May 2018

May 2018

Accordion:
London North West Healthcare NHS Trust (Ealing Hospital)

Project Name: The Development of an Integrated Heart Failure ("HF") Service located at Ealing Hospital (part of the London North West Healthcare NHS Trust)

Joint Working Project Summary:

The principal aim of this joint working project, an extension of the current hospital-based specialist HF service through the deployment of an "in-reach" nurse with the purpose of: identifying and triaging HF patients so they can be appropriately referred to the relevant Cardiology service and receive specialist HF input; and subsequently coordinating the discharge of patients and liaison with community teams to ensure continuous appropriate care for HF patients after their discharge from hospital (the "Project"), is to deliver the benefits to patients of improved access to optimal diagnosis and treatment, more equitable and consistent access to care and an enhanced experience for patients and their carers who live with HF.

Expected Patient Outcomes for this Project:

The following measures will be evaluated by the Trust:

1. development of an in-patient strategy/protocol and implementation procedures of the same to govern the clinical operations of the HF Service

2. positive increase against the following baseline percentage measures as stated in the most up to date NICOR HF audit (whether published or not) for the Ealing Hospital of:

- input from consultant cardiologist (%);
- input from specialist (%);
- HF patients who received discharge planning;
- HF patients referred to HF nurse for follow up upon discharge
- Outcomes to be reviewed at 6, 12 and 18 months after the HF Service have commenced.

3. Patient satisfaction linked to the HF Service (PREMS)

Project Start Date & Duration: 01/05/2018, 24 Months

Project Period: 24 months

London North West Healthcare NHS Trust (Northwick Hospital)

Project Name: The Development of an Integrated Heart Failure ("HF") Service located at Northwick Hospital (part of the London North West Healthcare NHS Trust)

Joint Working Project Summary:

The principal aim of this joint working project, an extension of the current hospital-based specialist HF service through the deployment of an "in-reach" nurse with the purpose of: identifying and triaging HF patients so they can be appropriately referred to the relevant Cardiology service and receive specialist HF input; and subsequently coordinating the discharge of patients and liaison with community teams to ensure continuous appropriate care for HF patients after their discharge from hospital (the "Project"), is to deliver the benefits to patients of improved access to optimal diagnosis and treatment, more equitable and consistent access to care and an enhanced experience for patients and their carers who live with HF.

Expected Patient Outcomes for this Project:

The following measures will be evaluated by the Trust:

1. development of an in-patient strategy/protocol and implementation procedures of the same to govern the clinical operations of the HF Service

2. positive increase against the following baseline percentage measures as stated in the most up to date NICOR HF audit (whether published or not) for the Northwick Hospital of:
• input from consultant cardiologist (%);
• input from specialist (%)
• HF patients who received discharge planning;
• HF patients referred to HF nurse for follow up upon discharge

Outcomes are to be reviewed at 6, 12, and 18 months after the HF Service have commenced

3. Patient satisfaction linked to the HF Service (PREMS)

Project Start Date & Duration: 01/05/2018, 24 Months

Project Period: 24 months

Oxford University NHS Foundation Trust

Project Name: The Oxford Myeloproliferative Neoplasm Patient Pathway Service Database Development

Joint Working Project Summary

Oxford Cancer and Haematology Centre (“OCHC”) is a centre of excellence and part of the Oxford University Hospitals NHS Foundation Trust and the wider Thames Valley Strategic Clinical Network (“TVSCN”). The OCHC malignant haematology clinical team (“NHS team”) have experienced a growing demand on the MPN patient pathway service and this has been mirrored by other NHS partners across the TVSCN.

Novartis and the NHS team will work together on a JWP which aims to combine resources, time and expertise that generates a MPN patient pathway service database to generate service level reports. The NHS team will develop the database, provide clinical oversight and generate service reports. Novartis will provide project management expertise and the resources for a NHS Myeloid Service Information Facilitator to develop the database and generate reports. These reports will assess the historical impact of the OCHC service innovation in terms of clinic activity, capacity and revenue generation to build an economic argument to request extra resources for more staff.

