Working together to improve cancer patient outcomes

Defining New Models of Care through Joint Working between the NHS and Novartis Oncology
Foreword

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Recent advances in cancer care, from early diagnosis through to genomics and personalised medicine, have provided us with opportunities to deliver better outcomes for patients. Marked improvements have been made in cancer survival rates. Half of all patients diagnosed with cancer in England and Wales can expect to survive for at least 10 years, compared to 25% of patients diagnosed 45 years ago.¹

As we continue on our journey in closing the survival gap,² the success story thus far has provided us with new challenges. One in two people in England born after 1960 will be diagnosed with cancer.³ Whilst presentation through a managed route provides better coordinated care and is associated with reduced mortality,⁴ higher use of the urgent primary care referral pathway increases the demand on our frontline. As we continue to strive for high quality cancer care and improved patient experience, it is essential to explore new ways of working. Now more than ever we need to have a holistic view of care pathways to deliver outcomes and experience that matter to patients. By sharing ideas, we hope these selected case studies will drive new conversations on how collaborative working can help us move towards a step change in cancer care for the UK.

Mari Scheiffele, General Manager, Novartis Oncology UK & Ireland

Looking ahead to the future of Joint Working Projects

Novartis Oncology has a long history of researching and developing transformational cancer medicines, giving patients the opportunities for better quality of life. It is critical to bring innovative medicines to cancer patients in the UK and we believe that we have a responsibility to deliver above and beyond these innovative treatments to ensure that patients get the best possible outcomes. As such, we work closely with the NHS, locally and nationally, to help optimise and shape patient care pathways.

We are committed to transforming cancer care in the UK and are supportive of the NHS Cancer Strategy. Together, we are enabling the testing and upscaling of new and innovative models of cancer care, as well as streamlining and improving existing models. By pooling our resources and expertise we can help to tackle the challenges the NHS faces and ensure patients have access to innovative medicines, and are given the best possible care – sustainable for the future.
Introduction

Seventy years on from inception, the NHS continues to provide treatment for all, free at the point of care. Advances in oncology treatment mean that many cancers can now be cured, or effectively treated as a chronic disease. However, NHS success in improving patient care is challenged by the increasing incidence of cancer - which is one of the greatest burdens to the NHS. This is set to continue: one in two people born after 1960 is likely to develop cancer at some point in their lifetime.1 Despite the improvements in cancer treatment, patient outcomes in the UK lag behind those in other European countries.2 As a result, in 2015, the independent Cancer Taskforce made specific recommendations to the NHS in England, Scotland, Wales and Northern Ireland, aiming to reduce preventable cancers, increase cancer survival and improve patient experience and quality of life by 2020.3-6

These strategies are starting to bear fruit. Across the NHS, there is a tighter focus on key operational performance targets – although the “speeding up diagnosis” objective within the Cancer Strategy Plan, reflected by the KPI of “patients receiving treatment within 62 days of diagnosis” has been missed by the NHS since December 2015. As of May 2018, one in six cancer patients in England was waiting longer than two months for their treatment to begin.7 Despite this, there are early indicators of declining mortality rates - in England, an estimated 7,000+ more people are surviving cancer compared to three years ago.8

With NHS budgets unlikely to grow in line with demand, NHS cancer services must become ever more effective and productive to continue to drive improved cancer outcomes for patients. This question of productivity within the health service is growing in importance. In 2014-15 productivity growth in the NHS was just 0.04%; by comparison, productivity growth for the wider economy averages around 2.2% annually.9
How can these outcomes be achieved fast and within a resource scarce environment?

Joint Working Projects (JWPs) can help NHS Trusts identify and adopt sustainable innovation to support national oncology strategy. Designed to deliver benefits to patients, the NHS and industry, they are a low-risk way to pilot new models of care and services in the NHS. In particular, JWPs can help explore practical questions around care delivery and patient compliance that could help Trusts deliver national performance metrics.

Since 2014, Novartis Oncology has worked on 55 Joint Working Projects with the NHS. We share the NHS goal of improving treatment pathways and care for cancer patients, and firmly believe that greater collaboration with industry can support the NHS in meeting the healthcare challenges of the 21st century.

Our approach to JWPs has been to work at a local level, as well as with sites recognised for innovation in cancer care such as the former Cancer Vanguards, to explore ways to deliver an improved service to patients whilst reflecting the overall NHS cancer strategy.

