

Talking Service Provision – ‘The case for collaboration’

The provision of nursing care in the home now and the future

Natalie Bingham, Chair - UK Lead Cancer Nurse Forum
Emma Masters, Lead Chemotherapy Nurse - Royal Surrey NHS Foundation Trust.



Addressing the cancer backlog by increasing your capacity to care





Natalie Bingham

Lead Cancer Nurse,
LloydsPharmacy Clinical Homecare



Sue Sugden, LloydsPharmacy
Healthcare Centre patient

“As the first patient to have gone through treatment at the Healthcare Centre I couldn’t recommend the service enough to other women in my situation. Receiving any form of cancer treatment is difficult, but the set up here makes everything easier.

When I was diagnosed with cancer, I really thought my life was over. Thankfully I’m still here, and the way my treatment is now delivered at the Healthcare Centre makes me feel more normal again. I’m not a sick person, I’m someone getting better.”



Quality of life

- Improved convenient and accessible care
- More time to do other activities
- Ready access in the community for frequent treatment regimes, receiving care closer to home
- Transferring traditional hospital based treatments to the community
- Promotion of self-management, personalised care and management

Patient experience

- Less anxiety and stress associated with regular hospital visits
- Not having to worry about finding parking at the hospital
- Offering patients more choice
- Improved patient facing time
- Local opportunities to meet new friends (patient support group established at NLaG)
- Having treatment in a convenient location, which is quicker than the same procedure would take in hospital
- The flexibility of arranging treatment to suit patient's own daily schedule

Access

- Post COVID backlog
- Improved access to a location closer to home
- Free parking
- Local to patient's home

NCHA
NATIONAL CLINICAL HOMECARE ASSOCIATION

Patient Choice vs. Clinical Need

Acute Hospital	Healthcare Centre	SC clinics	Homecare	Self-Administration
<ul style="list-style-type: none"> • Patients with complex care needs • High risk medication – or high risk of reaction • High risk patient i.e. multi co-morbidities • Patients unstable on treatment 	<ul style="list-style-type: none"> • Patients that are elective outpatient – IV • No other significant needs or risks • Patient doesn't require any other acute trust services • Stable on treatment 	<ul style="list-style-type: none"> • Patients that are elective outpatient – SC/IM • Stable on treatment • Closer/more accessible for the patient based on geography/demographic status 	<ul style="list-style-type: none"> • Patients that have very defined care needs • Well established on clinical therapies • Clearly defined treatment pathways 	<ul style="list-style-type: none"> • Patients QoL could be significantly improved • Excellent levels of adherence • Oral or SC therapies (possible IV with additional support)
<ul style="list-style-type: none"> • Patient feels safer with environment of care around them • Patient requires other services only available at acute site 	<ul style="list-style-type: none"> • Patient may not want homecare but more than happy not going in to hospital • Patient may not be suitable for homecare at present but equally doesn't require acute treatment 	<ul style="list-style-type: none"> • May be more convenient for certain types of patient – such as working/childcare etc. • Step down treatment for psychological benefit of patient 	<ul style="list-style-type: none"> • Patient may physically be better suited to be treated at home – such as frail/elderly • QoL may improve with homecare treatment 	<ul style="list-style-type: none"> • Enormous in terms of patient empowerment • Excellent in terms of impact on QoL • Well suited in new patient group

