Summary Report

National Capacity Meeting 2024

11 October 2024

Shaping the Future of Systemic Anti-Cancer Therapy (SACT): Overcoming Challenges & Fostering Innovation

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This is a summary report of a non-promotional meeting organised and funded by MSD for United Kingdom (UK) healthcare professionals (HCPs) and other relevant decision makers only. This document is designed to be viewed digitally only and should not be printed.

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MSD

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Introduction to the current and future demands in the delivery of SACT treatment and NHS England strategy

Foreword

Dr Anna Olsson-Brown, Consultant in Medical Oncology with an interest in Skin malignancies, Acute Oncology and Oncotoxicology (including Immunotoxicity)

Dr Anne Rigg, Consultant Medical Oncologist, Medical Director for Cancer & Surgery, Guy's and St Thomas' NHS Foundation Trust

In 2010 there were 2.1 million people living with cancer in the UK – a figure projected to almost double to 4 million by 2030, and reach 5.3 million by 2040.[1] As the number of people living with cancer grows, so too does the demand for oncology treatments – with increasingly more complex options and pathways. From April 2021 to March 2022, nearly 3.5 million doses of SACT were administered in England, with projections indicating an annual increase of 6-8%.[2]

These mounting pressures, alongside other factors, have contributed to a capacity crisis within the NHS.[2] Unlike other specialties, many people remain within the oncology service for long-term follow-up and surveillance, which creates an additional burden. Patient expectations have also increased over recent years, regarding the treatment, care and communication they receive.

Overburdened oncology departments are finding it increasingly difficult to keep pace with the delivery of vital treatments like SACT, raising concerns about delays in care and the impact on patient outcomes.[2] Immediate action is needed to address these challenges.

The complexities of cancer care management in the NHS are multifaceted.[4] Addressing these challenges requires a holistic approach that not only improves care coordination, but also addresses workforce shortages, ensures equitable access to specialised services, optimises resource allocation and efficient ways of working, enhances data management systems, and provides psychological support for both patients and the NHS workforce.[4]

In response to these challenges, several working groups and task forces have been established. The **SACT Task and Finish Group**, led by Dr Anne Rigg, was formed in 2023 to address chemotherapy service capacity issues in England and offer both short- and long-term recommendations to alleviate the identified pressures. The group identified four critical areas affecting SACT delivery in the NHS that were applicable to almost every type of cancer.

- SACT pathways
- Workforce – recruitment and retention
- Aseptic preparation of SACT
- Future planning

As the number of people living with cancer has increased, so has the number of oncology products entering the market

82% of **cancer drugs** submitted in **2023/24** were **approved**[3]

Compared to **60%** in **2011/12**[2]

By September 2024, **40 different cancer treatments** had been scheduled for review in the 2024/25 National Institute of Health and Care Excellence (NICE) work programme[3]

Introduction to the current and future demands in the delivery of SACT treatment and NHS England strategy *(continued)*

Around the same time, a parallel **Chemotherapy Supply Issues: Short Life working group** – led by Sue Ladds, Hospital Pharmacy Modernisation Lead at NHS England – looked at oncology pharmacy products. This identified key pressures in the supply chain, as well as issues with lack of standardisation and aseptic capacity – all of which suggested an impending crisis.

Early progress has already been made to address SACT capacity issues:

- Since December 2023, NICE has been publishing delivery assessment tools for newly approved medicines to help assess resource needs and their potential impact[5]
- In 2024, NHS England (NHSE) produced the first NICE approval horizon-scanning document to improve planning and management.[6] This document is now updated quarterly
- The 2024/25 Cancer Alliance Planning Pack encourages Alliances to collaborate with integrated care boards in conducting bi-annual assessments of SACT service demand and capacity.[7] There is a requirement for all Alliances to have a designated lead responsible for SACT delivery[7]
- The Commercial Medicines Unit is updating terms and conditions, and setting key performance indicators and award criteria, for aseptically compounded products to improve supply resilience[8]
- Standard chemotherapy product specifications are being issued to improve standardisation and reduce duplication[9]
- The UK SACT Board has developed guidance to help clinicians streamline monitoring efforts safely, freeing up valuable clinical time[10]
- New Digital UK Oncology Nursing Society SACT Competency Passport was published at the end of 2023, and will enable NHS staff to move between different NHS organisations with ease.[11] SACT training courses are also being mapped, both in person and online, to assess where there may be gaps

