

Delivering Quality Cancer Care in Rural and Coastal Settings: Experiences of a large-scale transformation programme across an integrated health system



UNIVERSITY OF LINCOLN

Dr David Nelson^{1,2}, Kathie McPeake^{3,2}, Dr Samuel Cooke¹, Prof Ros Kane⁴, Prof Peter Selby^{5,6}

- ¹ Lincoln Institute for Rural and Coastal Health, College of Health and Science, University of Lincoln, Lincoln, UK
- ² Macmillan Cancer Support, London, UK.
- ³ NHS Lincolnshire Integrated Care Board, Sleaford, UK.
- ⁴ School of Health and Care Sciences, College of Health and Science, University of Lincoln, Lincoln, UK
- ⁵ Faculty of Medicine and Health, University of Leeds, Leeds, UK
- ⁶ Lincoln Medical School, College of Health and Science, Universities of Nottingham and Lincoln, Lincoln, UK

Correspondence to: Dr David Nelson (dnelson@lincoln.ac.uk)

Background

Rural (Fig 1) and coastal areas (Fig 2) constitute 85% of the UK landmass and house ~10 million people.

Evidence suggests that those living with cancer (LWC), residing in rural and coastal areas are disadvantaged compared to those in urban areas (e.g. increased distance from treatment centres, poor transport infrastructure, limited specialist workforce, social/economic deprivation)¹.

