South East Wales Acute Oncology Service

Service Specifications

DIRECT			
Area of Investment / Post	**Service Proposal**	**Resource Assumption**	**Method of Deployment**
CNS	Manage initial presentations, support ambulatory pathways and key worker throughout acute oncology pathways.	Health Board	Directly employed by health board
ANP	Senior nursing to lead AOS teams. Independent decision making within areas of competency.	Health Board	Directly employed by health board
AHP	Support patients and facilitate patient management and effective / timely discharge.	Health Board	Directly employed by health board
Consultant Clinical Lead	Additional sessions to support AOS team clinically and provide education and training.	Health Board	Directly employed by health board
Consultant Palliative Care	Provide specialist support to hot clinics.	Health Board	Directly employed by health board
Consultant Radiologist	Additional time to enable enhanced access to timely radiological investigations.	Health Board	Directly employed by health board
Consultant Specialists (*Immunotherapy Toxicity Service)*	Provide organ system specific toxicity advice to MDT for patients with severe and life threatening immunotherapy toxicity, improving management of complex reactions. Enable access to timely investigations.	Health Board	Directly employed by health board
Medical Secretary	Admin to support the effective management and planning of patient administration. Administration of hot clinics.	Health Board	Directly employed by health board

SPECIALIST			
Area of Investment / Post	**Service Proposal**	**Resource Assumption**	**Method of Deployment**
Consultant Oncologist AOS LHB Direct Time	Oncologist (named, integrated with AOS team) lead via presence on the ground at the HBs, providing face to face clinical review (ward rounds and hot clinics – for urgent holistic oncology review), education and training (delivered in HBs), and regional pathway development. Current gap in timely, consistent oncology advice for clinical colleagues seeing acute oncology patients (face to face difficult conversations with patients), and staff education. Regular hot clinics run by the Oncologist will mean patients can be managed on an ambulatory basis and return home with a follow up appointment, avoiding unnecessary admission and intervention. Where admission is required patients will have access to an Oncology opinion thus minimising acute length of stay. Remit & timetable will be developed between local AOS team, named consultant and VCC Clinical Director. Supports admission avoidance and earlier discharge.	Four to five sessions per week for each Health Board. Includes presence at 1 - 2 hot clinics per week per HB	Employed by Velindre, provided via Service Level Agreement to LHBs

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Consultant Oncologist AOS Virtual Support (Oncologist of the Day)	Compliments the consultant oncologist by providing virtual touch points throughout the day for all hospitals in South East Wales, allowing consistent and timely advice no matter where patient admitted. Allows for cross cover with a portion of several VCC consultant job plans. Allows appropriate governance, documentation and communication with site specialist teams, palliative and primary care. Opportunity for early decision making on complex MUO patients and developing virtual clinical consultations with patients and families (when LHB own oncology consultant is not available on site). This will be in addition to the direct time oncologists spend at HBs so there will always be access to specialist oncology support. Current gap in timely, consistent oncology advice for acute patients. Supports admission avoidance and earlier discharge.	Daily Monday-Friday for a working day. Timings of work day to be determined in co-operation with HBs.	Employed by Velindre, funded through LTA block agreement.

SPECIALIST			
Area of Investment / Post	**Service Proposal**	**Resource Assumption**	**Method of Deployment**
Consultant Oncologist *(MUO/CUP Service)*	New service for cancer patients where primary sites of tumour-origin are not immediately apparent. Named MUO/CUP lead for South East Wales who Chairs MUO/CUP MDT (weekly, 1 hour extension to the current 'lunchtime' AOS MDT) based specialist advisory team offering prompt and expert opinion in facilitating accelerated decision making in this complex poor-outcome group of patients. Benefits of early specialist oncology and palliative input will reduce the number of inappropriate investigations, re/admissions, length of stay and significantly patient experience and outcomes. To provide support to wider HB AOS teams. Estimate of 5 new cases per week. This service is aligned with NICE recommendations on CUP/MUO (2010) and CUP/MUO Peer review measures, NHSE (2014).	Session for Weekly MDT, service leadership session and SPA. Clinical sessions for new Velindre outpatient activity funded via the Long Term Agreement (LTA) contracting process and not part of this resource.	Employed by Velindre, funded through LTA block agreement.
Consultant Radiologist *(MUO/CUP Service)*	New service for cancer patients where primary sites of tumour-origin are not immediately apparent. Additional time for input into MDT (as a core member) to actively review the outcome of all investigations, the treatment and care of MUO/CUP patients, and work with the wider AO services.	Attendance at CUP/MUO MDT and review cases prior to MDT. More time available for lunchtime acute oncology meetings.	Employed by Velindre, funded through LTA block agreement.
Consultant Pathologist *(MUO/CUP Service)*	New service for cancer patients where primary sites of tumour-origin are not immediately apparent. Additional time for input into MDT (as a core member) to review the treatment and care of MUO/CUP patients.	Attendance at CUP/MUO MDT, preparation time and SPA.	SLA with LHB, Funded through LTA block agreement

