

PROJECT NAME:

Renal Cell Carcinoma Service Redesign Project between University Hospitals Birmingham NHS Trust, Queen Elizabeth Hospital (QEH) site, Birmingham and Ipsen.

JOINT WORKING PROJECT SUMMARY:

The aim of this project will be to develop a pharmacist led care pathway for renal cell carcinoma (RCC) patients on oral vascular endothelial growth factor (VEGF) inhibitors, whereby pharmacists review patients on treatment. This will reduce waiting times and workload in consultant outpatient clinics, resulting in a more efficient service that improves patient experience.

The project will have 4 phases:

1. Baseline analysis of the current pathway in terms of patient numbers, patients on treatment and identifying workload that could be transferred to a pharmacist.
2. Design a pathway that incorporates current pharmacy education prior to treatment as well as ongoing management of patients receiving oral VEGF inhibitors in advanced RCC.
3. Implement the new pathway with the potential for a pharmacy telephone assessment clinic to reduce the number of outpatient appointments.
4. Review of the pathway and business case submission.

EXPECTED PATIENT OUTCOMES FOR THIS PROJECT:

- To deliver a high-quality patient experience by ensuring that the management and review pathway for RCC patients on oral VEGF inhibitors is clear, concise and provides equity of care to all patients.
- To capture service data that will demonstrate the value of new model of care to patients and National Health Service (NHS) e.g. patient satisfaction, reduced waiting times/reduced number of hospital appointments, prudent resource allocation.
- To establish a model for the clinical pathway for RCC patients within the QEH Site, reduce time in clinic and in hospital outpatients as well as improving patients experience.
- To promote the patients benefits of this Joint Working Initiative through the UHB communications team, positioning QEH as a centre of innovation.

ANTICIPATED BENEFITS FOR PATIENTS

- Improved patient care at the beginning of treatment through comprehensive patient counselling to support adherence.
- Reduced waiting times in outpatient clinics through attendance at dedicated pharmacy led clinics.
- Receive phone call assessment where appropriate providing care closer to home for patients.
- Early intervention to help prevent admission to hospital.

- Specialist pharmaceutical patient support.
- Improvements in the overall patient experience.

ANTICIPATED BENEFITS FOR THE NHS:

- More efficient use of medical teams, utilising pharmacist resource to deliver patient care, allowing consultants to see more complex cases reducing pressure on the department.
- Additional resource to support reduction in waiting times supporting the delivery of key cancer targets.
- Allows the trust to scope future roles with the potential to extrapolate to other therapy areas.
- Delivers on key Carter report findings by making more efficient use of NHS Resources.
- Aligns to key NHS drivers such as Care Closer to Home through telephone consultation where appropriate.
- Raise profile of QEH as a Centre of Excellence.

ANTICIPATED BENEFITS FOR IPSEN:

- Patients will receive treatments in line with clinical guidance which may include Ipsen products when appropriate.
- Opportunity to work with QEH through a joint working initiative to build relationships and reputation.
- Collaborating on a significant service development project aligning to Ipsen's strategic pillar of becoming a partner of choice.
- Demonstrates Ipsen's commitment to Oncology.
- UHB QEH site to act as a beacon centre for other NHS Trusts.

PROJECT START DATE & DURATION: April 2019 - 2 years