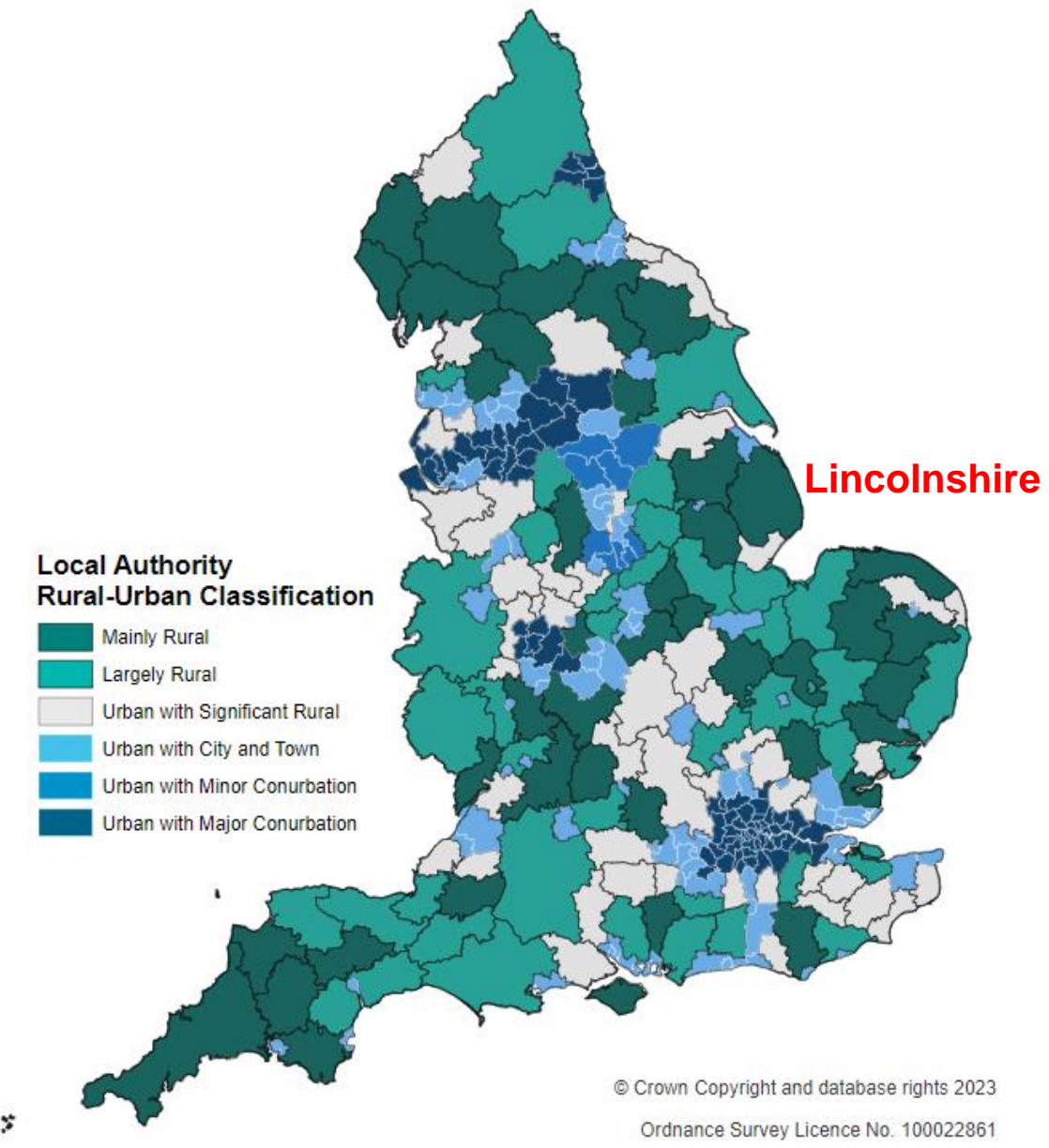


Figure 1: Rural-Urban Classifications for Local Authority Districts in England²

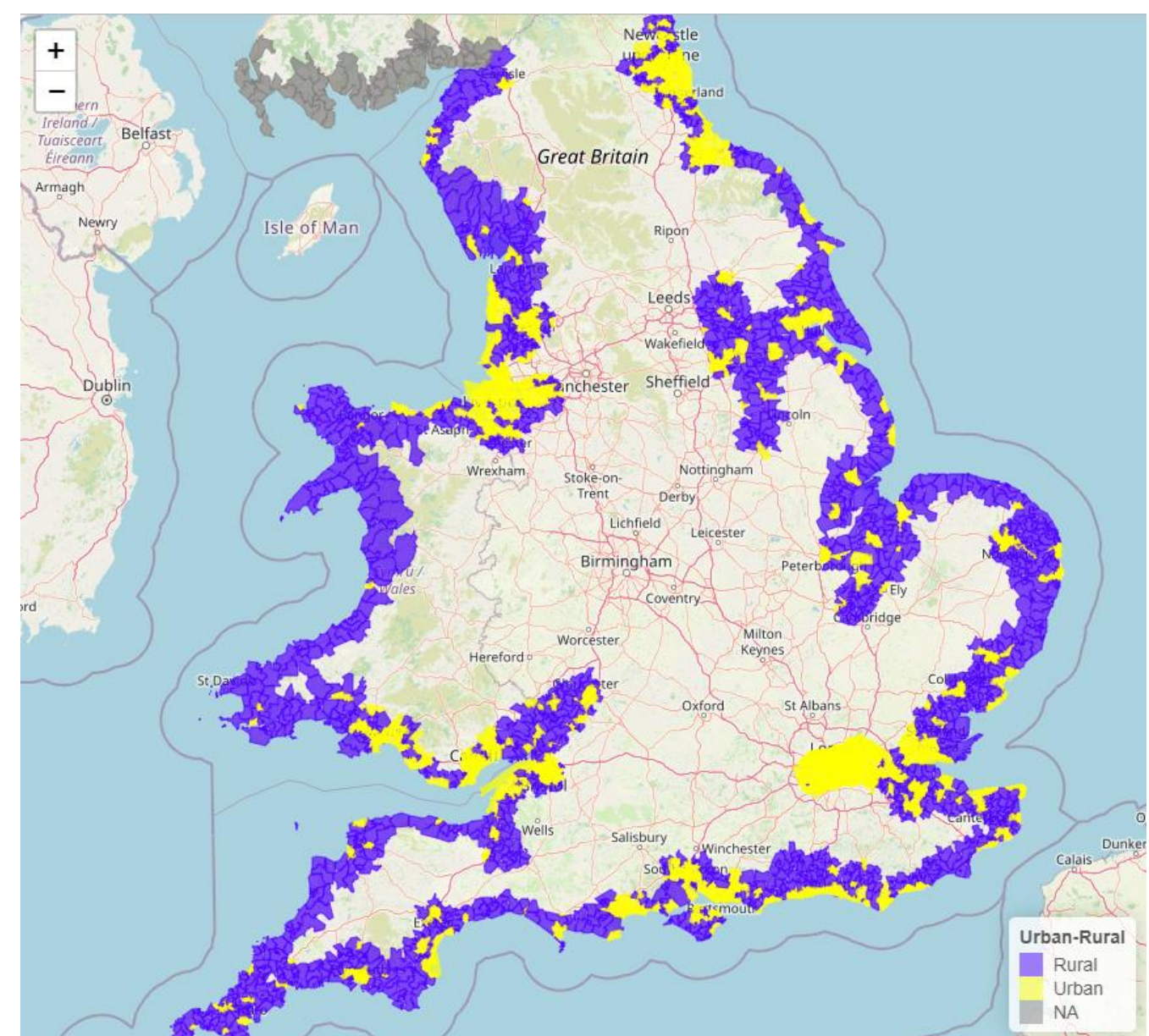


Figure 2: Coastal areas of England and Wales by Urban-Rural

The UK County of Lincolnshire, with a mix of rural, coastal, and urban areas, but low population density due to its rural nature and size, has ~37,000 people LWC³.

Evidence shows that people LWC offered holistic support before, during, and after diagnosis, have improved outcomes, compared to those not in receipt of support⁴.

We discuss experiences of a large-scale, system-wide, integrated cancer transformation programme (the LWC programme⁵) to meet the needs of all communities, regardless of where they live.



Figure 3: Overview of the LWC Programme in Lincolnshire

Methods

The LWC Programme⁵ is driven by patients' experiences (n=603) via community consultations (2017-2023) that explored the challenges of living with cancer.

We have measured progress and impact in acute, primary and community care, synthesising quantitative and qualitative data on the 'LWC Dashboard' (Fig 4)

Stratified models for psychosocial, financial support and physical activity, using existing assets have been developed.

We identified 6 'places' where people access support (1) hospital (2) pharmacy (3) primary care (4) community health services (5) work and (6) home.

We developed 'place-based' projects to improve access to information, advice and support.

