



Members of HCCN

Picture: GONNIBLITH

## HCCN model provides service that is cost effective and aims to keep patients out of hospital

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**Latest figures show that more than two million people in the UK - 180,000 of them in the East of England - are living with a cancer diagnosis.**

In recent years, huge cracks have begun to appear in the quality of cancer service provision; largely due to increasing demand and shrinking budgets.

In 2012, the Transforming Cancer Care in the Community programme was launched to address concerns that current levels of service were not financially sustainable. The aim of the project was to test whether a more cost-effective model, providing more services outside a hospital setting, could be found.

The TCCC programme, covering the East Anglia, was made up of seven pilot schemes, including the Huntingdon Cancer Care Service, which was later renamed the Huntingdon Cancer Care Network. The service, which served nine GP surgeries, was launched in May 2013, originally with two years of funding from the Anglia Cancer Network.

A team of three highly skilled community cancer nurses and support workers were based at Hinchingsbrooke Hospital, but supported patients who attended other hospitals, but lived locally.

In their role as field workers, they assessed patients and monitored them for signs of recurrence, providing treatments at home. They took blood samples, wrote prescriptions and offered emotional and practical support via phone, Skype and even Facetime, which soon began to have a positive impact, reducing the workload of the local GPs and secondary care cancer services at hospital.

Community cancer nurse specialist Gini Meeset, who has more than 30 years' experience in cancer care,



HCCN lead community cancer nurse, Karen Moseley.

headed up the Huntingdonshire pilot. She believed passionately that more could be done to support people affected by cancer, and importantly, in terms of future sustainability the service could produce cost savings.

"If someone is diagnosed with cancer they should have the highest quality of care possible right from the start," said Gini, who now works for NHS England and is involved in rolling out the pilot across the East of England.

"Our aim was always to respond to patients within the hour, rather than days. Patients had a mobile contact number for us, so if they phoned us with concerns or questions or they were feeling unwell and we couldn't answer straight away we would make contact as soon as we had finished our task, or we would visit them at home and sometimes even at work.

We were always happy to do whatever we needed to do and if that included making someone a cup of tea or doing the washing up while we were there then that's what we did." She added: "All of this meant that

we kept patients out of hospital, reduced the need for GP or consultant appointments, and we were able to provide comfort and support to people who were worried, scared or anxious about their treatment or the impact that cancer was having on their life."

The Huntingdonshire pilot is the only one to have been offered full-time funding and it has been so successful, the model will be rolled out across a much wider geographical area in the coming months.

The current team takes referrals from 23 GP surgeries and comprises a lead nurse, four community nurses, two assistant cancer practitioners, one support worker and a patient liaison and admin assistant.

"We know our survival rates are not good enough in this country and we know we can do more to improve patient experience and long-term quality of life," explained HCCN lead community cancer nurse, Karen Moseley.

"The aim of the service is to encourage patients to self-manage where possible, offering them a positive approach, which has meant improved experiences for cancer survivors.

"Patients are now more educated and they want treatment closer to home. They want and need to continue to work and this model of care supports this."

The University of East Anglia studied the HCCN model and found a three-fold return on investment, compared with hospital-based care. The study showed "considerable savings" to the NHS.

"The Huntingdon model was successful compared to the other pilots as we do clinical work in patients' homes and reduce hospital visits and out-patient appointments which saved money," explained Karen.

"It also offers a feeling of safety, of being really known as an individual, as a constant and supportive presence that can help you navigate the NHS and act as your advocate when you aren't able to speak up for yourself."

## Charity provides a strong voice for cancer patients

**The HCCN charity works alongside the nursing team to provide a host of activities and support that it would not be possible to fund through the NHS.**

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It was set up by some of the first patients to be cared for by the nursing team, which in the early days was only able to fund one nurse.

"HCCN is fortunate to be partnered with the charity and they are the experts and act as our strong patient voice," said HCCN lead nurse Karen Moseley.

"The success of HCCN depends largely on our working closely with the charity as it innovates and supports our evidenced-based work. All of what we are able to offer could not happen without the financial, organisational and administrative support of the charity," she added.

This includes learning events, including a bi-annual conference, a Get Active programme which sets out safe ways to return to

exercise and counselling support for patients and, where appropriate, their children.

The charity has also been able to develop evidence-based programmes to support and educate people to enable them to take back control of their lives. Primarily the volunteers work in the areas of exercise, nutrition and emotional well-being.

"They also provide financial support for the development of the nursing team through attendance at oncology-focused training events and support the use of current and emerging technologies to the nursing team and to patients."

"The nursing team is young in organisational terms," explained Karen.

"It needs to be fast moving and responsive, capable of exploring different ways to achieve its objectives whilst always being



Patients and volunteers raise money for the HCCN charity.

focused on its primary aim of supporting people with cancer and limiting the number of unplanned hospital admissions."

Susan Moore, who is secretary to the charity's trustees, added: "It is most importantly a local service. Therefore as a charity we have sought to engage with local companies and organisations who have the necessary expertise to support this service and its patients."

HCCN has recently partnered with Aseptika Ltd, a Huntingdon-based company to offer a Get Active programme aimed at avoiding the recurrence of cancer through rehabilitation, wellness

classes, peer-support and mentoring. The support was initially provided through the collaboration comprising the Hunts Community Cancer nursing team, St Neots Community Learning centre, the HCCN Charity and volunteers.

Together they have developed a framework for cancer rehabilitation classes which is being led by a qualified personal trainer who is a former oncology nurse.

The classes are a hybrid between phase three and phase four rehabilitation services and take place three times each week and are free to patients.

**Fact File**

- More than two million people in the UK are living with a cancer diagnosis.
- The National Audit Office estimates the cost of cancer services will rise from £6.7bn in 2012/13, to £11bn in 2020/21.
- By 2020, almost one in two people will have cancer at some point in their lives.
- People are now living almost 10 times longer after a cancer diagnosis compared to 40 years ago.
- Latest figures show cancer was responsible for £0.5 billion of health-care spend in the region in 2012.
- A National Institute for Health Research (NIHR) publication in July described how physical activity could improve mobility for cancer survivors.
- Research shows cancer survivors experience changes to their physical function resulting from cancer and its treatments.
- Macmillan's Move More report suggests cancer patients are at greater risk of long-term health problems and recurrence of cancer because they are not as physically active.