



FEATURE

The BMJ Awards 2019: Cancer Care Team of the Year

The shortlisted finalists are improving rates of diagnosis and transforming services, reports **Jacqui Wise**

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Delivering lung cancer screening to the “hard to reach”

Manchester has the highest incidence of lung cancer in England and more than two thirds are diagnosed at a late, incurable stage, says Richard Booton, clinical director of the Manchester Lung Health Check Programme at Manchester University NHS Foundation Trust.

In 2016 Wythenshawe Hospital designed a pilot screening scheme in conjunction with the Macmillan Cancer Improvement Partnership. This was based in deprived communities of the city, targeting those who are often described as “hard to reach.” Ever smokers aged 55 to 74 were invited to have a lung health check at mobile units placed in supermarket car parks. The check included an assessment of symptoms, spirometry, cardiovascular risk assessment, and stop smoking advice. Those patients most at risk were then offered low dose computed tomography (CT) scanning.

During the pilot scheme 2541 patients had a lung health check, of which 1384 had a CT scan. The results were impressive. “We picked up one lung cancer for every day we screened,” says Booton. The overall lung cancer detection rate was 4.4%, of which 80% were early stage I and II. In addition, 18.5% were found to have previously undiagnosed chronic obstructive pulmonary disease and 33% were identified as at high risk of cardiovascular disease but not on primary prevention.

The pilot scheme was so successful it will be rolled out across the north Manchester area from April 2019 and has been referenced in the NHS Long Term Plan.

Transforming care for patients with neuroendocrine tumours

Neuroendocrine tumours are uncommon cancers that mainly affect the gastrointestinal tract. They can be complex to manage, requiring the input of many different specialties. In south Wales there was a fragmented service with unequal access to expertise, lack of cancer nurse specialist support, and a high burden of gastrointestinal symptoms, says Mohid Khan, consultant in gastroenterology and neuroendocrine tumours at the University Hospital of Wales, Cardiff.

In September 2017 a specialised neuroendocrine tumour service was set up in Cardiff serving patients across south Wales. A multidisciplinary team meeting is held twice a month with input

from gastroenterologists, oncologists, endocrinologists, surgeons, and cancer nurse specialists.

“This is a complex, heterogeneous group of patients—some can survive for a number of years and some have more aggressive cancers. There was a need for a more coordinated service,” says Khan.

The overall patient satisfaction rate has improved from 18% with the old service to 99% with the new service. The proportion of patients reporting difficulty in accessing treatments reduced from 40% to 12%. Patients feel their gastrointestinal symptoms are more controlled which improves their quality of life, says Khan.

Improving the lung cancer pathway

The National Cancer Patient Experience Survey showed that Basildon and Thurrock University Hospital was performing below the national average. It was a stressful process for patients, with long times from referral to diagnosis, multiple hospital visits, and not much information or support, says Marcus Pittman, respiratory consultant at the hospital.

The lung cancer pathway was redesigned so that a pathway navigator telephones the patient as soon as a referral arrives and offers a CT scan within 24 to 48 hours. All patients are discussed in a weekly multidisciplinary meeting and those with scans that are not concerning are informed immediately, reducing their stress.

Patients with abnormal scans are now seen urgently in a dedicated cancer clinic with a specialist nurse to provide support. A bundle of tests—positron emission tomography scan, CT head scan, and lung function tests—are now carried out on the same day, reducing the number of separate visits needed and the time to diagnosis. By the time the patient sees the consultant they will have had all their scans and tests so they can be given a clear plan, says Pittman.

The changes have resulted in the time from referral to first attendance being reduced from 12.7 days to 3.6 days, time to benign diagnosis from 29.1 days to 12.9 days, and time to treatment slashed from 89 to 48 days.

Caring for teenage cancer patients

Teenagers and young adults with cancer need more than just cancer treatment. Having a cancer diagnosis throws their entire

lives up into the air, says Robert Carr, consultant haematologist at Guy's and St Thomas' NHS Foundation Trust. "They need support to deal with education, work, home, and everything else."

Most teenage and young adult cancer centres in the UK provide some psychosocial support within inpatient units. It tends not to continue after treatment, however, and often is not offered to those patients needing no specific treatment—for example, if the patient has a benign brain tumour. Guy's and St Thomas' Hospital set up a weekly multidisciplinary outpatient clinic to provide holistic care for all 16 to 24 year old cancer patients in south east London.

The clinic is unique in that it includes a psychologist, social worker, dietitian, fertility consultant, clinician, and specialist nurse. "It's a one stop shop where each patient sees every member of the team," says Carr. At the end of each session the close knit team gets together to discuss each patient, work out what their needs are, and tackles problems in a coordinated way.

Patient feedback has been very positive. Around 200 patients are currently supported by the clinic with over 90% continuing to attend and report benefit for more than two years after diagnosis.

Detecting lung cancer early

"In Leeds, lung cancer is the biggest cause of premature deaths by quite a margin," says Matthew Callister, consultant respiratory physician at Leeds Teaching Hospitals NHS Trust. "It's also a big driver of health inequalities. The rate of lung cancer in deprived communities is twice that of more affluent communities."

After a process of intense information gathering, a public communications campaign was designed with the slogan, "Got a cough? Get a check." This was delivered through bus adverts, beer mats, pharmacy bags, leaflets, and posters in surgeries and pharmacies in five waves between 2011 and 2018.

In tandem, a primary care education package was developed to increase GP referral rates for chest x rays. Uniquely, a self request chest x ray service was set up so that over 50 year olds with a persistent cough of three weeks or more could get an x ray without a GP referral.

The results are impressive. There was an 83% increase in chest x rays—1576 a month before the campaign to 2878 a month during the campaign. There was an 8.8% increase in the proportion of patients diagnosed with early stage (I and II) lung cancer and a 9.3% reduction in the numbers of patients diagnosed with advanced stage disease. Lung cancer deaths in Leeds have reduced by 8.5%—there were 497 deaths a year in 2000-10 and 455 for 2014-17. Callister says it's difficult to establish a causal link but these trends on stage distribution and lung cancer deaths have not been seen nationally.

Holistic monitoring by telephone

All bowel cancer patients have five years of follow-up after surgery which means patients with no significant complications will have around 10 to 12 hospital appointments. Normally patients come to a clinic which is a time pressurised environment both for the patient and the clinician, says Anil Reddy, consultant colorectal surgeon at South Tees NHS Trust.

In order to provide more holistic care, the team devised a remote monitoring clinic that didn't just focus on the cancer but on general health and wellbeing. Patients are given a specific timeslot for a telephone appointment with a colorectal nurse specialist so they can talk in the comfort of their own home. If the patient has specific concerns between appointments, they can pick up the phone to call anytime. The patients are also invited to support group meetings and given information about self management.

Patient satisfaction is high as they feel there is time to discuss their problems in a safe and confidential environment, and they have also cut down on unnecessary travel to hospital, says Reddy. "We are also cutting down the cost to the NHS and freeing up consultant appointments for new patients and complex cases."

The Cancer Care Team of the Year award is sponsored by the Macmillan Cancer Support. The winners will be announced at the awards ceremony on 24 April 2019 at the Park Plaza Hotel, Westminster. To find out more go to thebmjaward.com.

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