The database will also measure and track, over time, the MPN patient pathway service against various service performance indicators, such as performance to treatment waiting time targets, access to a Clinical Nurse Specialist (“CNS”) / holistic assessments etc. It will also collate patient satisfaction of the service to identify where improvements can be made and track the impact of these changes along the MPN patient pathway.

In the second year of the JWP, a proportion of the NHS team’s time at the OCHC will be dedicated to collate similar service level information from the Royal Berkshire Cancer Centre and other NHS partners across the TVSCN to support these sites make similar MPN patient pathway service improvements.

A project steering group will regularly review and track the progress and impact of this JWP via the generation of aggregated service level reports. At 9 months from the start of the JWP there will be a review of its progress and if the objectives and milestones are being met the JWP will continue into the second year.

Novartis will develop a stronger partnership with the NHS team and a richer understanding of the MPN patient pathway service standards which the NHS teams work to. This will enrich Novartis discussions with other NHS sites / stakeholders when developing other JWPs.

Expected Patient Outcomes for this Project
An improved MPN patient pathway service across the OCHC / TVSCN in terms of the following:

- reduced length of time waiting in clinic to see a Healthcare Professional;
- access to a CNS / key worker;
- awareness of / access to a 24 hour telephone advice line;
- concerns and queries answered effectively;
- effective information to build patient knowledge of condition;
- offered holistic assessments and signposting to other support such as psychological, benefits etc.;
- offered a choice of where to have their blood taken;
- offered (subject to clinical need) a choice of consultation with a Doctor / CNS / via

telephone;
- offered the option of having the medicine delivered at home.

Start Date & Duration: Start date by the end of April 2018 with an expected duration to the end of April 2020
Project Period: 24 Months

East Lancashire Hospitals NHS Trust

Project Name: East Lancashire NHS Trust Neuroendocrine Tumour (NETs) Service Development Joint Working Project (The Lancashire and South Cumbria NET nurse project)

Joint Working Project Summary:
The Lancashire and South Cumbria Cancer Alliance footprint serves a 1.7m catchment population. It comprises Lancashire Teaching Hospital NHS Foundation Trust, Blackpool Teaching Hospital NHS Trust, University Hospitals of Morecambe Bay NHS Foundation Trust, and East Lancashire Hospitals NHS Trust.

The East Lancashire NHS Trust NETs service development Joint Working Project (JWP) will develop the provision of care for NETs patients by providing a NETs Clinical Nurse Specialist (CNS) in order to improve patient satisfaction and service delivery. The appointed CNS will provide a regional central point of contact for NETs patients who have previously not had an assigned keyworker. This will drive standardised care across Lancashire and South Cumbria. The CNS will be able to provide support at diagnosis and follow up care through provision of a range of services including: attendance at MDT, setting up a telephone support clinic, attending diagnosis and treatment appointments to offer support and recording NETs patients to a centralised database. In addition the patients will receive holistic needs assessments (HNA) and relevant literature to ensure broader understanding of their disease to help them manage their condition. The CNS will give educational support to local NHS teams in all 4 Trusts managing NETs patients within their services.

Expected Patient Outcomes for this Project
This JWP aims to provide a dedicated NETs CNS providing and coordinating consistent care to the patient population and improving patient experience; specifically;

- ensuring equitable access and service for NETs patients across the region
- improving patient care by stratifying patients into different models of care that better reflect the patient needs
- enhancing patient experience by providing a patient key worker to educate patients on their disease, treatment choices, outcomes and goals; providing Holistic Needs Assessments (HNAs); preparing information materials on the disease and after treatment care for the patients as support throughout the course of care
- educating the wider NETs team in disease area, treatments and new developments

Start Date & Duration: May 2018 – April 2020

Project Period: 24 months