Ensuring SACT delivery is crucial for effective cancer care within the NHS, and overcoming these obstacles demands ongoing investment in workforce development, infrastructure, innovative care models, collaboration, and sharing of best practices.[2,4]

Potential solutions to the SACT capacity crisis

- Streamline referral pathways and prioritise SACT patients for diagnostics
- Invest in workforce development for oncologists and specialist SACT nurses
- Increase capacity for SACT delivery through dedicated facilities and equipment
- Explore innovative models for SACT delivery, such as telemedicine consultations

> *"We are getting better at treating people with cancer, but that brings challenges. We need to recognise that and devise strategies going forward."*
>
> ***Dr Anna Olsson-Brown***

To further explore these challenges, a group of 53 delegates met in Manchester in October 2024 at a meeting organised and funded by MSD. The event aimed to delve into SACT capacity and delivery issues and featured two case studies highlighting best practices of optimal healthcare service delivery in the UK. Attendees also participated in a workshop to discuss how insights from the best practice examples could be applied to their own local SACT delivery challenges.

What follows is a summary of the two best practice examples presented and key discussions from the workshop.

Best practice case study

Understanding demand and capacity in alliance footprint SACT day units using MSD's capacity insights modelling capability

Claire Marsh, Senior Programme Manager, Treatments & Personalised Care

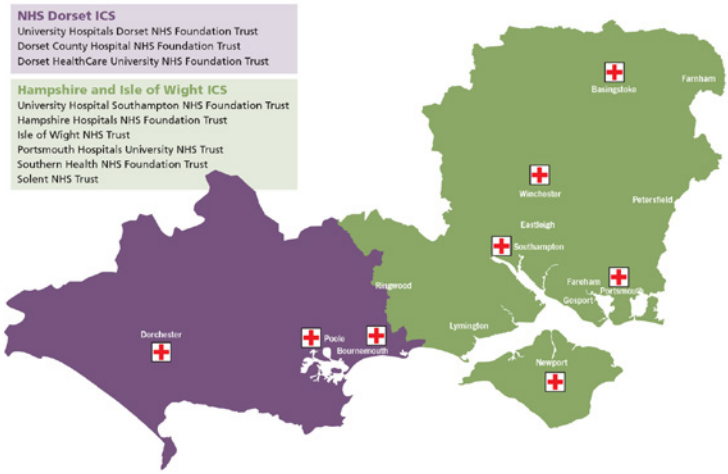
Sean Cadwallader, Oncology Healthcare Lead, MSD UK

This project has been developed as part of a collaborative working agreement with MSD UK.

This case study was presented by Sean Cadwallader, MSD UK, at the National Capacity Meeting 2024 on behalf of Claire Marsh, who was unable to attend the meeting.

The challenge: Chair demand outstrips capacity

The Wessex Cancer Alliance (WCA) covers a population of ~2.7 million in coastal cities and rural communities, served by nine SACT day units, and three SACT outreach locations – across six different trusts.[12,13]



The solution: SACT capacity and demand review

In partnership with MSD, the WCA team ran a SACT capacity and demand review. This collected information on patients, workforce, and capacity, down to treatment level, administration route, and cancer type. This meant it was possible to model scenarios to identify what capacity would be required in a day unit to treat specific groups.

Results showed that chair demand outstripped capacity in half of the units.[13] In most locations, workforce capacity was greater than the demand, but regionally the services were operating close to or above their capacity – and forecasts predict increasing demand of 10–20% year-on-year.[13] The exercise showed that this was likely due to both new entity medicines and expanded licenses.

WCA and MSD partnership

MSD learnt the WCA team were looking for tools to help manage demand and capacity (D&C). Following a successful demonstration of the MSD Capacity Insights Model to WCA, MSD provided the tool and project management support to model D&C across each WCA day unit.

Collaboration enables successful project launch

MSD worked hand-in-hand with the WCA in a one-team approach to develop a strong professional working relationship.

MSD's role

MSD validated the day unit D&C data provided by the SACT project lead, then shared modelling outputs based on that data. MSD also jointly ran face-to-face D&C report feedback meetings, with workforce insights and feedback reports circulated back to trust and alliance stakeholders via email.

Keys to success

A one-team approach: working, planning and implementing together in a completely inclusive way, with insights & knowledge shared openly.

Commitment to change: flexibility to accommodate the availability of a busy day-unit team, but clarity that greatest value comes from the entire team being present to make on-the-day decisions.

Situational leadership: being empowered to ask questions & make recommendations to facilitate ideas for improvement, as well as working with senior leadership to support decision-making.

