

## Final Project Report

**A Joint working agreement between Sanofi and The Christie NHS Foundation NHS Trust to understand and improve the patient journey and experience within the cSCC service across Greater Manchester**

### 1.0 Project Aims and Objectives

The focus of this joint working project between Sanofi and The Christie NHS Foundation NHS Trust was to understand and improve the patient journey and experience within the cSCC service across Greater Manchester.

The **aim** of the project was to improve the care of cSCC patients through analysis of the cSCC pathway and service and the recruitment of a dedicated Clinical Nurse Specialist for cSCC.

The **objectives** of the project were as follows:

#### **1. Regional and National leadership and service development (these elements will be delivered by Sanofi and Christie staff) and will include activities including**

- a) Mapping out the current service provision and pathway to identify current pressure points and identify areas where improvements could be made
- b) Working with internal Christie stakeholders and regional partner trusts to facilitate the establishment of a more effective service provision and facilitate the establishment of equivalent clinical service development and supporting education and research referral networks
- c) Set-up a cSCC pathway in line with national guidance and stratify new and existing patients (depending on the patients' needs) to ensure equitable and improved levels of care

#### **2. Education (these elements will be delivered by The Christie staff) which will include:**

- a. Educational support to outreach clinics across the Christies catchment area where patients receive SACT.
- b. Improve the education of cSCC to HCPs with respect to the disease area, treatments and new developments both within the new expanded clinic by additional training and externally sharing best practice with other cSCC teams in other hospitals
- c. Enhancing patient experience by providing nurse-led support to educate patients on their disease, treatment choices, outcomes and goals
- d. *Sanofi will support the initial engagement with relevant Healthcare professionals, in order to make them aware of the new educational support that is available for both patients and clinicians.*

#### **3. Expanding the cSCC CNS role to include:**

- a. Additional weekly specialist clinics (general Clinical Oncology skin clinic and cSCC SACT clinic). This will include Telephone and virtual clinics to support patients beyond immunotherapy treatment
- b. Attendance at SSMDT alternate weeks to ensure that patients are given earlier access to cSCC specialists and treatments

To deliver the project objectives the Project Manager from Sanofi worked alongside the Project Team consisting of Non-Melanoma Specialist Nurse, Consultant Clinical Oncologist, Consultant Medical Oncologist, Service Manager.

### 2.0 Expected Benefits

The project has delivered the following benefits for patients and the NHS in Greater Manchester:

**Patients:**

- Patients have been provided with more equitable and consistent care as well as improved and quicker access to care.
- Better education around cSCC through spending more contact time with the Nurse Specialist.
- Better access to treatment options as well as a clearer pathway of care with a better experience of the system.
- Care closer to home by enabling patients to receive immunotherapy in local treatment centres.

**Hospital Trust / ICB / Cancer Alliance:**

- Implemented a better and more efficient patient pathway for cSCC across the Greater Manchester area.
- Reduced by 18 days the referral to treatment waiting times to commence treatment.
- Improved identification of cSCC patients who could benefit from immunotherapy and through earlier referral this has improved treatment in a timely manner.
- Better understanding and knowledge of cSCC among local HCPs.
- Increased engagements with appropriate patients to provide additional support and education.

**Sanofi**

- A better understanding of the Non-Melanoma patient pathway across Greater Manchester.
- Improved corporate reputation with The Christie and the Greater Manchester Cancer Alliance

**3.0 Project Outcomes**

A summary of the key outcomes from the project are shown in the table below:

Review of CSCC Pathway in Greater Manchester	
<p>Mapping out the current service provision and pathway to identify current pressure points and identify areas where improvements could be made</p>	<ul style="list-style-type: none"> <li>• The pathway was mapped from the Specialist Skin Multi-disciplinary Team (SSMDT) through to oncology treatment. This identified a number of opportunities to improve the pathway including:               <ul style="list-style-type: none"> <li>○ awareness of treatment options amongst clinicians;</li> <li>○ receipt of inappropriate referrals to the Oncology Service;</li> <li>○ lack of capacity within the oncology service for treatment of non-melanoma skin cancer patients;</li> <li>○ lack of dedicated nursing support for patients with cSCC and non-melanoma skin cancer</li> </ul> </li> </ul>