SPECIALIST			
Area of Investment / Post	**Service Proposal**	**Resource Assumption**	**Method of Deployment**
Clinical Nurse Specialist Band 7 *(MUO/CUP Service)*	New service for cancer patients where primary sites of tumour-origin are not immediately apparent. Clinical nursing support to patients across the region. Regional nursing lead for MUO/CUP, with remit to develop clinical pathways and links with AOS nursing teams. Combination of on-site and virtual support. Key worker and point of contact for patients, providing patient education and support as well as liaise between primary, secondary and tertiary care and third sector support. Provide specialised knowledge and training to other Acute Oncology Services.	Attends MDT Point of contact for patients. Support clinics.	Employed by Velindre, funded through LTA block agreement.
Consultant Palliative Care *(MUO/CUP Service)*	New service for cancer patients where primary sites of tumour-origin are not immediately apparent. Will provide support to MDT meetings (as a core member) and wider input into Health Boards. Expert liaison between palliative care teams, ensuring that patients are referred in to appropriate services and can access care such as symptom control and care plans.	Attendance at CUP/MUO MDT, preparation time and SPA for each LHB	Session identified and funded in each LHB.

SPECIALIST			
Area of Investment / Post	**Service Proposal**	**Resource Assumption**	**Method of Deployment**
Consultant Oncologist (*Immunotherapy Toxicity Service)*	New service for patients with Immuno-oncology (IO) toxicities. Regional service lead to establish clear pathways for toxicity management, including education and sharing expertise with teams in all acute hospitals as well as developing ambulatory pathways to deliver critical drugs. Service works closely with "oncologist of the day" and HB based oncology teams. Weekly MDT to provide specific toxicity advice for patients with severe immunotherapy toxicity. Failure to treat promptly results in lengthier and more complex patient admissions and adverse patient outcomes, particularly in the failure to complete active therapy, resulting in reduced survival. Service allows earlier discharge or admission avoidance by early recognition and treatment with robust route to medical and nursing expertise both during admission and to allow safety net at discharge. Approximately 15% of patients on single agent treatments develop severe toxicities, with 60% of patients on combination treatments developing severe toxicities. Patients are currently routinely admitted for prolonged steroids for 7 days. Average 225 patients / month on IO (late 2020). New drugs and new indications for drugs expected to see an increase number of patients, including doubling of usage of combination treatments, with the highest rates of reactions - combination treatments). Potential to support management of haemato-oncology patients on immunotherapies. 30% reduction in admissions / 50% reduction readmissions after toxicity service implemented (Clatterbridge).	Attendance at / Chair IO MDT Clinical sessions for new Velindre outpatient activity funded via the Long Term Agreement (LTA) contracting process and not part of this resource.	Employed by Velindre, funded through LTA block agreement.

SPECIALIST			
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Lead Clinical Nurse Specialist Band 8a (Immunotherapy Toxicity Service) *Sits outside the business case resource requirement*	*New service for patients with immunotherapy toxicities.* *Initial time limited funding to establish the service:* • *Develop clinical pathways in collaboration with HB AOS teams ensuring patients have effective care in a timely way;* • *Develop local pathways for the urgent management of toxicities with specialists (gastroenterology, endocrinology, dermatology, respiratory and cardiology);* • *Develop and update clinical guidelines;* • *Set up an IO triage clinic so patients with toxicity can be reviewed and receive appropriate care;* • *Lead and support staff education across SE Wales ensuring staff are aware of the potential side effects, early recognition and treatment.* • *Develop learning tools and educational resources to improve staff education.* • *Provide clinical nursing support for patients across the region.* • *Provide cover for band 7 delivering toxicity management services.*	*Attendance at MDT.* *Point of contact for patients.* *Manage and monitor patients on drugs treating toxicity.*	*Employed by Velindre, funded by Macmillan Cancer Support.* *Two year fixed term.*
Clinical Nurse Specialist Band 7 (*Immunotherapy Toxicity Service)*	Clinical nursing support to run the IO service for patients across the region: • Key worker and point of contact for patients, to liaise between primary, secondary and tertiary care; • Deliver triage clinic to assess patients on immunotherapy, and ensure prompt and early management of toxicities. • Working with oncologist team to deliver rehabilitation clinic following admissions with IO toxicity, managing patients on reducing steroid treatments, enabling early discharge. • Provide training to other AO services across care sectors. Average 225 patients / month on IO (late 2020).	Attendance at MDT. Point of contact for patients. Manage and monitor patients on drugs treating toxicity.	Employed by Velindre, funded through LTA block agreement.