The projects fall into four categories, which we will explore in depth in the forthcoming chapters of this report:

1. Improving patient experience
2. Developing and redesigning cancer services
3. Developing new care pathways using service data
4. Piloting innovative models of care

By benchmarking and evaluating each project in detail, Novartis Oncology works with Trusts to assess what works well, define the sustainability and budget impact of each pilot, and provides advice on how programmes could be adopted more broadly to ensure sustainable improvements in the quality of care.
What are Joint Working Projects?

“Joint Working describes situations where, for the benefit of patients, NHS and pharmaceutical companies pool skills, experience and/or resources for the benefit of patients and share a commitment to successful delivery.”

– Association of British Pharmaceutical Industry

Joint Working Projects (JWPs) are self-contained initiatives with clear objectives and timeframes. They are developed collaboratively by individual Trusts and pharmaceutical companies, and will focus on a clearly defined issue, for example improving patient satisfaction, reducing waiting times, or capturing better data.

The outcomes can be compelling, as the case studies in this report explain. A key component of JWPs is robust evaluation, which in turn helps Trusts build business cases for rolling out successful pilots at scale. Though they are generally highly localised, JWPs aim to establish best practice models that can be adopted more broadly across the health service.

What constitutes a Joint Working Project?

The Association of British Pharmaceutical Industry (ABPI) checklist clearly defines JWPs:

1. The main benefit of the project is focused on the patient
2. All parties acknowledge the arrangements may also benefit the NHS and pharmaceutical partners involved
3. Any subsequent benefits are at an organisational level and not specific to any individual
4. There is a significant contribution of pooled resources (taking into account people, finance, equipment and time) from each of the parties involved
5. There is a shared commitment to joint development, implementation and successful delivery of a patient centred project by all parties involved
6. Patient outcomes of the project will be measured and documented
7. All partners are committed to publishing an executive summary of the Joint Working agreement
8. All proposed treatments involved are in line with national guidance where such exists
9. All activities are to be conducted in an open and transparent manner
10. Exit strategy and any contingency arrangements have been agreed
NHS Joint Working Projects with Novartis Oncology across the UK

Since 2014, Novartis Oncology has worked on 55 Joint Working Projects with the NHS.
Improving the patient experience

“Having cancer can be devastating. But for patients to be treated with care and compassion and to be empowered to be an equal partner from the moment they see their GP with worries about cancer, not only improves their experiences throughout their cancer journey, but their other patient outcomes as well.”

– NHS England, Achieving World Class Cancer Outcomes

A cancer diagnosis can be shattering for patients and their families. As a result, the care cancer patients receive must go beyond treating the physical condition and prolonging survival. This includes advice on the disease and treatment options, holistic need assessments, and psychological support where required. Finally, Trusts need to be sure they are meeting Cancer Strategy KPIs relating to waiting times and patient communication.

UK cancer diagnoses are expected to reach 300,000 per year by 2020, so delivering the best possible experience for each patient with limited resources is a significant challenge for NHS oncology services. JWP supported by Novartis Oncology have helped validate care pathways and protocols to improve services, patient satisfaction, and productivity.

Reducing waiting times is a key imperative. Faster diagnosis, shorter waits for appointments, and quicker access to treatment all contribute to better patient outcomes.

Many patients wish to be fully engaged in treatment decisions and want to understand fully the implications of their choices. Informed, in-depth conversations between healthcare professionals and patients can help to set their expectations, as well as improve adherence to any treatments.

The JWP model makes an ideal test-bed for new approaches to enhancing the patient experience. Nurse-led clinics – sometimes supported by consultants – which place an emphasis on continuity of care, or provide care closer to home can provide considerable benefits to both patients and members of care teams. There is also growing recognition of the value of telephone or video-conferencing technologies such as Skype in improving patient care without requiring significant expenditure. Though by no means new technologies, their use within the NHS is still in its infancy.

These services offer patients and their families more opportunities to discuss their condition and treatment options with healthcare professionals, leading to higher satisfaction rates, and a significant increase in the number of cases discussed in Multi-Disciplinary Team (MDT) meetings.

Well-designed, high impact service changes like these can contribute to the reduction of waiting times, better coordination of appointments for tests, consultations, and treatment as well as improving the overall patient experience. All of this not only benefits the patient, it also helps Trusts meet national targets.