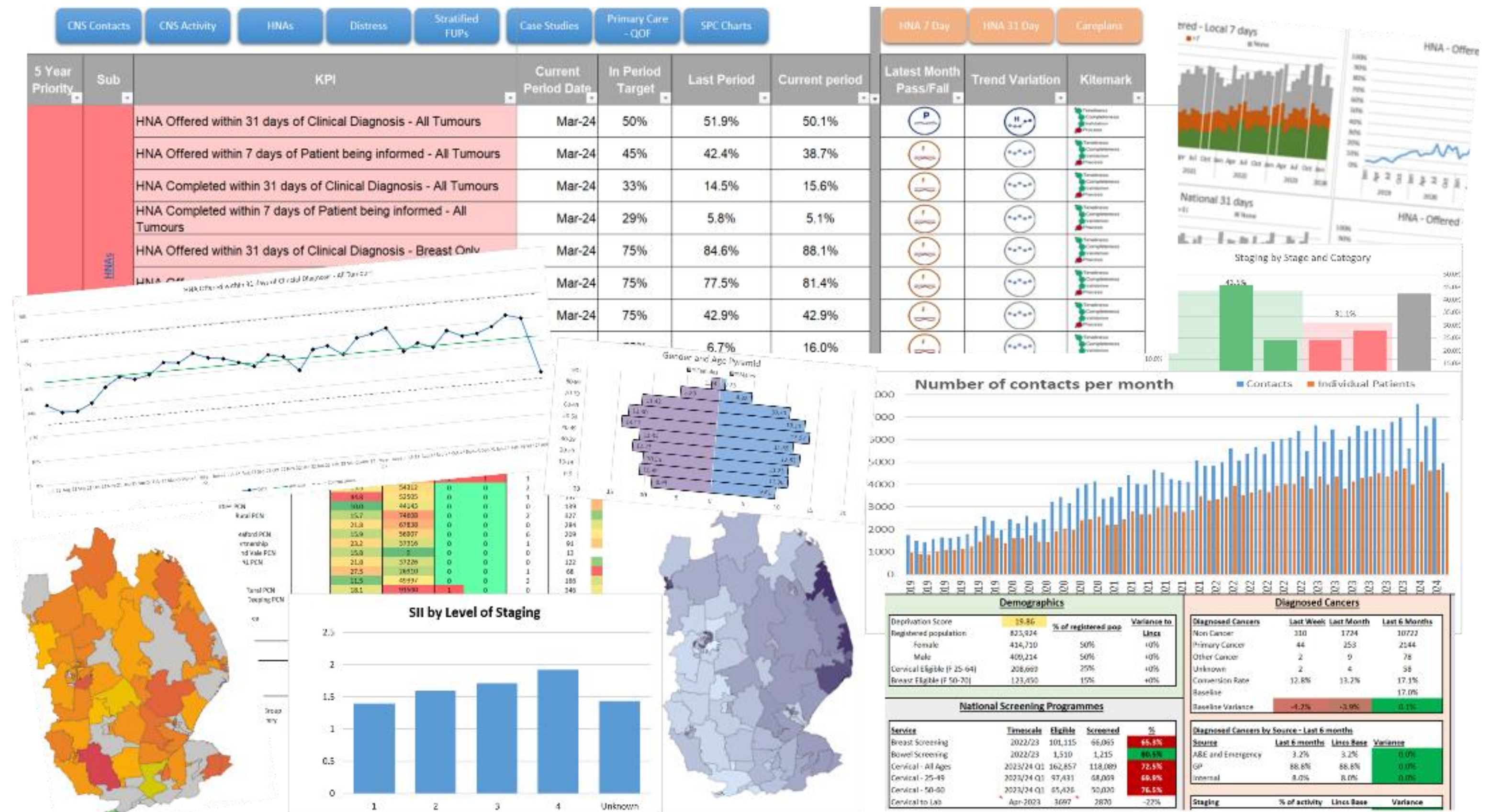


Figure 4: Examples of outputs from the LWC Data Dashboard

Results

- By June 2024, 50% of patients were offered a Holistic Needs Assessment (HNS) within 31 days of diagnosis (70% of tumour pathways with a Cancer Care Co-ordinator, Fig 5), 43% for those undergoing chemotherapy during treatment.
- Consistent referral to psychological support services has been adopted by all acute Cancer Nurse Specialists and Cancer Care Co-ordinators.
- 61 of 82 GP Practices have accessed offers of Cancer Care Review training.

