

Developing guidance and tools to improve cancer rehabilitation in London.

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Introduction

The Transforming Cancer Services Team (TCST) supports the delivery of NHS England's Five Year Forward View and National Cancer Strategy across London. TCST work with many stakeholders to support delivery of targets, earlier diagnosis of cancer, better care for those who are living with and beyond cancer (LWBC), and to increase the pace of improvement.

Cancer rehabilitation is an integral part of the cancer care pathway. Previous scoping work by TCST has highlighted gaps in cancer rehabilitation services and workforce across London. This work aims to develop comprehensive guidance and a suite of tools to support decision-making about funding and improve provision of cancer rehabilitation services.

Methodology

This two year project is funded by Macmillan Cancer Support. A Steering Committee oversees the work of three task and finish groups focusing on:

- 1) Mapping: what cancer rehab services exist across London, what they provide and how they are funded.
- 2) Data: what data exists to inform decision-making about cancer rehab and development/piloting of a new rehabilitation minimum dataset.
- 3) Benchmarking: what good looks like and development/piloting of a tool to support improvement.

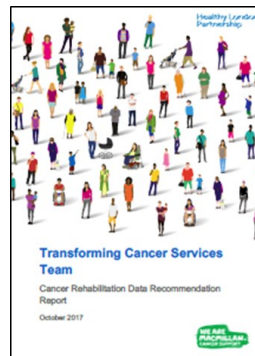
The final guidance document is due early 2019 and will triangulate findings from the work above and provide clear recommendations for improving care.

Results

Mapping of services has revealed variation in access to, and availability of services in London. It was not possible to secure information on how all services are funded and there is significant complexity and variation in the funding process.

A data recommendation report was published (see right) outlining the key features of a new minimum dataset. Pilots in 4 centres, wider socialisation at various fora in London, and discussions with national decision-makers have refined the tool. The tool is now ready for piloting at scale and options for electronic data capture are being pursued.

Two improvement tools have been developed and will be launched in Autumn 2018. A mural has been designed based on stakeholder engagement (see right) and a series of videos is available on YouTube demonstrating the value of rehabilitation from various perspectives.



Conclusions

There are many challenges facing the cancer rehabilitation services in London. Our guidance and tools have potential to reduce variation and improve outcomes in cancer rehabilitation. Further work is needed to support implementation and measure impact across London. This future work will focus on the impact on patients, providers and funders.