

International CME webinar

GOOD PRACTICES FOR IMPROVING THE EFFICIENCY OF CANCER TREATMENT IN EUROPE



Efficiency in Cancer Care through quality improvement, research and innovation: Scotland's approach

Dr Ioanna Nixon, Clinical Oncologist and Principle Knowledge Exchange Fellow Cancer Innovation Lead WOS

Regional Quality Improvement Lead

Scientific
Coordination



Under the
auspices of



Provider
and Organisation



“Efficiency in Cancer Care through quality improvement, research and innovation: Scotland’s approach ”



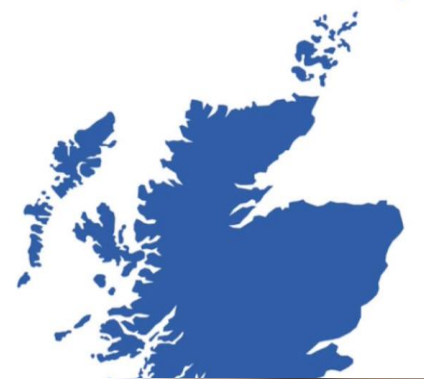
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3,540,000,000 results on 



efficiency

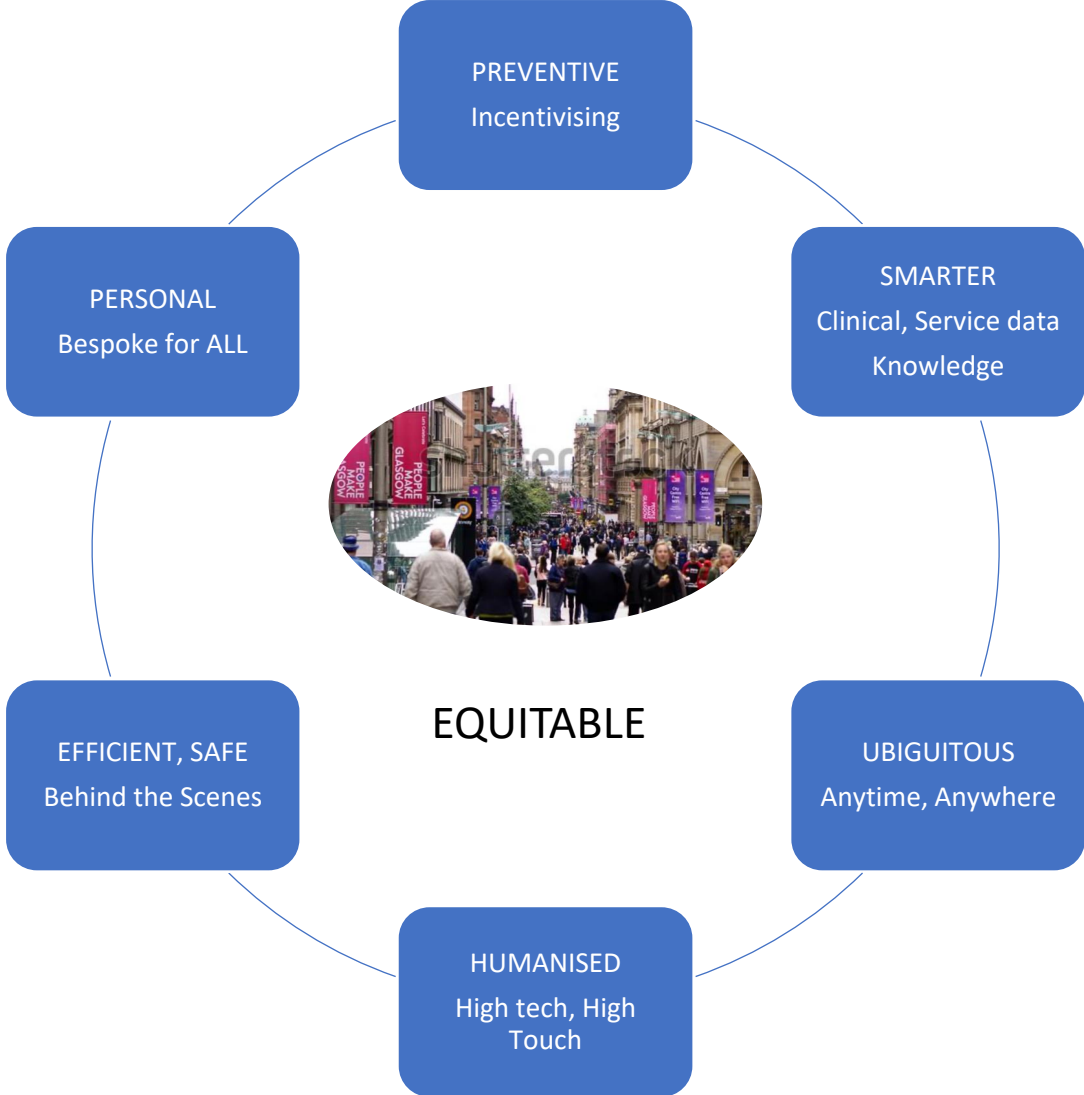
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noun