	<ul style="list-style-type: none"> <li>○ the current process for handling patient queries which caused delays for patients.</li> </ul>
<p>Working with internal Christie stakeholders and regional partner trusts to facilitate the establishment of a more effective service provision and facilitate the establishment of equivalent clinical service development and supporting education and research referral networks</p>	<ul style="list-style-type: none"> <li>• A specialist nurse for cSCC was funded for 2 years through this joint working project.</li> <li>• Originally the Specialist Nurse was going to focus on cSCC patients but early in the implementation of the role it was recognised the value that this role would bring to all non-melanoma skin cancer and not just cSCC and therefore the Specialist Nurse role was expanded to cover all non-melanoma skin cancer patients.</li> <li>• The Non-Melanoma Specialist (NMSN) started by picking up the non-melanoma skin cancer patients from the Head and Neck Clinic including patients on immunotherapy and radiotherapy patients.</li> <li>• The NMSN has enabled the service to establish in August 2023 a dedicated Non-Melanoma Skin Cancer Clinic staffed by the Non-Melanoma Specialist Nurse and Consultant Medical Oncologist. This has taken patients out of busy Head &amp; Neck Clinics enabling non-melanoma skin patients to receive specialist input in a dedicated clinic. The NMSN then took the lead role in co-ordinating the treatment journey for non-melanoma skin cancer patients.</li> <li>• This has enabled the service to reduce the average referral to treatment time (RTT) by 18 days. Analysis of the waiting time from referral to commencement of treatment for the 3 month periods prior to and post implementation of the dedicated Non-Melanoma Skin Cancer Clinic shows the following:             <ul style="list-style-type: none"> <li>○ Average RTT of 45 days between May to July 2023 and a range between 42 and 49 days.</li> <li>○ Average RTT of 24 days between September and November 2023 and a range of between 21 and 28 days.</li> </ul> </li> <li>• The NMSN has established a telephone clinic to follow-up patients 2 weeks post radiotherapy and whilst having immunotherapy treatment.</li> <li>• All patient queries go to the Specialist Nurse to respond to during the working week and queries received over the weekend would be directed to the Specialist Nurse to respond to on the Monday. Previously patients were contacting the Patient Hotline, Secretary and Consultant.</li> </ul>

	<ul style="list-style-type: none"> <li>The Specialist Nurse can deal with patient queries directly and this has therefore freed up Consultant and Secretary time and improved patient experience. Analysis of activity data for one month showed that the NMSN had 21 Immunotherapy patients and 34 Radiotherapy patients she had contact with. For the Immunotherapy patients this equated to 18 hours of patient contact plus 50 calls/emails. Radiotherapy patients amounted to 20.5 hours of patient time and 47 calls/emails. This was in addition to her clinics, ward rounds and other duties. This shows the potential Consultant and Secretary time freed up by having the NMSN in post.</li> </ul>
<p>Set-up a cSCC pathway in line with national guidance and stratify new and existing patients (depending on the patients' needs) to ensure equitable and improved levels of care</p>	<ul style="list-style-type: none"> <li>Developed protocol led treatment pathway supported by nurse led telephone clinic which supports delivery of advanced therapies closer to home which improves the patient experience.</li> <li>Updated toxicity management protocols across Greater Manchester which has enabled clinicians to identify toxicity problems for NMSC patients earlier and to refer to the Specialist Nurse for review and appropriate treatment.</li> </ul>
<p>Enhancing patient experience by providing nurse-led support to educate patients on their disease, treatment choices, outcomes and goals</p>	<ul style="list-style-type: none"> <li>An initial patient survey was undertaken in June 2022 by the service to obtain patient views on the service. The main findings from the survey were:             <ul style="list-style-type: none"> <li>The majority of patients were not aware of the Skin Clinical Nurse Specialist as the role was relatively new when the survey was undertaken.</li> <li>40% of patients said that the Doctor/Consultant/ANP was their main contact throughout their treatment so far (10% Hotline, 15% Secretary and 10% GP)</li> <li>78% of patients (14 out of 18) stated that there had been occasions where they needed support but didn't know how to get it</li> </ul> </li> <li>A follow-up patient survey was undertaken in September 2022. The main findings from the survey were:             <ul style="list-style-type: none"> <li>100% of patients had met the Skin CNS and knew how to contact her if required</li> </ul> </li> </ul>

	<ul style="list-style-type: none"> <li>○ 100% of patients said that if they have a question in relation to their treatment or side effects, they knew who to call.</li> <li>○ The majority of patients (19 out of 32, 60%) said that they would contact the Skin CNS. 9 patients said they would contact the Hotline; 1 patient would contact the Doctor/Consultant/ANP and 3 patients would contact their GP.</li> <li>○ 89% of patients (17 out of 19) stated that there had <u>not</u> been occasions where they needed support but didn't know how to get it. Of the 2 patients who needed support, one patient stated that they had contacted the Skin CNS and they sorted it out for them and the other contacted the Hotline.</li> <li>○ 100% of patients said that they had their emotional needs met by the Skin CNS.</li> <li>○ 100% of patients stated that they were given information by the Skin CNS in a way which they understand.</li> <li>○ 13 patients (68%) scored 10 out of 10 how supported they feel with the current service and 6 patients (32%) scored this 9 out of 10.</li> <li>○ Patient comments on the Skin CNS:             <ul style="list-style-type: none"> <li>• “Very helpful to have a direct contact with specialist nurse”</li> <li>• “The CNS is very supportive. Whether it was pain medications or dressings I needed”</li> </ul> </li> </ul>
<b>Supporting education and research referral networks</b>	
<p>Educational support to outreach clinics across the Christies catchment area where patients receive SACT.</p>	<ul style="list-style-type: none"> <li>• The Specialist Nurse contacted all outreach clinics and ran educational sessions for appropriate clinical teams to provide updates on treatments and pathways</li> </ul>
<p>Improve the education of cSCC to HCPs with respect to the disease area, treatments and new developments both within the new expanded clinic by additional training and externally sharing best practice with other cSCC teams in other hospitals</p>	<ul style="list-style-type: none"> <li>• Held a series of 3 Education Meetings were held across Greater Manchester and Preston which focussed on the cSCC treatment pathway. These were attended by Clinical and Medical Oncologists, Head &amp; Neck and Plastic Surgical Teams including Consultants, Junior Doctors, Nurses and Trainees and Dermatology Consultants and Nurses. This increased awareness of the treatment pathways and treatment options for patients with cSCC in Greater Manchester and facilitated discussion on how to improve the pathway and develop</li> </ul>