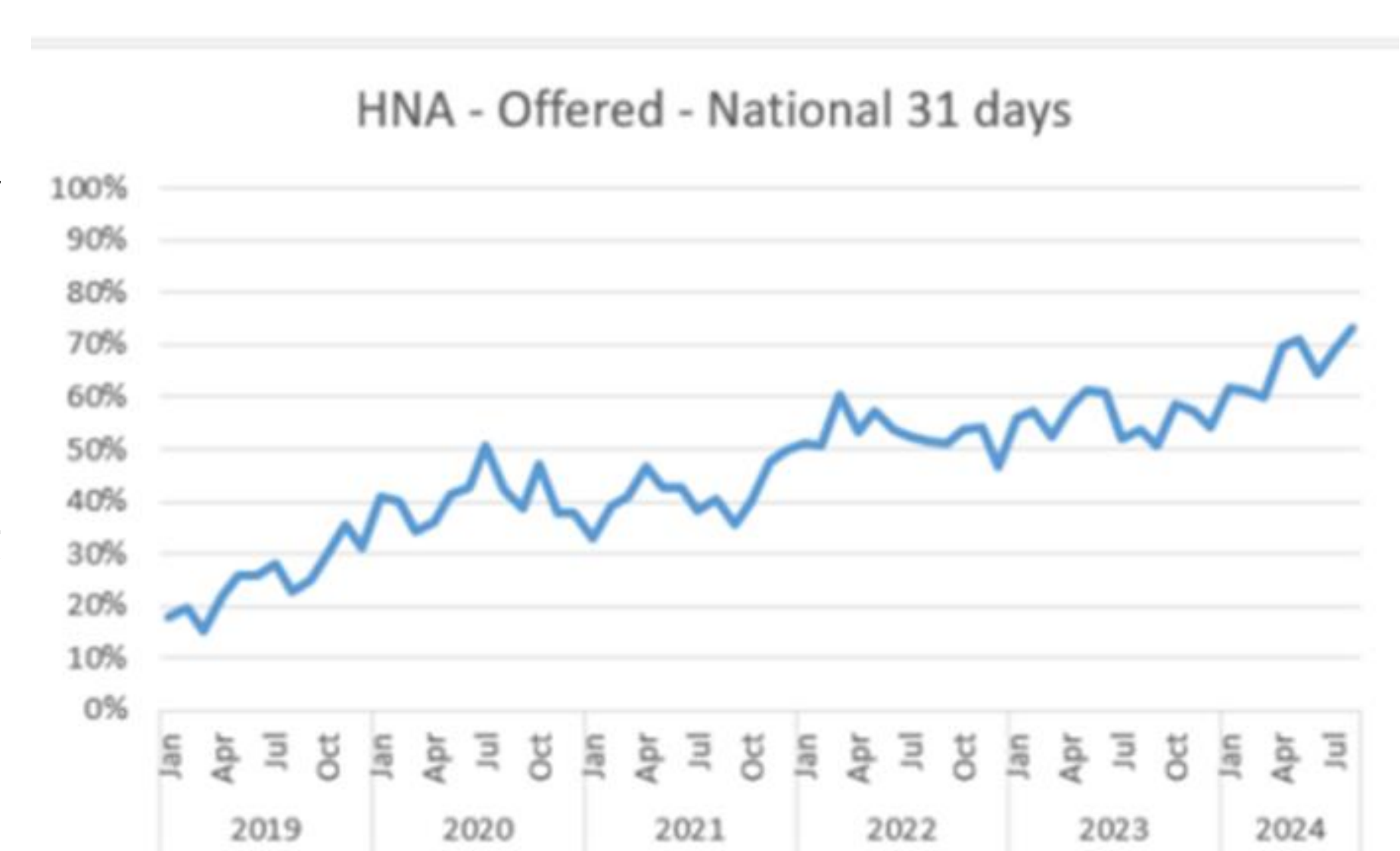


Figure 5: Percentage of patients offered Holistic Needs Assessments



Figure 6: Community assets and partners across the health system

- 2000+ mapped community assets go live on our website in Autumn 2024 (Fig 6).
- More than 80% of patients who have accessed psychosocial support (Fig 7) report less distress after 12 weeks.
- The Macmillan Outreach Project (commenced December 2023) will ensure that people can access information and support closer to home.



Figure 7: Qualitative feedback on Psycho-oncology service

Conclusion

The LWC Programme founded on patient experience has resulted in tailored support to meet the needs of rural, coastal and urban residents. There is a need to step outside historical boundaries of what a 'health' service is to realise transformation. The widespread establishment of Integrated Care Systems (ICSs) in England (July 2022) has expedited the adoption of this programme which will be replicated to support other long-term conditions.

References

- Nelson, D., Selby, P., Kane, R., Harding-Bell, A., Kenny, A., McPeake, K., ... & Lawler, M. (2024). Implementing the European code of cancer practice in rural settings. *Journal of Cancer Policy*, 100465.
- Department for Environment, Food & Rural Affairs (2021). 2011 Rural Urban Classifications of Local Authority Districts and other higher geographical levels. Available at: https://www.gov.uk/government/uploads/2011/04/urban_classification_of_local_authority_districts.pdf
- NHS Digital. The Quality and Outcomes Framework (QOF), QOF 2021-22 results. Leeds, UK: NHS Digital. Available at: <https://qof.digit.nhs.uk/>
- Nkhoma, K. B., Cook, A., Giusti, A., Farrant, L., Petrus, R., Petersen, I., ... & Harding, R. (2022). A systematic review of impact of person-centred interventions for serious physical illness in terms of outcomes and costs. *BMJ open*, 12(7), e054396.
- McPeake, K., Jeanes, L., Nelson, D., Selby, P., Cooke, S., Gussy, M., & Kane, R. (2023). Developing a 'Living with Cancer' programme in a rural and coastal setting: Experiences of collaborative and innovative co-production across an integrated Health System. *Journal of Cancer Policy*, 38, 100452.

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