Best practice case study *(continued)*

Claire Marsh, Senior Programme Manager, Treatments & Personalised Care

Sean Cadwallader, Oncology Healthcare Lead, MSD UK

The impact: New initiatives that target key barriers to SACT capacity

The insights gained can be helpful to strengthen relationships between stakeholders and create opportunities for flexibility and service improvement.
A face-to-face meeting is essential to allow the SACT project lead to feedback on the model and reports – this should ideally include band 6 and 7 nurses, schedulers, and coordinators, as well as the cancer lead nurse and someone with financial responsibility to enable rapid decision-making.

Based on data from the MSD capacity insights tool, the WCA implemented the following actions:

1. Isle of Wight (IOW) Business case approved for a band 5 nurse; recruited 7 months later, with SACT training held in February 2024
2. Portsmouth Hospital Trust – increased their treatment capacity through scheduling attendances to fill the surplus chairs at Fareham outreach and deploying their overcapacity in staff to the unit to support the additional demand.
3. Hampshire Hospital Foundation Trust – switch of bisphosphate. Staffing adapted to demand across two sites
4. Dorset County Hospital (DCH) – increased outreach to 2 days; monoclonal antibodies compounded in the clinical area
5. Scheduling
6. Communication

Future plans

Understanding the regional picture	Addressing urgent needs	Actions
WCA SACT Closer to Home project continues to work with MSD to review SACT capacity and demand Working to develop better regional understanding and support decision-making through creation of a SACT data dashboard WCA – SACT nurse training enables staff to move between units (digital passport launched January 2024) SACT nurse census SACT pathway Home – welcome to WCA	SACT Closer to Home stakeholder event • An offer was received from Lloyds Clinical Homecare to provide an end-to-end SACT service • A proof of concept was carried out to test patient screening by Lloyds, reducing the demand on pharmacy aseptics 3 Trusts (University Hospital Dorset, DCH & IOW) are currently exploring the use of mobile, small, static units	Actively recruiting a SACT project lead Collaborative working with MSD to offer D&C modelling across the WCA – as part of the NHSE planning pack 2024/25, bi-annual D&C will be offered to all 6 Trusts as one project WCA SACT data dashboard is in development to provide a regional understanding of SACT services Continue to support Trusts to develop the Lloyds proof of concept pilot

Best practice case study

Implementation and evaluation of a virtual pre-assessment option for cancer patients waiting to undergo SACT

Dr John McGrane,
Consultant Oncologist, Royal Cornwall Hospital

Dr George Brighton,
General Practitioner & Director, MySunrise

This project has been developed as part of a collaborative working agreement with MSD UK.

The challenge: Shortfall in clinical oncology workforce

The Royal College of Radiologists states that the NHS should explore the potential of information technology and artificial intelligence to increase patient involvement and reduce demand on oncology departments.[2] The goal is that patient-reported outcome measures collected through apps could help streamline only those who are experiencing side effects to come back for review – freeing up capacity.[2]

This matters, because the clinical oncology workforce already has a shortfall of 17% – forecast to rise to 28% by 2025.[14] Without more investment, the UK will need another 272 consultant Clinical Oncologists by 2025.[14]

The solution: Digital pre-assessment platform

MySunrise is a digital out-of-hospital approach to empower patients, improve treatment outcomes, and reduce NHS pressure.[15,16] This digital platform has been developed in partnership with the NHS and offers three key elements: a patient-held companion app, a clinician dashboard, and a series of data insights for industry to be used to support research and development.[16]

MySunrise helps patients to prepare for treatment by performing virtual pre-assessments and providing a key checklist.[16,17] However, implementing tools like this can be difficult as cancer pathways are complex, and it is a very challenging time for patients and their families. The key to success is to map pathways and involve bookings teams.

Following a successful pilot at Royal Cornwall Hospital, MySunrise has been implemented in all five cancer centres in Devon and Cornwall, with bespoke elements to keep it relevant to local protocols and locations.[15] Here, patient videos were developed, a patient consultation programme was implemented, screening pathways were completed to identify suitable patients for video call pre-assessments, and pilot video pre-assessments were rolled out to patients receiving immunotherapy and chemotherapy.

MySunrise, Peninsula Cancer Alliance (PCA) and MSD partnership

Collaboration to support adoption

MSD learnt that the PCA and MySunrise, were working on the development and local adoption of an app that enabled virtual SACT pre-assessment for patients. A three-way collaborative working agreement was set up between the parties to support roll out of the virtual pre-assessment.

