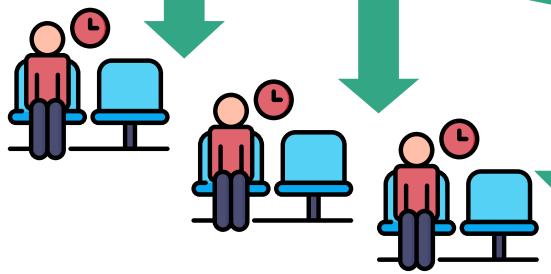
Cheshire & Merseyside Urgent Cancer Care Programme

Picker Experience Network Awards 2025

Patient Story

2018

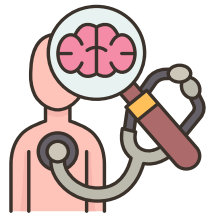
April - 48yr old man.
Emergency presentation new UGI cancer



Attends ED on 3 more occasions - Long waits/ lack of information and cancer knowledge

2021

Self presents to ED



Diagnosed with brain metastasis in the ED

Discharged home without support

March - Abnormal blood test
Further ED & admission - rapid transition of treatment to end of life care

Cheshire and Merseyside Cancer Alliance

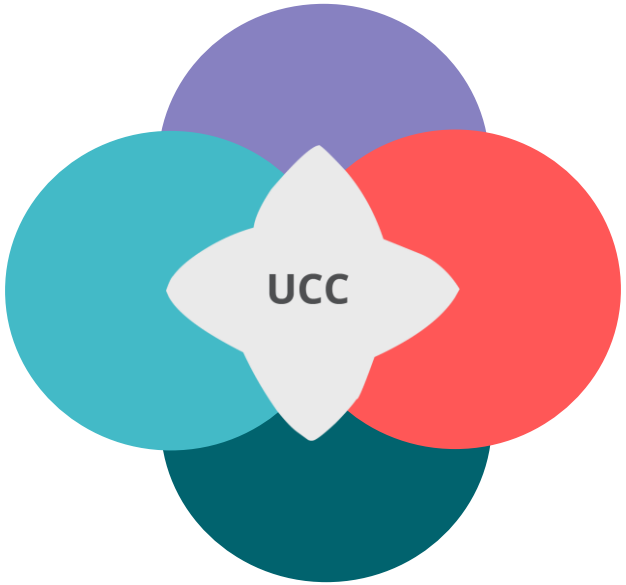
The Regional Cancer Alliance

The Specialist Cancer Centre

Bringing together the ingredients to make good urgent cancer care

Regional Urgent Care Providers

Urgent and Emergency Care Network


UCC

3 reasons

why we should win

Impact | Alignment | Integration

Reason 1

Impact

Short and long term impact

Nearly

1 in 2 people

will develop some form of cancer during their lifetime.[13]

3 million people

are living with cancer in the UK. This is projected to become 4 million by 2030.[10]

Over

130,000 people

Are living with a treatable but not curable form of cancer in the UK.[11]

"had a patient arrived at a typical accident & emergency department on an average evening in 2009, there would have been 39 people waiting in the queue. By 2024, this had increased to more than 100 people " [14]

(Darzi report 2024, p87)

On average,

95% of hospital beds are **full**[16]

Why an urgent cancer care strategy is needed

1. A new emergency diagnosis of cancer
2. Side effects of cancer treatment
3. Worsening symptoms related to cancer progression and other comorbidities

Cancer patients who are admitted to hospital are at greater risk of: [21,22,23]

Deconditioning
Falls
Loss of mobility
VTE*
Malnutrition
Infection
Isolation
Depression

Cancer patients presenting to ED are **4 times as likely to be admitted** as non-cancer patients.[2]

49% of cancer patients who are admitted have a engths of stay of less than 3 days.[7]

Up to **50%** of cancer emergency admissions could have benefitted from alternatives to admission.[8,9]

74% of cancer patients who have an acute admission are in the last year of life.[2]

Vision

All cancer patients in Cheshire and Merseyside with an urgent care need receive timely, effective and equitable treatment.

Mission

To ensure seamless integration with oncology and urgent care teams, improving outcomes through education, advanced protocols and continuous data driven innovation. Bridging the gap between unplanned urgent care and planned cancer treatment, ensuring clinical safety and improved patient experience.