Future of cancer care ecosystem through QI, Research and Innovation



Strengths
Opportunities
Aspirations
Results

Prevention Early Detection Precision Medicine Inform and Support Survivors!





Volatility

Uncertainty

V

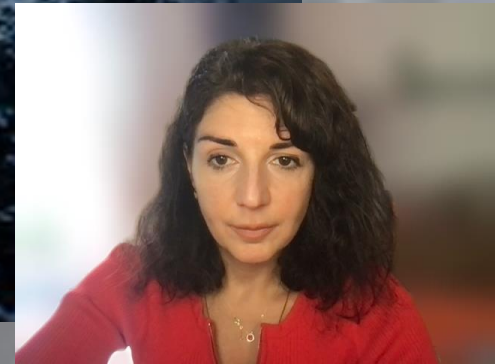
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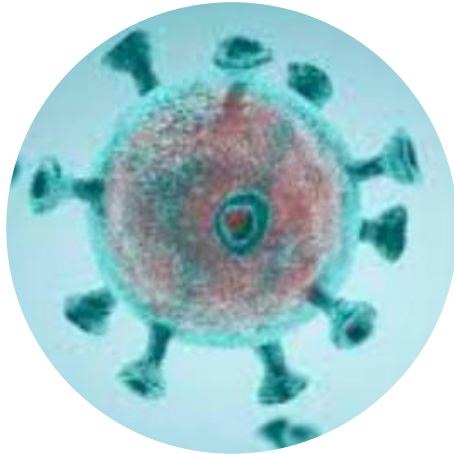
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Complexity

Ambiguity



The Climate in oncology



What is efficiency and what the priorities in Scotland?

“Efficiency in cancer care involves **having the right conversations, at the right time, in a way that creates and sustains real communication**. It’s essential that the patient understands the options they have, and feels empowered to exercise choice. The Scottish Patient Safety Programme is a key part of our approach to improvement. It focuses on access, quality and sustainability, all of which are key components of efficiency. It is built on small tests of change rather than a big bang approach, which makes it agile and responsive to local needs.”

Prof Paul Gray, former Director General NHS Scotland

“the most important factors to help improved efficiency in cancer care would be to make sure there is **consistency in treatment and practice across the country**. We would love to see the progression of precision oncology as a concept. Basically, diagnosis and treatment services which allow for more personalised and individualised care. Better infrastructure for genomic research and practice would help people to access the best possible drugs for them and therefore improve impact and quality of care”.