MSD's role

MSD provided project management support and funding to assist the roll-out and evaluation of virtual SACT pre-assessment appointments.

Keys to success

Clear roles: All parties agreed on the scope of the project, the outputs and responsibilities, that enabled them to align on a common purpose.

Benefits realisation plan: At the outset of the project, a benefits realisation plan was set up, which was informed by evaluation metrics.

Regular communication: The three parties met regularly to share planning information and discuss feedback and evaluation metrics about each PCA site. This enabled early identification of barriers to success, so that they could be addressed.

Best practice case study *(continued)*

Dr John McGrane,
Consultant Oncologist, Royal Cornwall Hospital

Dr George Brighton,
General Practitioner & Director, MySunrise

It is hoped this will be extended to other cancer treatments, with dedicated information for specific drug classes and pathways. Anecdotally, patients are better prepared when they attend for their treatment, and the system is helping to standardise the information that they get. Work is ongoing to build in translations and sign language to ensure accessibility for all patients.

The impact: Improved outcomes and capacity

In summary[18]

- Uptake and efficiency savings over initial 6-month period
- 116 (40%) patients following virtual SACT pre-assessment pathway
- After 6 months, 50% of pre-assessment patients now receiving virtual option
- 60 minutes of nurse time saved per virtual appointment (116 hours total)
- Nurse time saving reinvested to reduce SACT waiting times
- 5 kilograms (Kg) of carbon dioxide (CO_2) reduced per patient on average (527 Kg CO_2 reduced in total)

Workshop insights: How best practice could be implemented across the UK

Delegates broke out into groups to discuss how to support the delivery of future SACT day unit demand in an optimised way.

Capacity & Demand review

First, they considered Capacity & Demand review – with a focus on the value this would bring to their teams, and what would be needed to initiate such a review in their own workplace. In the feedback session, it was agreed that most would like to start a Capacity & Demand review, but there is a perception that more needs to be done to align with executives, and for many the business case is still under review. This situation can be improved by having a member of the clinical team present the evidence – the capacity numbers are powerful, but the focus must be modified for the audience. For example, in some scenarios a focus on patient safety may get more traction. It was suggested that informal, offline conversations with key stakeholders could help to inform the types of language and indicators to ensure positive outcomes. Patients themselves can be powerful advocates, and they have the right to access new drugs without delays caused by service capacity.

Innovative ideas to address capacity:

- Bring in a chair dedicated to quick turnover – perhaps as a place to give injections to deal with flushes
- Direct patients to satellite units when appropriate
- Look at flow through the unit, and consider different stations to reduce chair time for each treatment
- Consider wraparound care and impact on chair time, e.g. cold caps
- Understand staffing levels – how many chairs can each nurse manage, and what impacts that?
- Look at the impact of deferrals depending on different staffing models

Implementation of digital tools

In the second breakout, delegates considered what areas of SACT delivery might benefit from digital tools, and what would be needed to initiate implementation of a new tool. Introducing digital capabilities to manage patient care is relatively new for the NHS and has the potential to streamline cancer pathways. Only a minority of delegates were already using a patient-facing digital tool, and while others experienced challenges in planning how to implement one, there was an eagerness to start.

In the Trusts where cancer apps have been rolled out, there is a perception that patients like the educational resources they offer about their disease and treatment. Being able to automate patient requests is also desirable – for example, by enabling patients to input information into an app, a request could be generated for them to attend the hospital if 'red flags' are identified. This may also support the earlier identification and management of treatment side effects that the patient experiences.

It was agreed that apps could help capacity and patient flow. There is one being trialled to help streamline multi-disciplinary team (MDT) reviews – based on the concept that the app can remove simpler or more standard cases and pass those to a smaller clinical team for sign-off. This MDT-lite process might remove about 40% of patients from the standard MDT, freeing up time to discuss the more complex cases. But there are similar problems of integration and procurement. Integration with the NHS app is a particular problem as it provides no wraparound information. Communication remains the number one priority.

Barriers to be overcome for digital tools:

- Ability to demonstrate value to support procurement processes and adoption
- There is a need for a centralised way to share resources, with a standard framework that can be localised
- New standalone apps will not be accepted unless they can integrate with the NHS app – apps work best when integrated with electronic health records
- Alignment at regional and national levels

MSD's work to optimise cancer pathways

MSD is committed to working with the NHS to implement and optimise cancer pathways, support in solving capacity challenges and reducing variation in care to make access to cancer treatment equitable.