Training and Education

Equip UEC providers with the skills and knowledge to successfully manage cancer patients.

System Working and Care Integration

Improve communication and data sharing to enable multiprofessional working across organisations.

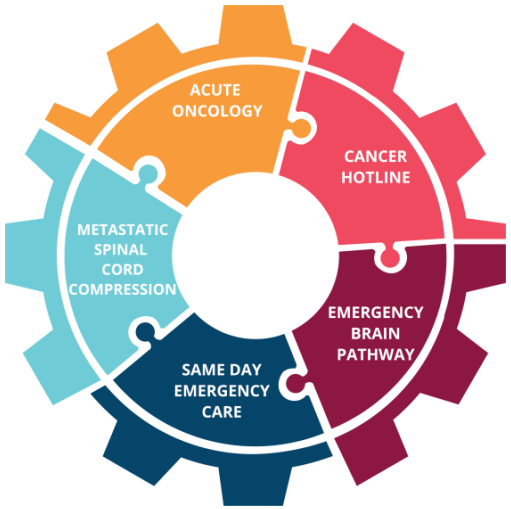
Accountability and Governance

Establish a robust UCC assurance and performance framework across organisations.

Innovation

Use data to drive appropriate change and innovation to address challenges in urgent care.

Shifting cancer diagnoses away from emergency settings



Enhanced oncology knowledge and skills for wider urgent care staff

Avoiding repeated admission improves quality of life

Information sharing between organisations

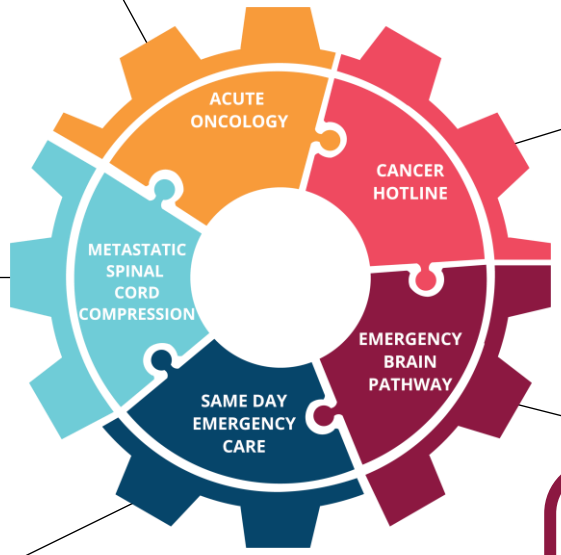
ED diversion and minimised bed days will also relieve pressure

…..providing patients with the right care in the right in place, first time

Acute Oncology Transformation:
Universal data tool
Key Performance Indicators
Regional AO Service specification

Cancer Triage Hotline:
12.5% reduction in ED referrals – weekend
7% reduction in ED referrals – weekdays
Aligning processes with NHS 111

MSCC Transformation:
30 days to 7 months average survival
Greater than 2 years with surgical intervention
Earlier diagnosis of MSCC



Brain/MUO pathways:
Local ownership with specialist regional support
Timely patient information
Named Key Worker
Rapid inpatient review
Specialist Triage

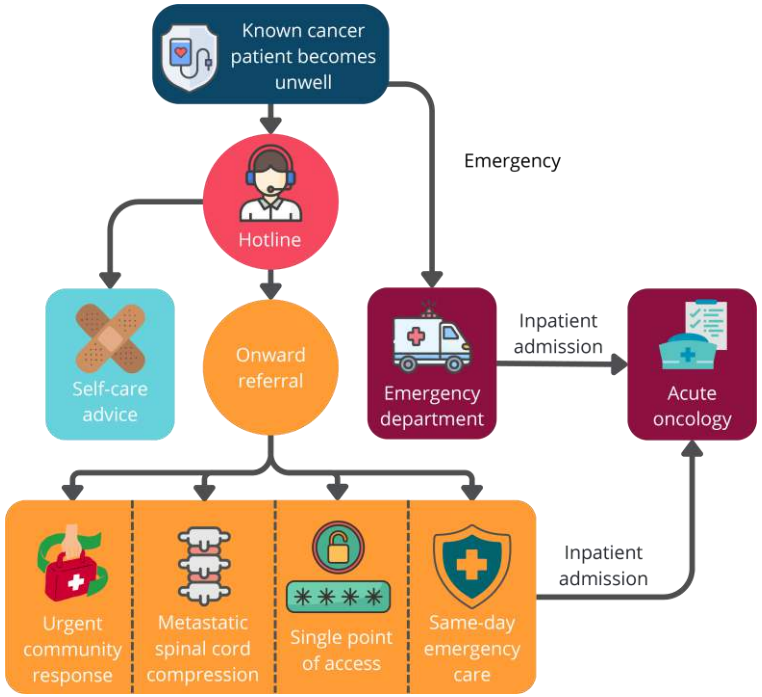
SDEC:
68% increase in monthly referral from cancer hotline
31 referrals March 24/**52 referrals** March 2025
First pilot of a cancer nurse in UCR