Martin Cawley, CEO, Beatson Cancer Charity, Scotland

“Efficiency in cancer care is **maximising use of workforce and technology** to deliver safe, high quality and seamless care that meets the need of patients. NHS Scotland aims to improve efficiency through strategic oversight and strong cross-organisational collaborations at regional and national level, taking a ‘Once for Scotland’ approach where this is appropriate”

Mary McLean, Lead Pharmacist, NHS Scotland and HIS

*“one goal we should be working towards is **“tech enabled care”** – simple IT stuff like patients able to book appts themselves f than given an appointment”.*

Dr Douglas Rigg, Lead Cancer GP, West of Scotland



What is efficiency and what the priorities in Scotland?

“Efficiency in cancer care relies on the same principles as efficiency in any aspect of medicine. It’s about **listening** to the person with cancer, **understanding** their hopes and fears and **what matters** to them. It relies on clinicians having supportive, transparent conversations with individuals and timely communications with each other. Moving from active treatment to palliation isn’t an easy discussion but should be based on the best interest of the person, not the clinician or research team.

Finding the **balance between hope and realism** in cancer care is a difficult path for everyone to navigate and can result in wasted energy by all involved.

Scotland has focused on **identifying cancer early** to improve outcomes, an approach no one could argue with. But too often funding to support the public awareness campaigns are focused on secondary care diagnostic services with no apparent recognition of the role general practice plays in both reassuring those worrying unnecessarily and identifying those who need referred on”.

Dr Trudy Foster, GP and Chair of Faculty of Medical Management and Leadership(FMLM) Scotland

“After 2 years of the COVID-19 pandemic, renewed focus should be given on **tackling health inequalities in Scotland** and **healthy promotion strategies**”.

Prof Robert Van Der Meer, Management Science, Business School, Strathclyde University

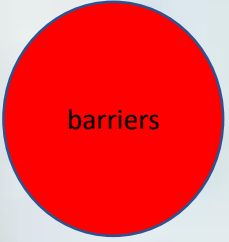
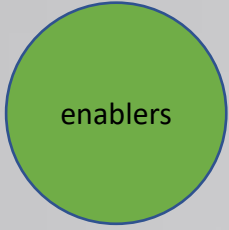
“**For a cancer patient efficiency is timely, safe, effective, person-centered care. Having the right treatment, at the right time by a team that cares for me, what matters to me, tailored to my needs**”

Lynn K. Cancer Patient

“Efficiency in care is **having a team looking after us though cancer journey**. From diagnosis, to treatment, follow-up and surv difficult for a carer to cope, so supporting us is important”

David N, Carer





From efficiency being “nice to have” to being an essential, core part of healthcare systems

- Money
- Added value
- Timely knowledge
- Culture
- Human resources

- Lack of:
- resources
- Integration
- Organizational readiness

Capacity

Capability

Connection



Co-Creating care: What matters to our patients



correct, timely and appropriately delivered diagnosis



information, support, shared decision making












Multidisciplinary care

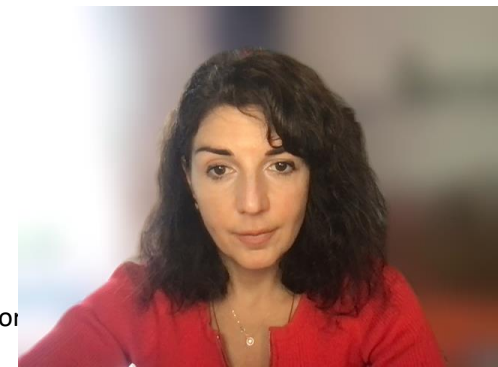


Financial impact of cancer



Co-Creating care: What Matters to our Patients

-  Best models for long term care
-  information
-  coordination of care
-  fatigue
-  psychological well-being
-  toxicity prevention
-  biology of side effects
-  lifestyle changes
-  prediction of toxicity



EVOLUTION IN CANCER TREATMENT

Doctors pour drugs of which they know little, to cure diseases of which they know less, into patients of whom they know nothing

Moliere(1622-1673)



CURRENT KEY PRIORITIES IN CANCER

PREVENTION: 30-50% of all cancer cases are preventable

EARLY DETECTION: 40% of cancers in Scotland diagnosed through non urgent suspicion of cancer route.