100% Of patients agreed they were satisfied with the amount of time they spent with Cancer Nurse Specialists after a JWP is initiated at Nottingham University Hospital
Providing care closer to home: a new melanoma service by the Portsmouth Hospitals NHS Trust at Queen Alexandra Hospital

Approximately 13,500 people are diagnosed with melanoma every year in the UK and the number continues to rise. Cancer presents many challenges for an individual, their family and friends, and this is further compounded if people need to travel long distances over an extended time period in order to be treated. To meet the needs of the growing patient population, Portsmouth Hospitals NHS Trust determined that a local specialist melanoma service would be beneficial to people within the area.

Novartis Oncology partnered with Portsmouth Hospitals NHS Trust to provide a local service, which consisted of a melanoma consultant and a dedicated melanoma clinical nurse specialist to provide a consistent level of care. The service provides melanoma clinical support and after treatment care according to patient needs.

The goal of the new service is to improve the patient experience by 50%. It aims to be more convenient for people to access, and will reduce the travel distance and time taken to reach clinics by half. In addition, the service will improve efficiency, cut waiting times, and reduce the time between clinical decisions being made and treatment initiated for those people with advanced melanoma. Additionally, a standard algorithm for managing malignant melanoma is being developed for use by other departments within the Trust.

Developing and redesigning cancer services

Alongside the increasing demand on the oncology service, patient expectations are higher – meaning resource requirements are pushed even higher. This goes beyond providing support and information in clinics: entirely new care pathways are needed to better reflect the needs of patients and their expectations, while also allowing NHS Trusts to achieve more with the same resources.

Novartis Oncology partnered with a number of Trusts to redesign, or develop oncology care services across a wide range of disease areas - including breast cancer, neuroendocrine tumours, haemoglobinopathy, MPN and rare cancers. Two Novartis-supported JWPs have enjoyed such success they were shortlisted by The Health Service Journal for “best pharmaceutical partnership” awards. XVI

Expanding the role of the wider care team

Trusts are looking for ways to cut waiting lists and ensure that their resources are deployed for optimal effect. With this in mind, a number of JWPs undertaken by Novartis Oncology have explored the implications of expanding the roles of the care team to take on broader responsibilities, in particular clinical nurse specialists and prescribing pharmacists. This helps tailor services to patient needs, while supporting wider-ranging provision.

These projects have shown that expanding and enhancing individual roles can release time pressures in the care pathway. For instance, if standard follow-up can be conducted by a clinical nurse specialist, this can release the time of a consultant to focus on more challenging or complex cases, whilst maintaining high standards of care. Developing individual roles can also have positive financial implications, with nurse-led clinics forming a source of additional revenue for Trusts.

Improving care pathways

Although consultant oncologists have historically been at the centre of cancer care delivery, a more inclusive approach validated by JWPs supported by Novartis Oncology proves that the broader multi-disciplinary team of doctors, nurses, pharmacists and others can work together in new ways to deliver better care to more patients. Even relatively modest adjustments can have significant impact, and improved utilisation and coordination of multi-disciplinary teams allows quicker decision-making and implementation of a treatment plan.

Adopted at scale across the NHS, there is every reason to expect these initiatives to lead to significant cost savings as well as reduced waiting times and improved patient satisfaction.

800
Consultant appointment slots released annually following the development of a new Clinical Nurse Specialist clinic in a JWP at Lothian Hospital

50%
Reduction in waiting times at MPN clinic at Royal Surrey County Hospital following roll-out of nurse-led clinic
Expanding services to improve continuity of care and patient education at the Royal Surrey County Hospital

Myeloproliferative Neoplasms (MPNs) are a group of cancers that affect the bone marrow. They are relatively rare, and most people are diagnosed over the age of 60.2-4

The Royal Surrey County Hospital cares for over 200 patients with MPNs and worked together with Novartis Oncology to train a clinical nurse specialist (CNS) to run new clinics for stable and non-complex MPN patients, as well as supporting the development of a new CNS-led clinic service and new patient support materials. The availability of a CNS helps to increase capacity to see patients more regularly, and allows the consultant haematologist to focus on more complex MPN cases.

Prior to the JWP with Novartis, MPN patients were seen within the wider mix of haematology outpatients by consultants, but the growing demand on the MPN service was impacting patient care. Following the introduction of the new service, MPN clinical activity rose by 50%. Waiting times in the clinic were reduced by half, and patients reported an improvement in their experience of 35%. Patients welcomed the continuity of care, and they reported marked improvements in the information provided - verbal explanations, written information and contact details for emergencies as well as routine queries.