Patient Experience
& Co-production

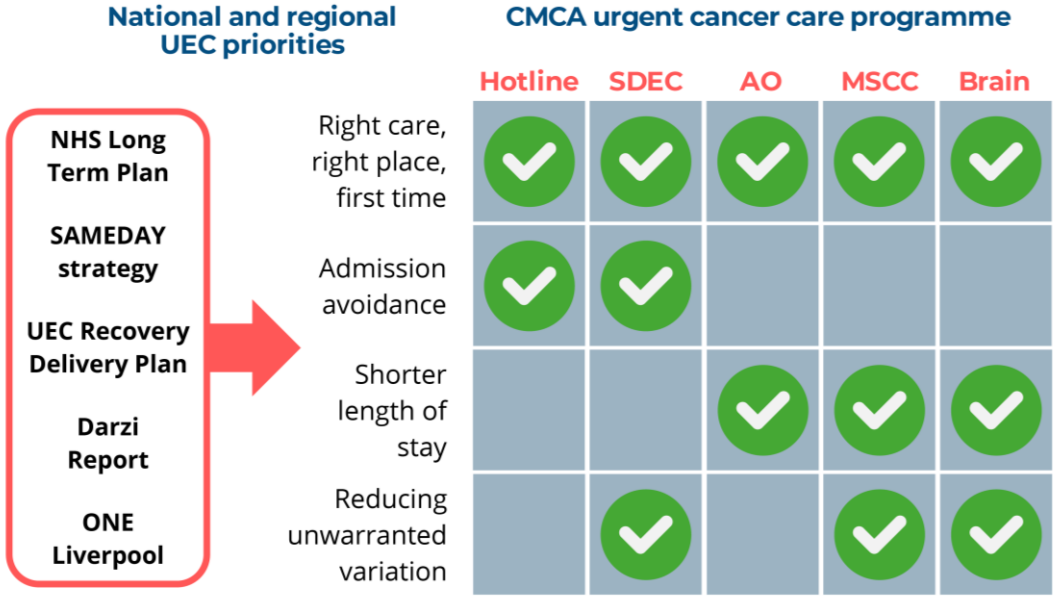
Reason 2

Alignment

Alignment of national strategy

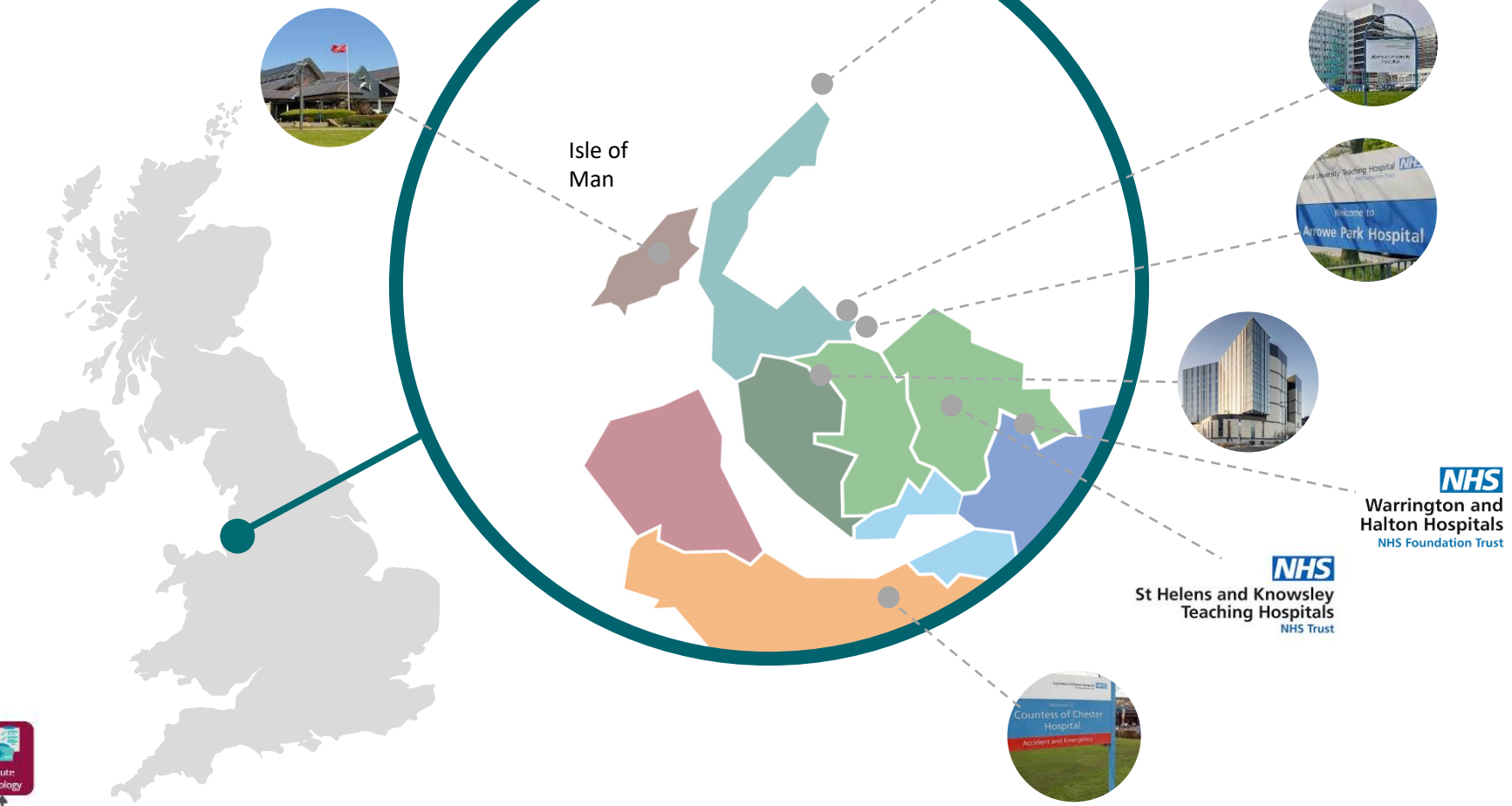


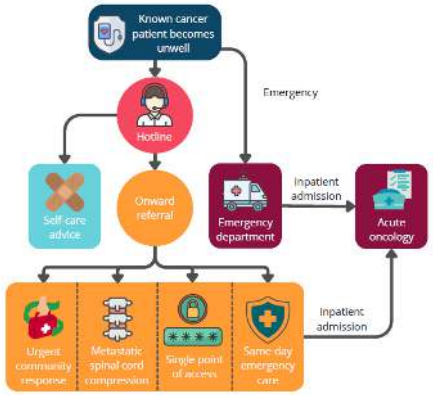
Priorities of Urgent and Emergency Care Strategy vs Cancer Strategy



Reason 3

Integration


Isle of Man
NHS
Southport and Ormskirk Hospital
NHS Trust
Welcome to
Arrowe Park Hospital
NHS
Warrington and Halton Hospitals
NHS Foundation Trust
NHS
St Helens and Knowsley Teaching Hospitals
NHS Trust
Countess of Chester Hospital
Accident and Emergency

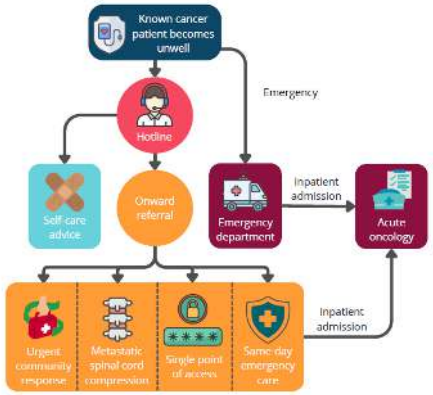

Known cancer patient becomes unwell
Hotline
Emergency
Self-care advice
Onward referral
Emergency department
Inpatient admission
Acute oncology
Urgent community response
Metastatic spinal cord compression
Single point of access
Same day emergency care
Inpatient admission