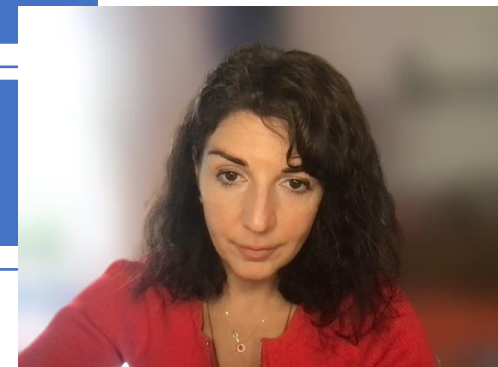
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RADIOTHERAPY

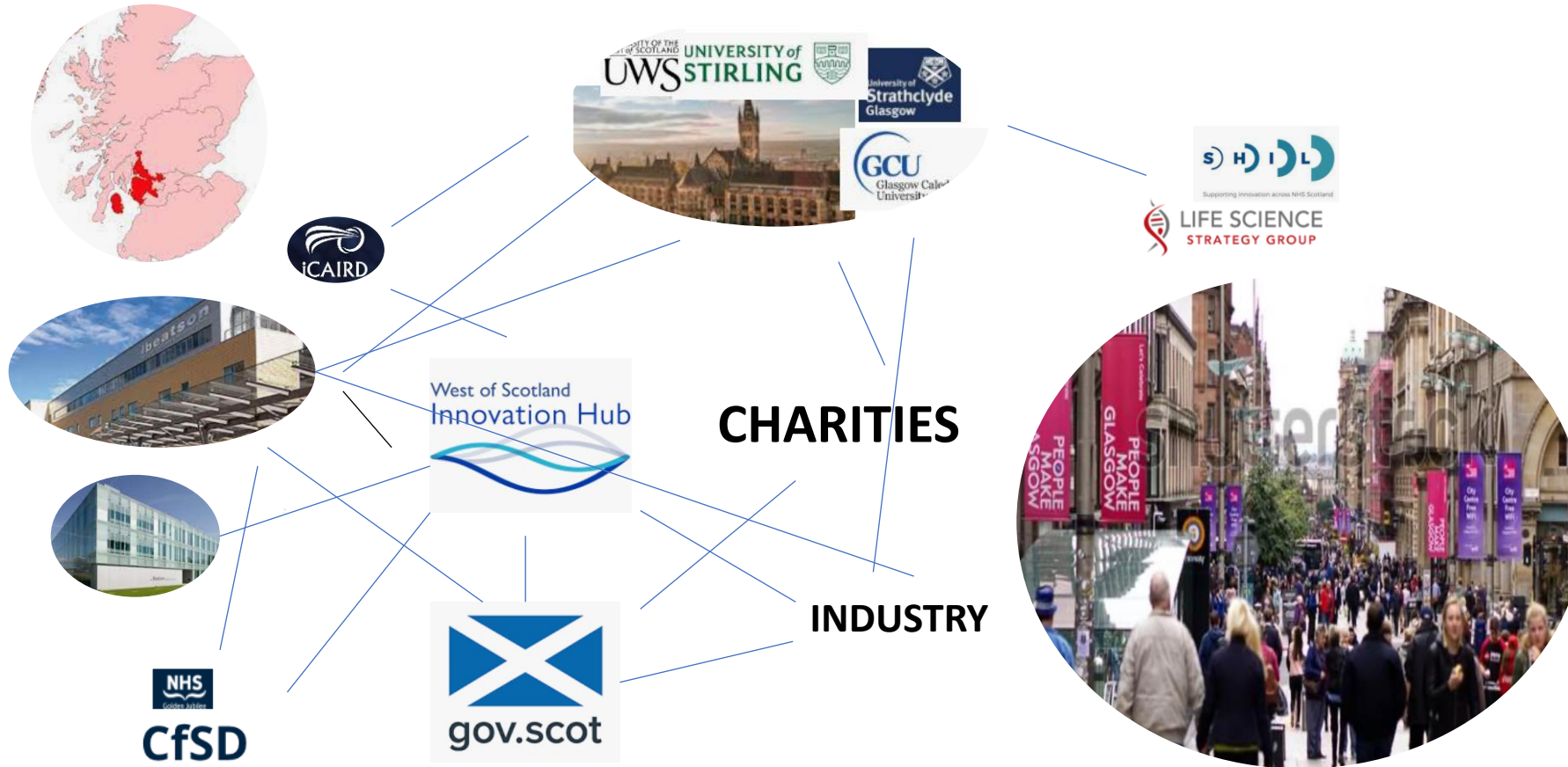
DELIVERY OF CARE: pathways, services, innovation for efficiency