Developing the care pathway to increase patient capacity and improve patient experience at the NHS Lothian Myeloproliferative Neoplasm (MPN) Service Development

MPNs often remain stable or progress quite slowly over time, and due to their chronic nature and the lifelong monitoring required have a high impact on haematology services. Lothian’s MPN service was under significant pressure, due to an increase in the patient population, existing resources were spread thin and there was less time to dedicate to patient reviews.

Improving clinical capabilities and service delivery is a key aspect of Scotland’s cancer strategy, ‘Beating Cancer: Ambition and Action’. To respond to the needs of the growing patient population, and fulfil Scotland’s cancer strategy, Novartis Oncology worked in partnership with NHS Lothian to develop a new care pathway, adding an MPN Clinical Nurse Specialist (CNS) to the team. Offering telephone and outpatient clinics, the MPN CNS provided education, lifestyle advice, support, guidance and assessment throughout the patients’ journey. The service has been proven to address capacity issues and relieve significant burden on follow-up systems.

The nurse-led service released 800 appointment slots per year, equivalent to 70 consultant clinics, freeing up consultants to deal with more complex patient cases. Patients have reported their satisfaction with the service, with 98% of patients citing that they were happy to be reviewed by the CNS and 94% of patients saying that they were confident in the treatment decisions made by the CNS. 92% of patients felt involved in the decision-making process, and 94% believed that the MPN service has improved since the CNS joined, demonstrating high patient satisfaction.

Working to different models of care to support patient needs at the Velindre University NHS Trust

Breast cancer is the most common cancer amongst females in the UK and the number of people with metastatic breast cancer (MBC) is increasing. As the patient population grows, and the number of treatment options increases, Velindre NHS Trust in Wales was keen to ensure their patients received the best care possible. Tasked with improving cancer services across south-east Wales, the Trust plays a prominent role in Welsh national cancer strategy implementation. Excellent service quality is a core commitment in the Cancer Delivery Plan for Wales 2016-2020, to ensure delivery of the best possible care.

In the first year of the joint working project with Novartis Oncology, MBC patients were allocated to different models of care, targeted to their individual needs. A dedicated oral Systemic Anti-Cancer Therapy (SACT) outpatient clinic was established, with support offered from a non-medical prescriber, ensuring that patients receive the appropriate information and are supported at key times in their treatment. Running in parallel with the MBC clinics, the oral SACT clinic has freed up time for the consultants to spend on more complex MBC patients. Interim data shows reductions in overall patient waiting times, from arrival at the hospital to departure with oral SACT medication. Patients spend an average of one hour and 18 minutes within the Non Medical Prescriber (NMP) led clinic, compared to two hours and 19 minutes within the consultant led clinic.

The second year of the project will include refining the service and gaining feedback from patients to assess the new offerings. All outcomes and findings will be analysed to determine the benefits and long term financial viability.


Optimising the role of the pharmacist at the Royal Marsden Hospital NHS Foundation Trust

The Royal Marsden was designated one of three Cancer Vanguards in 2015, with a mandate to pilot new models of care in cancer. The Royal Marsden identified three key gaps to address within Health and Wellbeing, Care and Quality and Funding.

1. Improve survival through early diagnosis and detection, harnessing world class research
2. Reduce unwarranted variation through use of best-practice evidence-based pathways
3. Improve utility and reduce of costs via new commissioning models

To that end the Royal Marsden and Partners Accountable Cancer Network and Novartis Oncology are combining their expertise to pilot a new cancer care model which leverages the role of the pharmacist to improve the delivery of treatment and enhance the quality and consistency of care for patients.

The project will assess the current oncology pharmacy service functions in solid tumour pathways, including advanced melanoma, breast, lung, and renal cell carcinoma. The new models of care will support patients getting quick access to appropriate treatments, accurate drug prescription verification and address issues with the delivery of treatments, including the use of a mobile chemotherapy bus service to increase convenience to patients.

This marks the first project initiated as part of the Vanguard New Models of Care Programme that leverages the role of the pharmacist to address the increasing pressures on cancer services.
Using service data to map new care pathways

Data forms the backbone of healthcare today, providing vital insights into a range of domains, from patient outcomes to resource allocation. A number of Novartis Oncology-sponsored JWPs have focused on the role of data in cancer care.

