as emergencies.’
SE Wales – Proposals for an Acute Oncology Service

• Oncology runs hub spoke service, with specialist consultant service based in Velindre provided to Units
• Chemotherapy for solid cancers largely given in Velindre Cancer Centre
  
  70-30→90-10→80-20→→→50-50
• Acute Oncology VCC- robust ‘Hub’ advice 24/7
  – Consultant on-call (ward round/handover every day)
  – Acute oncology SpR of the week
  – SHO on call 9-5 and 5-9
  – Nurse led chemo-pager
  – Palliative care CNS and Consultant 24/7
  – ?on call non medical prescriber
  – ?on call CNS
  – ?Acute oncology MDT (inc selected CUP) every Friday
• ~ 50% of VCC patients with treatment complications admitted to local hospital
SE Wales – Proposals for an Acute Oncology Service

- Consultant led with
- AOS Specialist Nurse Coordinators located in each Cancer Unit
  - To fast track AOS patients to the correct existing pathway
  - To ensure excellent care delivered by existing services eg acute medical teams, CNSs and pall care
  - Act as patient advocate through complex pathways and protocols
  - Support good information and communication between teams, levels of care patients and carers