SURVIVORSHIP

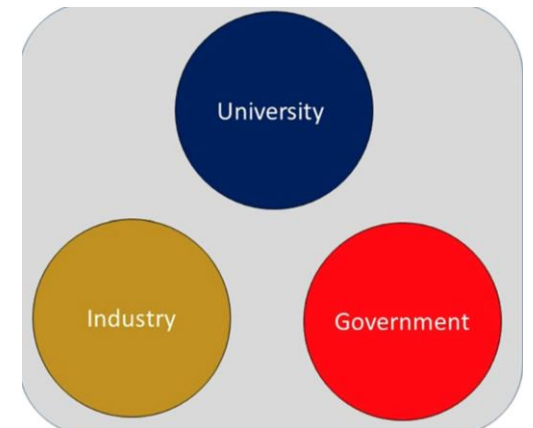
DATA, DATA, DATA...and innovation in clinical trial design



Innovation Eco System



**Co-Design
Partnership
Collaboration**



Prevention Early Detection Precision Medicine Inform and Support Survivorship.

Tr








Managed Clinical Networks – a definition

“Linked groups of health professionals and organisations from primary, secondary and tertiary care, working in a co-ordinated manner, unconstrained by existing professional and Health Board boundaries, to ensure equitable provision of high quality clinically effective services”.

Source:





-  **17% Improvement: 98%** of all referred cases discussed at referral time
-  **Efficiency savings in radiology** (33 hours of consultant radiology time)
-  **Cost savings**
-  **Improved communications with patients**
-  **MDT culture changes (a more resilient MDT)**

Sarcoma Accelerator Consortium

Our five-year project - the Sarcoma Accelerator Consortium - aims to produce a digital hub of clinical and research data on sarcomas, as well as cellular and animal models. This digital hub will help us predict and test patient responses to drugs for high-risk sarcomas using artificial intelligence.



Early Detection Cancer Centres (ECDC) Initiative:

- 3 ECDC are developed within existing NHS Facilities
- Provide GPs with an alternative route to urgently refer patients with non-specific symptoms
- Fast-track diagnostic testing at one appointment
- Diagnose or rule out cancer within 7-21 days from referral

"... all involved in the cancer tapestry should take great pride in carrying on and completing this fantastic project. I am grateful for their work, and the ongoing efforts of all those involved in continuing the majority of cancer care and treatments for our patients."