Although the JWP framework as laid down by the ABPI cannot be used to evaluate patient outcomes on treatments or clinical data, there is scope for them to explore how data can improve the patient experience. To that end, Novartis JWPs have worked with Trusts to establish data services needed to help them to understand potential service gaps, improve their practice, and develop pathways that support the national strategy.

Though the UK has a distinct advantage globally by being connected via one national healthcare system, generating meaningful data in cancer care is challenging. Contributory factors include the considerable diversity of cancers conditions and tumour-specific databases; regionalised, incompatible datasets; and a tendency to low completion rates. JWPs have proven valuable in helping Trusts capture standardised, robust patient-level data that can be used to understand current service pathways and potential gaps in caring for patients and meeting KPIs set by Cancer Strategy Implementation Plans.

Currently, tumour-specific databases show considerable promise in oncology service data collection: “single platforms”, able to capture every nuance of every case in a consistent fashion, are still some way off.
Better outcomes through better data – a new NET database for Sheffield Teaching Hospital Foundation NHS Trust

Neuroendocrine tumours (NETs) can arise anywhere in the body, and are caused by the abnormal growth of neuroendocrine cells. Though it is a relatively rare form of cancer (around 35 people per 100,000 are thought to be living with a NET) it is difficult to diagnose and treat effectively. Data is an important weapon in the clinician’s arsenal: the more they know about the behaviour and treatment of different NETs, the more effectively they can treat them.

Sheffield Teaching Hospital Foundation NHS Trust worked together with Novartis Oncology to set up its first NET database, focused on gastroenteropancreatic NETs (GEP NETs). As a busy centre treating 370 patients per year, the new database has helped the Trust track a range of key indicators. It allows clinical teams to review service level data to assess performance and outcomes, identifying any variations. This, along with consistent monitoring of all NET patients has resulted in improved adherence to NET guidelines. Furthermore, patient experience improved from 83% of patients rating the service positively in year one to 94% year two. This project has resulted in the redesign of the MDT referral pathway, with all NET/endocrinology patients entered into the electronic referral system.

The database is helping the Trust to make important contributions to the understanding of NETs as it feeds into Europe-wide NET registries. It has also helped the Trust to secure European NET Society Centre of Excellence status, one of 10 such centres in the UK.


Leveraging technology to enhance multidisciplinary team communication at the University Hospitals Bristol NHS Foundation Trust

Renal cell carcinoma (RCC) is the most common type of kidney cancer in adults in the UK, with more than eight in every 10 kidney cancers diagnosed as this type. Treatment and care for RCC involves an extensive multidisciplinary team (MDT), including a urologist, oncologist, pathologist, specialist cancer nurse, symptom control specialist, dietician, physiotherapist, occupational therapist, psychologist and counsellors.

The RCC clinical team at The Bristol Haematology and Oncology Centre, part of the University Hospitals Bristol NHS Foundation Trust, identified that communication and the transfer of RCC patient test results could be improved between the weekly Multi-Disciplinary Team (MDT) meetings and out-patient clinics.

The RCC team worked alongside Novartis Oncology to develop an excel-based programme, which links and draws down information stored on the main MDT meeting computer into a visual format, which can be viewed on tablets in the out-patient clinics. The new service streamlines the RCC care pathway to improve patient experience and ensures that the clinicians have access to all of the necessary tests and scan results in the out-patient clinics. This includes blood, liver and renal function tests and scan results and supports the team in making effective treatment and care decisions.


Novartis Oncology believes JWPs have a vital part to play in furthering the role data science plays in cancer treatment. We have recently launched JWPs with sites recognised for innovation in cancer care, between them covering a potential patient population of 6.9 million people.

What sets this new generation of JWPs apart is their commitment to aggregating and linking as many different data sources as possible, to build the most detailed picture of patients’ cancer journeys. “Crowd-sourced” patient experience data gathered via mobile apps, combined with service data held within the health system, and plus other sources, can provide a truly 360-degree view of the patient experience. These insights can help Trusts to continually assess and adapt their cancer services, providing continually high standards of care.

This can be more challenging than it appears: data sets could belong to several different organisations, each with their own data governance requirements. Considerable care and technical expertise – is needed to bring the relevant data points together in ways that are both meaningful and actionable whilst protecting patient confidentiality. The JWP model can help Trusts accelerate their capabilities in this emerging and rapidly-developing field.

