London Living with and Beyond Cancer: Metrics Definitions 2017

Approved by the

London LWBC Partnership Board

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RM Partners Accountable Cancer Network

Our Healthier South East London Improving health and care together

NHS Transforming Cancer Services Team for London

UCLH Cancer Collaborative NHS

About this document

The Transforming Cancer Services Team, in partnership with Macmillan Cancer Support, RM Partners, South East London Accountable Cancer Network and UCLH Cancer Collaborative, have developed regional definitions for measuring the recovery living with and beyond cancer (LWBC) package interventions and stratified follow-up pathways.

These definitions were developed based on the London commissioning intentions for LWBC that have been in existence since 2013. This includes Holistic Needs Assessments, Treatment Summaries, Health and Wellbeing Events (or similar) and stratified follow-up pathways for breast, colorectal and prostate cancers. The definitions were developed collaboratively and approved by the pan London Living with and Beyond Cancer Partnership Board in June 2017. The definitions will be reviewed in 2018.

The recovery package and stratified follow up pathways are two of the three national “must do’s” for living with and beyond cancer in the NHS Operating Planning and Contracting Guidance for 2017-19 (see Annex 7).

Metric 1: Number of individuals receiving a Holistic Needs Assessment at diagnosis

Holistic Needs Assessment (HNA): The agreed pan-London tool - or the eHNA tool. The London HNA tool comprises a distress thermometer, concerns checklist and an integrated care plan. It is available in print and electronic form on the Living with and Beyond Cancer page of the *London Cancer* website:
http://www.londoncancer.org/cancerprofessionals/living-with-and-beyond-cancer/
We have an expectation that services will migrate to use of e-HNA in order to standardise the tool used across all of our trusts within London. Copies of the completed HNAs are provided to the patient and sent to the GP.

At diagnosis: This is to be conducted at a time that best meets the personal and clinical needs of the individual. It is anticipated that this will be within 6 weeks of them receiving their diagnosis. In the event that an individual receives treatment at a different trust to the one in which they were diagnosed, the treating trust should either receive a copy of the HNA conducted at the diagnostic centre or be advised if one requires conducting.

Numerator: Number of individuals who have received a Holistic Needs Assessment within 6 weeks of diagnosis. One count per patient.

Denominator: Number of 1st treatments reported by the trust for Cancer Waiting Times within the quarter (i.e. number of patients reported against the 31 day decision to treat to first definitive treatment standard).

Metric 2: Number of individuals receiving a Holistic Needs Assessment at end of treatment

End of treatment: This refers to the point on the pathway when either:

- the individual has finished receiving all cancer treatment and is being discharged back to the GP, or
- the individual will not receive any planned treatment at the acute trust for 6 months, or
- the individual is being transferred to palliative/EOLC services

Numerator: Number of individuals who have received a Holistic Needs Assessment at end of treatment. One count per patient

Denominator: Number of 1st treatments reported by the trust for Cancer Waiting Times within the quarter (i.e. number of patients reported against the 31 day decision to treat to first definitive treatment standard). Data pulled from Open Exeter. Please note that this is a proxy only as it is recognised that most patients will not receive a HNA at end of treatment within the same quarter as decision to treat.

Metric 3: Number of individuals receiving a treatment summary

Treatment summary: This document summarises the treatment received from diagnosis through to the end of primary treatment* in order to support the GP to provide care in the community. Information included within the summary includes: the secondary care on-going management plan, medications, possible symptoms indicating toxicity/consequences of treatment/recurrence. It also outlines the patient's understanding of their prognosis and recommended GP actions for future management (e.g. osteoporosis or cardiac screening). Completion is the responsibility of the medical team and copies are sent to the GP and patient. The London agreed treatment summary template is available on Somerset and Infoflex software systems.

***End of primary treatment:** This refers to end of first treatment or treatments given. This could include any one, or combination, of surgery, radiotherapy, chemotherapy or biological therapies.

Please note the following:

- Individuals who are managed by the specialist palliative care team only (either discharged from or never under the oncology service) are excluded.
- It is considered good practice for the patient and their GP to receive a copy of the treatment summary within 1 week of end of primary treatment.

Numerator: Number of individuals who have received a Treatment Summary.