Jeane Freeman
Cabinet Secretary for Health

"The key message for all of us is that at the heart of all healthcare are people with hopes and fears and every single one of them matters"

SARCOMAS

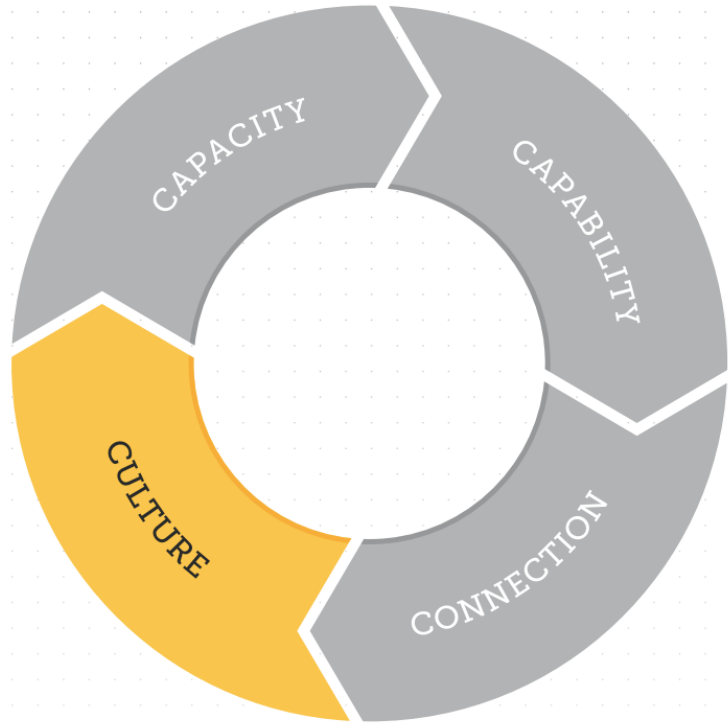
What Matters to Us: Impact of Telemedicine During the Pandemic in the Care of Patients With Sarcoma Across Scotland

Holly M. McCabe, MSc¹; Alannah Smrke, MD²; Fiona Cowie, MD³; Jeff White, DM³; Peter Chong, MBChB⁴; Steven Lo, BMBCh⁵; Ashish Mahendra, MBBS⁶; Sanjay Gupta, MBBS⁷; Michelle Ferguson, MD⁸; David Boddie, MBChB⁹; Walter Mmekka, MD¹⁰; Lorraine Stirling, BA¹¹; Lindsay Campbell, MEng¹²; Robin L. Jones, MD¹³; and Ioanna Nixon, MD, PhD¹⁴