SPECIALIST			
Area of Investment / Post	**Service Proposal**	**Resource Assumption**	**Method of Deployment**
Consultant Clinical Oncologist *(MSCC Pathway)*	Improve communication between spinal surgeons and clinical oncologists, improve pathways and surgical rates and functional outcomes for metastatic spinal cord compression which are below UK average.	Attendance at spinal MDT, preparation time and SPA. Additional patients treated in VCC would generate LTA funding.	Employed by Velindre, funded through LTA block agreement.

SPECIALIST			
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MSCC Co-ordination *(MSCC Pathway)*	Co-ordinate the care and management of MSCC across South East Wales and is a member of established spinal MDT. Ensure access to single point of contact for healthcare professional to liaise with within 24 hours. This role will provide a close liaison with Health Board MSCC champions embedded in AOS nurse roles. The MSCC co-ordinator will be a central point to co-ordinate the management pathway of patients with MSCC and will be working alongside AOS consultants, AOS nurses and the spinal surgical team. They will provide strategic regional developments for recognition, investigation, treatment and rehabilitation of patients with MSCC. Liaise with services across region (oncology, surgery and radiology and radiotherapy) to ensure early diagnosis, treatment intervention and rehabilitation in order to prevent paralysis and to ensure the best possible outcome and quality of life for the patients. Avoid inappropriate diagnostic tests and reduce length of stay for this group of patients. MSCC is deemed an oncological emergency and early diagnosis, treatment intervention and rehabilitation is necessary to prevent paralysis and to ensure the best possible outcome and quality of life. Numbers are increasing as patients are living longer with cancer and with the advancing treatment techniques. Audit data (VCC, June 2020) shows that 33% of telephone queries from DGHs/TCT/community teams are MSCC workups; nearly 20% were admitted by on-call oncology team to manage/investigate/plan RT; and at least 15% admitted via radiology due to findings on imaging at time of scan. NICE guidance 2008, NICE Quality Standard 2014 and as recommended in the South Wales MSCC Strategy 2016.	Attendance at spinal MDT.	This will be considered during detailed implementation planning.

SPECIALIST			
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Medical Secretary (Support to direct and virtual Oncologist of the Day)	Administrative support to ensure the effective communication and documentation of medical reviews and advice. Free up clinical staff time. Assumes that LHB based oncology time will be support by LHB teams. Support to direct and virtual "Oncologist of the Day" virtual support team, to facilitate timely communication and governance processes to LHBs and Primary Care.	Provide support to oncologist of the day every day of the week. Cross cover with MDT Co-ordinator role.	Employed by Velindre, funded through LTA block agreement.
MDT Co-ordinator (MUO/CUP and Immunotherapy Toxicity)	MDT Co-ordinator providing support to MUO/CUP and Immunotherapy Toxicity MDTs. Ensure discussion conclusions are documented and communicated between organisations including VCC, LHBs and primary care.	Staff time based on the number and frequency of new MDT meetings. Cross cover with AOS Medical Secretary role.	Employed by Velindre, funded through LTA block agreement.

Regional			
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Digital	Collection of standardised structured data using digital forms to improve patient safety, reduce duplication, support data analysis and reporting; and is a key enabler to understanding the impact of service through Patient Reported Outcome Measures. Improved mechanisms for communication are required across various parts of the patient pathway. Facilitating seamless access to specialist advice at point of care. To flag admission of diagnosed cancer patients within the SE Wales region, and enable access to records across the site to facilitate specialist support. Year one posts: Business Analyst (Band 7, 24 months) and Solutions Architect (Band 8a, 9-12 months) to undertake scoping and discovery work package to: understand the various touch-points between organisations along the patient pathway, identify areas of waste and duplication, assess digital landscape and identify appropriate solution in line with a standards based approach and the national architecture review. Undertake a pan region review of data capture both manual and electronic perspective; identify opportunities to accelerate with existing technologies; and design forms to capture and link data ensuring a whole system approach.	Currently detailed analysis for scoping phase only. Final resources would depend on agreed solutions and access to central funding.	Employed by or seconded to Velindre, funded through LTA block agreement. Could be hosted by an LHB if preferred.
Education and training	Region wide fund to enable AOS clinical staff in all the organisations to access external training, particularly for CNS and ANP staff (part time MSc courses at local universities cost around £2000 per year over 3 years - CNS / 4 years - ANP). To maintain the principle of equity, the proposal would be to develop a regional education and training programme.	Enable new CNS/ANP/AHP roles to access external training.	Pooled fund, to be overseen by AOS Project Board.

Regional			
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Project Management	Effective implementation of the clinical model across the region and link between the AOS project team and organisations.	Provide regional project management to all elements of business case, including AOS governance and delivery groups.	Employed by or seconded to Velindre, funded through LTA block agreement. Could be hosted by an LHB if preferred.