Denominator: Number of 1st treatments reported by the trust for Cancer Waiting Times within the quarter (i.e. number of patients reported against the 31 day decision to treat to first definitive treatment standard). Data pulled from Open Exeter. Please note that this is a proxy only as it is recognised that most patients will not receive a Treatment Summary within the same quarter as decision to treat.

Metric 4: Total number of individuals attending a Health and Wellbeing Event

Health and Wellbeing Event (HWBE): The event - either a group or 1:1 appointment with the CNS/ Allied Health Professional - assists individuals to manage the transition between the treatment and follow-up phase of the pathway. These events provide opportunity for the individual living with or beyond cancer to receive education and support to enable them to lead as normal and active life as possible. It also provides opportunity for patients to ask questions and:

- To gain information on self-management, physical activity, suspicious signs or symptoms to trigger contact with the medical team, and contact details for relevant health professionals.
- To be signposted to local services as appropriate
- To capture unmet need, for example where patients need to be referred or signposted to a service that doesn't exist or doesn't meet their specific needs.

To be classified as a Health and Wellbeing Event, core content must include:

- Expert advice on **health promotion** - to minimise risk of recurrence and support healthy living. i.e. being physically active, nutrition, healthy weight management, smoking cessation. To include information/support to effect behavioural change.
- **Support** to ensure that individuals have the confidence and skills to manage their condition themselves – i.e. referral onward to rehabilitation and psychological support services as appropriate and signposting to local support groups or buddying services.
- **Information about complementary therapies -** how these therapies may help to facilitate wellbeing.
- Advice on **adjusting to life after treatment** – addressing fears of cancer recurrence.
- Information on **signs and symptoms of recurrence** and **potential consequences of treatment**. All events should clearly convey and reinforce the methods to activate fast-track access back into the system if there are any concerns regarding new symptoms or recurrent disease.
- Information and access to **financial and benefits advice**.
- **Vocational rehabilitation** – access to services for patients, information patients and carers can share with their employers.
- **Management of symptoms.** For example fatigue or physical discomfort.

Optional content

- Mindfulness
- **If it is a tumour specific event, specific issues relevant to the individual's type of cancer.** For example colostomy care, prosthetic care, early detection and management of lymphoedema, body image & sexual function.

Numerator: Number of individuals who received core HWBE information in a group or 1:1 session (by tumour type). One count per patient.

Denominator: Number of 1st treatments reported by the trust for Cancer Waiting Times within the quarter (i.e. number of patients reported against the 31 day decision to treat to first definitive treatment standard). Data pulled from Open Exeter. Please note that this is a proxy only as it is recognised that most patients will not receive core HWBE information within the same quarter as decision to treat.

Metric 5: Number of individuals (with breast, colorectal or prostate cancer) stratified onto self-management follow-up pathway

Self-management follow-up pathway: A collaborative partnership between patients and health professionals that empowers the individual to self-manage their condition and well-being without the need to participate in routine follow-up appointments. Supported self-management pathways aim to give individuals the confidence and capability to move on from their cancer diagnosis and treatment - and live actively and well.

Features of a self-management pathway include:

- Implementation of all Recovery Package interventions (HNA, treatment summaries, Health and Wellbeing Events and Cancer Care Reviews)
- Education re. topics such as warning symptoms requiring review by a specialist, nutrition, physical activity
- A remote monitoring system to manage on-going surveillance tests – e.g. mammographies/CT scans.
- Contact details/helpline for the specialist team
- Rapid re-access to the specialist team as required.
- Co-ordination of care between secondary and primary care

For further information on stratified follow-up and supported self-management, please follow the link below to NHS England website:

https://www.england.nhs.uk/wp-content/uploads/2016/04/stratified-pathways-update.pdf

Numerator: Number of individuals with breast, colorectal and prostate cancer who are stratified onto a self-management pathway.

Denominator: Number of 1st treatments reported by the trust for Cancer Waiting Times within the quarter (i.e. number of patients reported against the 31 day decision to treat to first definitive treatment standard). Data pulled from Open Exeter. Please note that this is a proxy only as it is recognised that most individuals will not be stratified onto a self-management pathway within the same quarter as decision to treat.

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