NCHA
NATIONAL CLINICAL HOMECARE ASSOCIATION

LloydsPharmacy Static Infusion Centre



Mobile Infusion Units



LloydsPharmacy Subcutaneous Injection Clinic



One therapy chair



Dedicated clinic room



Waiting area



Patient feedback

94%

of patients start treatment within 10 minutes of arrival

98%

of patients said that car parking was more convenient

99%

of patients think that the facilities are better

91%

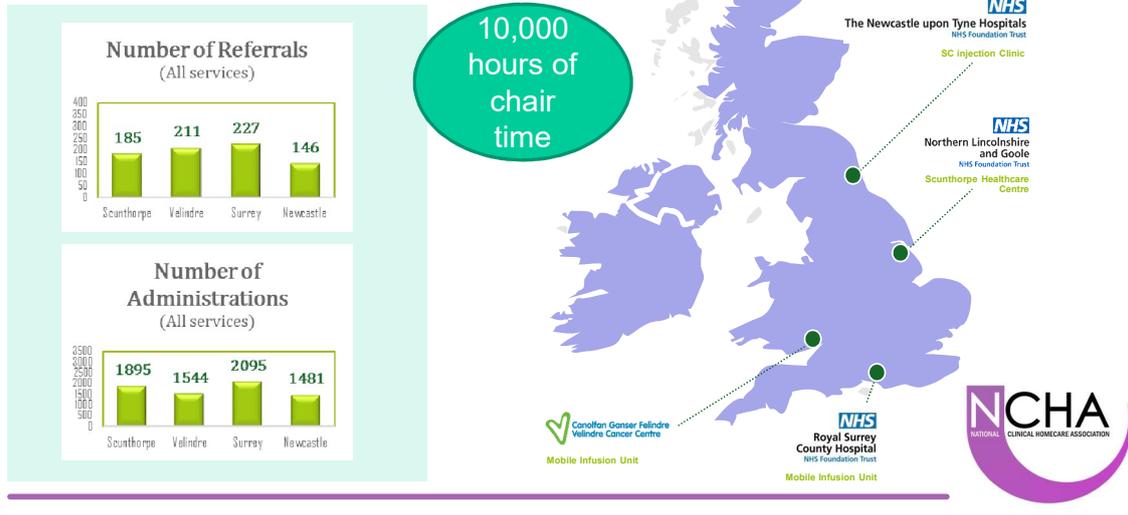
of patients prefer the location of the clinic

98% of patients said they were either **likely or extremely likely** to recommend the service to **Family and Friends**

Source: Healthcare Centre Patient Satisfaction Questionnaire 2018-2022



Our Current Partners



Royal Surrey NHS Foundation Trust

Emma Masters
Chemotherapy Lead Nurse
June 2022



About us

Our sites

- District general hospital in Guildford, with a tertiary cancer centre that continues to be on the forefront of world class oncology care in several areas
- Community Hospitals in Haslemere and Milford, and cancer unit at East Surrey Hospital, Frimley Park Hospital and Ashford & St Peters Hospital
- A number of outreach community locations for diagnostic and treatment services

The context

In 2018-19, like the rest of the health service, we were subject to a number of pressures:

- Persistent oncology activity growth affecting our cancer centre and asepsis service (@10-15% growth)
- The cost of pharmaceutical waste
- Waiting time delays at point of treatment
- Challenges of a limited estate
- Absolute nightmare to find a car parking space...



The options

December 2018: business case developed for a partnership service

Options considered alongside 'do nothing' included:

1. Standalone Community Healthcare Centre with supporting subcutaneous clinics
2. Establishment of three Community Healthcare Centres (CHCs) providing IV infusions and subcutaneous treatment
3. Use existing community services via partnership between the Trust and local provider
4. Invest in a mobile unit



Expected benefits

- **Financial** benefits to the health economy
- **Capacity created** to help manage cancer service growth
- **Improved flows** as on-site footfall reduces
- Opportunity for **expansion beyond oncology**
- **Improved patient experience** - and not just on car parking



Official launch Monday 3 Feb 2020



Please note photo taken pre-Covid



Challenges

Governance

- Integration of two sets of governance processes and systems

Activity significantly below business case expectations

- Referrals and patient up-take (limited by staff availability to screen)
- Unit location
- Clinic days and blood windows
- Drugs in use and inclusion criteria



Challenges

Business

- Data extraction and use
- Tracking and measuring benefits beyond 'easy' financials

Operations

- Business continuity
- IT and signal issues

Covid



Future

- Despite challenges, absolutely a valuable and valued service
 - Really strong patient experience and feedback
- Approval received to extend by a further year while a substantive service is tendered
- May not be same model – subject to remodelling and our 'new normal'



Thank you for listening

Questions?

Watch patient and Trust case studies at:

lloydspharmacyhs.com/healthcarecentres