We have developed services to support NHS Trusts to implement and optimise oncology pathways and tools to support with capacity challenges that may be faced in hospitals.

We have a dedicated team who work with NHS Trusts to develop bespoke innovative projects, co-created with the NHS, to optimise patient pathways or expand NHS capacity, in order to improve cancer wait times.

If you would like to learn more about how we can support you and your Trust, contact a member of the MSD healthcare team at: msdukhealthcare@msd.com

To find out more about case studies of our work in supporting NHS Trusts, visit How We Have Helped on our MSD Engage website: www.msdengage.co.uk/how-we-have-helped/.

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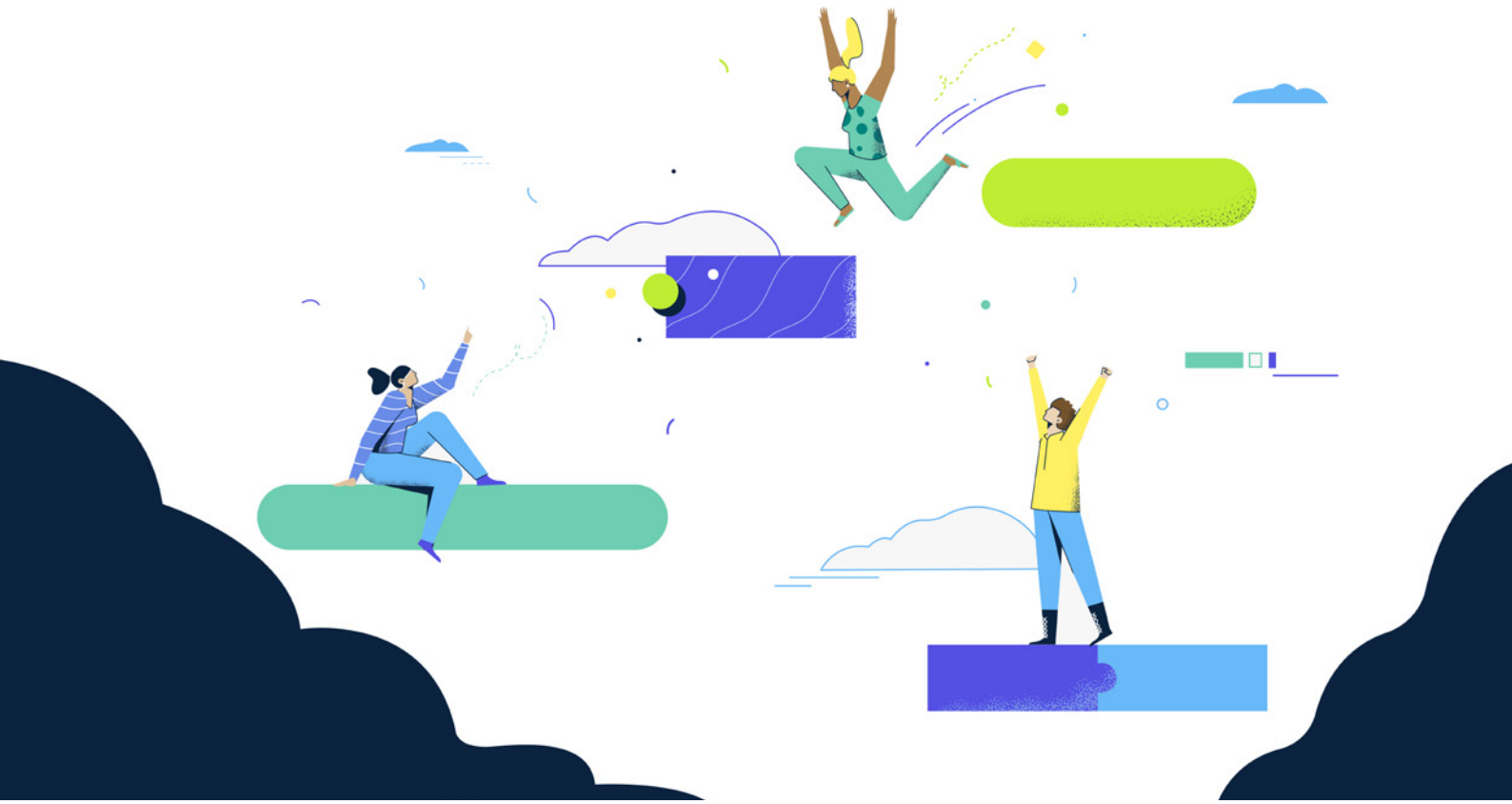

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