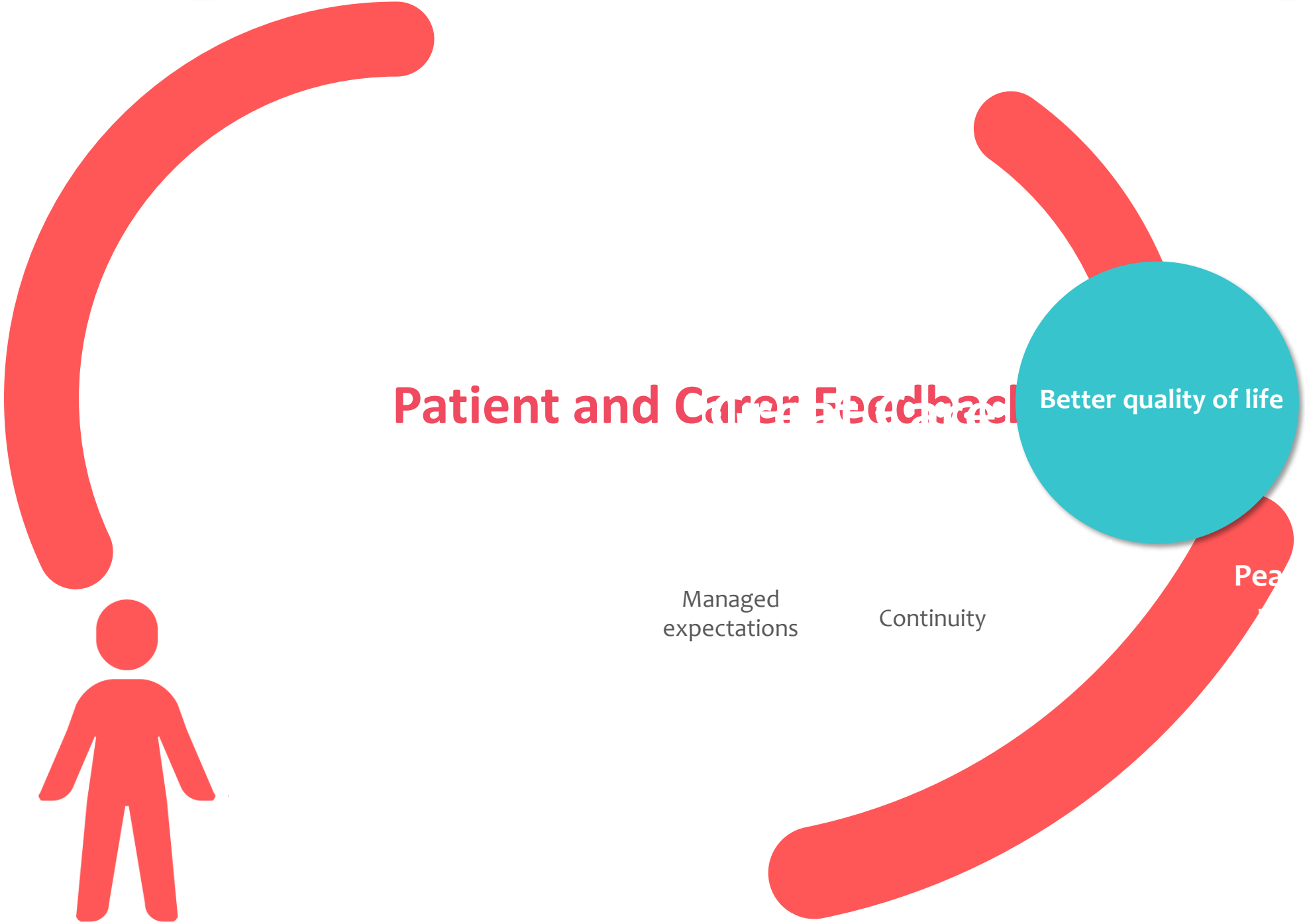
Sustaining the future of urgent cancer care

Patient centred neighbourhood cancer care

Innovation

Spread, adapt, adopt




Patient and Carer Feedback
Better quality of life
Managed expectations
Continuity
Pea