original report

efficiency, through innovation, research, patient education and QI

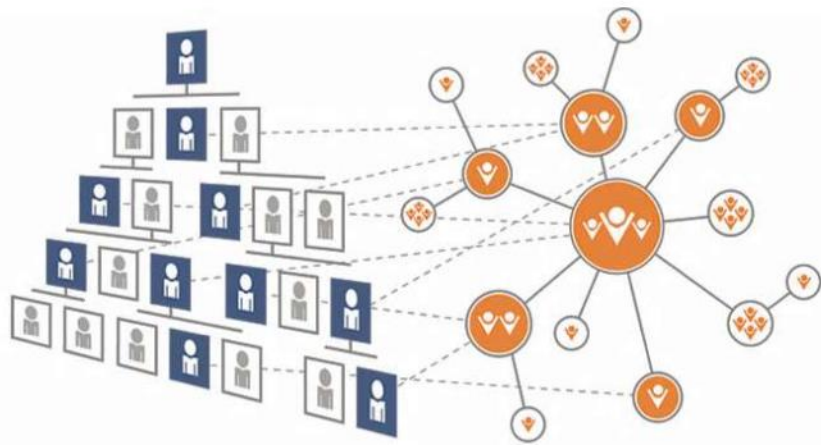




The Quality vs Innovation Conundrum



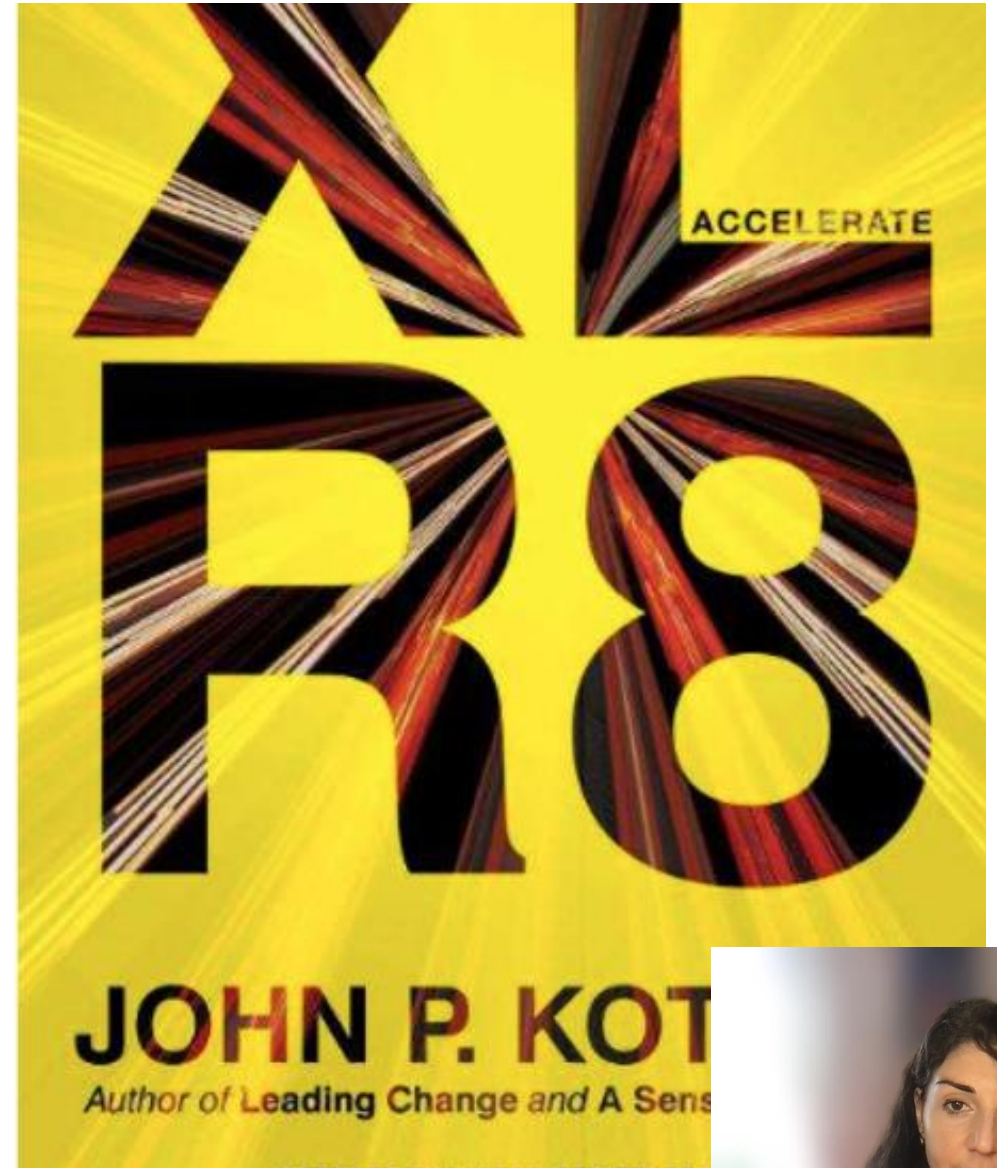
Kotter's Dual Operating System



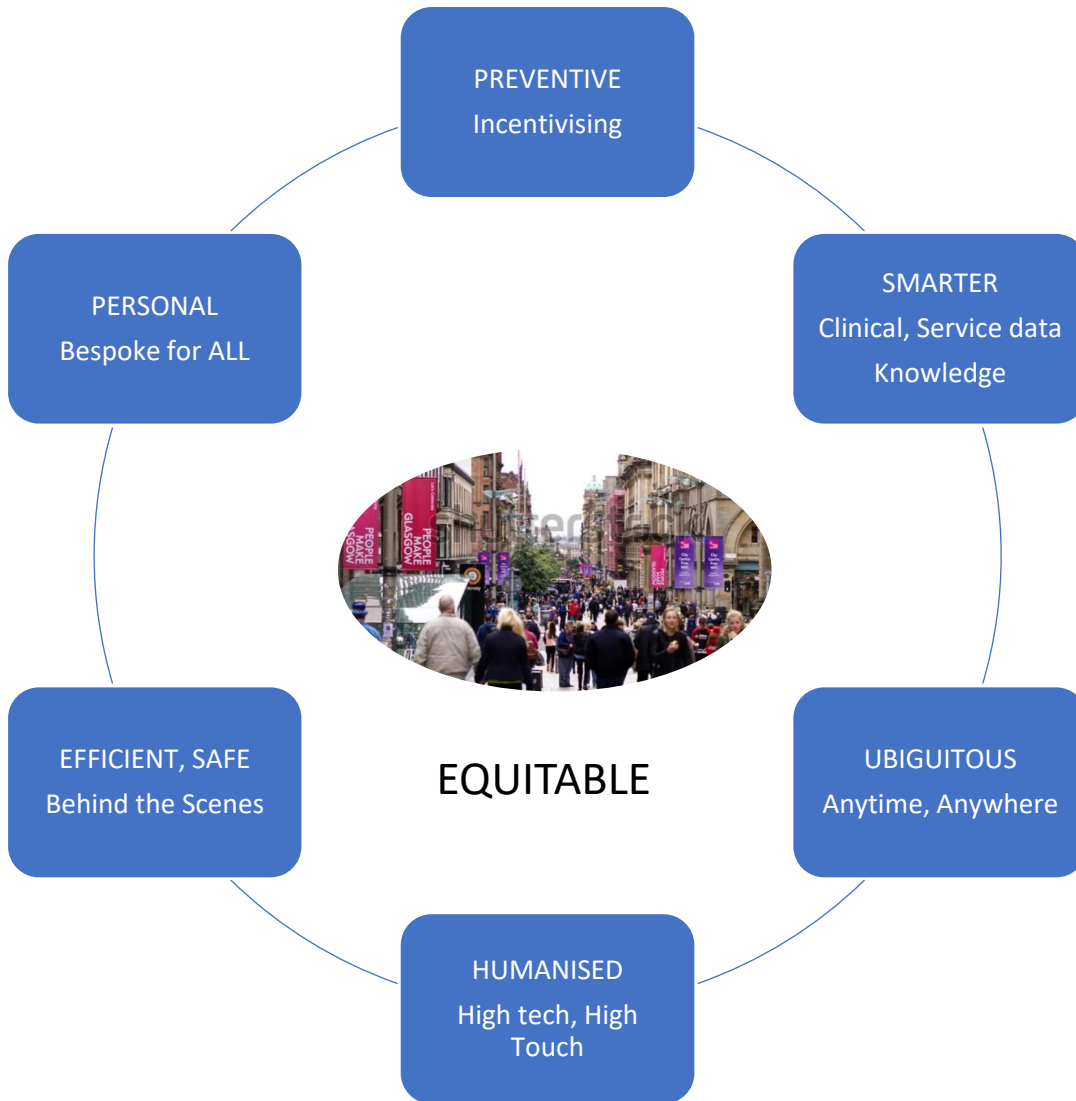
Urgency

Agency

Partnership



Future of cancer care ecosystem: efficiency through QI & Innovation



Strengths
Opportunities

- Money
- Added value
- Timely knowledge
- Culture
- Human resources

Prevention Early Detection Precision Medicine Inform and Support Survivors!



George



THANK YOU

With Thanks to

*Paul Gray, Douglas Rigg, Trudy Foster,
Martin Cawley, Chris Curtis, David and
Lynn, Bob Van Der Meer and George Cairns
for their time and quotes*