Pharmaceutical companies have had to draw on data science in many forms for years, from genomics to epidemiology. As a result, it is no surprise that many of the skills the health service needs to optimise data use are to be found there. These data science skills are important because aggregating data from different sources is only half of the challenge: developing the scorecards and tools that MDTs and non-data experts can easily use to shape discussions around pathway improvements is a separate – and equally important – consideration.
Adapting the care pathway to address individual patient needs at The Christie NHS Foundation Trust

Despite continuing overall improvements in the outcomes of patients with breast cancer in the UK, significant differences remain in the presentation and management of the disease, which are associated with age, deprivation and ethnicity, leading to variations in access to care. The JWP with The Christie NHS Foundation Trust is analysing the data that is captured around the breast cancer service, to identify variations and the impact this is having on patients, then putting steps in place to address them.

Using innovative technology provided by the app uMotif, patients are able to record their experiences of the breast cancer service in real-time, to accurately capture their thoughts and feelings as they receive care. IQVIA, a leading global provider of information and innovative technology solutions, is also examining anonymised healthcare data including Public Health England’s Cancer Analysis System (CAS) and NHS Hospital Episodic Statistics (HES) to review the breast cancer treatment pathways across Greater Manchester, assessing access to treatment versus recognised guidelines within The Christie.

By understanding the treatment pathway and patient experience, improvements can be made to make it more responsive to particular patient needs. It is hoped that the project will improve the speed of decision making and treatment initiation. It aims to provide clarity on where resource and effort should be focused to ensure that resources are used in the best possible way, and address any variations in access to treatment.

Analysing patient pathways across different types of cancer with the UCLH Cancer Collaborative

There are more than 200 different types of cancer, each diagnosed and treated in a specific way. To ensure we deliver the best outcomes possible for patients it is important to drive down variations in practice.

The UCLH Cancer Collaborative (the Cancer Alliance for north and east London) is working together with Novartis Oncology to capture service outcomes data for breast, lung, lymphoma, melanoma, and prostate cancer patient pathways. Using multi-disciplinary team (MDT) level balanced scorecards developed by key NHS stakeholders, information is being captured across the different cancer types including patient waiting times versus target; the proportion of patients undergoing physical, psychological and social needs assessment; the number of patients seen by an appropriate site specific clinical nurse specialist; and the proportion of patients being prescribed chemotherapy and receiving it at home. Of note, patient or clinical information will not be disclosed as part of the project.

Two analysts are managing the programme and comparing the data from the MDT scorecards to national service standards and guidelines. The insights are being used to improve the efficacy of the MDTs, developing plans that are tailored to individual patient needs. Helping to identify, address and reduce variations in the quality of care and outcomes, this project is ensuring that all patients, regardless of the type or staging of their cancer, rapidly receive the highest level of care available.

Conclusion

The JWP model has been proven to be a reliable and effective means of significantly improving NHS cancer services, and hence patient-reported outcomes. Projects undertaken by Novartis Oncology with NHS Trusts across the UK have:

– Established and proven the efficacy of new models of care for cancer patients

– Improved oncology service productivity by introducing nurse and pharmacist-led care models

– Empowered patients to be more vocal in their care and more engaged in their care pathway

– Enhanced patient satisfaction by allowing them more time with a healthcare professional via additional CNS and pharmacist clinics as well as telephone and Skype-based support

– Supported Trusts as they embedded service data within clinical practice and ensuring active data contribution to key national and international registries

– Captured and analysed service-level data to identify and fill gaps in provision, providing solutions for a consistent and effective cancer service across the UK

Because each JWP is a genuinely collaborative endeavour, innovation can be developed and implemented quickly and with agility - shortening the time from initial idea to patient benefit. JWP’s are especially effective in identifying stumbling blocks and proposing solutions to them, building business cases backed by evidence, and helping oncology departments implement new technologies.

JWP’s are also “tried and tested” in real-world settings, meaning other hospitals experiencing similar challenges will find them fairly straightforward to adopt.

As the fight against cancer evolves, the pace of change across NHS cancer care is only set to accelerate. Perhaps more than in any other area of medicine, new treatment pathways will need to be established around new treatments, patient demand for information and involvement will grow, and insights from data on “what works” in different areas of oncology care will emerge.

Joint Working Projects should be viewed as one key enabler for NHS cancer strategy, and will continue to play a valuable role in health service development. Those undertaken by Novartis Oncology show how relatively small changes can lead to rapid, significant gains in improving patient experience and designing a more efficient and productive NHS. Novartis Oncology is committed to continue these collaborative projects to the benefit of patients living with cancer in the UK.
References