	<p>collaboration between departments. The increased awareness of the pathway and treatment options has reduced the level of inappropriate referrals into the Oncology Service.</p> <p><i>Note: Sanofi were not involved in the development or delivery of the educational programme content.</i></p>
Research Network Development	Developed links with Research Networks including real world analysis with Leicester and Portsmouth.
<b>Expanding the cSCC CNS role to include:</b>	
Additional weekly specialist clinics (general Clinical Oncology skin clinic and cSCC SACT clinic). This will include Telephone and virtual clinics to support patients beyond immunotherapy treatment	<ul style="list-style-type: none"> <li>• The NMSN has enabled the establishment of a specific non-melanoma skin cancer clinic staffed by the Non-Melanoma Specialist Nurse and Consultant Medical Oncologist. This has taken patients out of busy Head &amp; Neck Clinics enabling non-melanoma skin patients to receive specialist input in a dedicated clinic.</li> <li>• This clinic is also alongside (same time and place) the NMSC radiotherapy-oncology and surgical clinics supporting the capture of patients undergoing radiotherapy enabling better multi-disciplinary input and management.</li> <li>• The NMSN has established a telephone clinic to follow-up patients 2 weeks post radiotherapy and whilst having immunotherapy treatment.</li> </ul>
Attendance at SSMDT	<ul style="list-style-type: none"> <li>• The Non-Melanoma Specialist Nurse attends the SSMDT on alternate weeks to ensure that patients are given earlier access to cSCC specialists and treatments.</li> </ul>
<b>Other Service developments which have been enabled via this project</b>	
Expanding Nurse Specialist roles and experience	<ul style="list-style-type: none"> <li>• Due to maternity leave of the NMSN, another Nurse Specialist provided cover for the NMSN role which has enabled the upskilling of a second Specialist Nurse in the management of non-melanoma skin cancer patients. This will therefore provide cross cover for the NMSN and support continuity for patients.</li> </ul>
Care closer to home	<ul style="list-style-type: none"> <li>• The Specialist Nurse has improved links with the Palliative Care Team and local Hospices which has enabled patients on immunotherapy treatment who are stable to have this provided at local Hospices. Whilst on treatment the Specialist Nurse is the key contact for the patient and the Hospice delivering the treatment. This has meant that patients only have to have Consultant follow-up appointment 3 monthly rather than every 3</li> </ul>

	weeks, thereby freeing up Consultant capacity. This has improved patient experience by enabling them to have their treatment closer to home.
Capturing patients undergoing radiotherapy	<ul style="list-style-type: none"> <li>The non-melanoma skin cancer clinic is held alongside (same time and place) as the NMSC radiotherapy-oncology and surgical clinics has supported the capture of patients undergoing radiotherapy enabling better multi-disciplinary input and management.</li> </ul>
Nurse led prescribing	<ul style="list-style-type: none"> <li>Nurse led prescribing is a planned development of the Specialist Nurse post to support SACT management.</li> </ul>

#### **4.0 Project timelines**

The project commenced in March 2022 and was completed in March 2024 which was in-line with the original planned timescales

#### **5.0 Project Influences**

The outcomes of the collaborative working project to review and improve the NMSC pathway have been shared within the Christie Foundation Trust. This has led to the service being successful in obtaining continued funding for the NMSC Specialist Nurse role.

The NMSC Specialist Nurse has reached out to other skin cancer treatment centres in England and has identified that other centres do not have a dedicated NMSC but they recognised that this would be a valuable addition to the MDT and service. There are plans to develop a Non-Melanoma Skin Cancer Network to further develop links across skin centres for non-melanoma.

#### **6.0 Project Team Feedback**

Written Feedback was received from the following people on the outcomes of the collaborative working project and working with Sanofi has been received from:

**Dr Robert Metcalf**, Consultant Medical Oncologist, The Christie NHS Foundation Trust:

The experience of working with the Sanofi team was very constructive and collaborative throughout and there was clear benefit from the industry experience brought to this project. The project has improved patient care and deliver value to the service by enabling the set-up of a bespoke clinical service around this patient group.

**Margaret Cox**, Service Manager Networked Services, The Christie NHS Foundation Trust:

It has been a very positive experience working collaboratively with Sanofi on this project. It has enabled us to provide support for our patients who previously could not access a skin CNS support. The data we were able to collect from the patient surveys during this project enabled us in our application for additional funding to employ the CNS substantively and this will benefit our patients in the future.

