NHS
South Yorkshire
Integrated Care Board

Non-Surgical Oncology Transformation Programme

JOINT HEALTH OVERSIGHT & SCRUTINY COMMITTEE

10th October 2024

1. Purpose of this Paper

The purpose of this paper is to provide an update on the progress of the non-surgical oncology (NSO) transformation programme. The paper provides the background to the programme of work, an update on the progress being made during the Stabilisation Phase and asks JHOSC to note the future direction of travel for NSO services.

Whilst the focus for JHOSC has been on the NSO Outpatient services, this update provides the wider NSO programme update providing assurance that NSO services are being considered for the whole patient pathway due to the interdependencies and sustainability of the model. The other NSO services include day case treatment, referred to as Systemic Anti-Cancer Therapies (SACT) inpatients and Acute Oncology services.

2. Introduction

Work is underway to develop and agree a long-term sustainable model for the provision of non-surgical oncology (NSO) for patients in South Yorkshire and Bassetlaw and North Derbyshire. The work is being led by the South Yorkshire and Bassetlaw Cancer Alliance.

Non-surgical oncology is an umbrella term for treatments for cancer that are not surgically based including radiotherapy, chemotherapy and, increasingly, targeted therapies and immunotherapy.

These services are led by both clinical and medical oncologists and supported by a multi-disciplinary team consisting of healthcare professional groups including radiographers, nursing and pharmacy colleagues. All Oncologists are employed by Sheffield Teaching Hospitals and are based at Weston Park Cancer Centre (WPCC).

Sheffield Teaching Hospitals NHS Foundation Trust (STHFT) is the lead provider for non-surgical oncology (NSO) services for South Yorkshire, Bassetlaw and the population of North Derbyshire.

As the tertiary provider of specialist cancer services there are several services that can only be delivered at Weston Park Cancer Centre, including all inpatient services, radiotherapy and the more specialist chemotherapy regimens including concurrent chemoradiotherapy.

2.1 NSO Outpatient Review

In 2022 the South Yorkshire and Bassetlaw (SYB) Cancer Alliance (CA) was asked to lead a service review by the Cancer Alliance Board, to work with partners to develop a future sustainable NSO service model. Included in the programme is the Chesterfield and North Derbyshire locality. Whilst this geographical area is now a part of the East Midlands Cancer Alliance and forms part of the Derby and Derbyshire ICB, the historic patient pathways and referral patterns established, were a part of the previous North Trent Cancer Network meaning that the Sheffield based oncologists provide Chesterfield and North Derbyshire patients with an NSO service.

The review led to the establishment of an NSO Transformation Programme, initially focussing on Outpatient Services. This programme has evolved in scope from being purely Outpatient focused, to including all NSO services. This is in recognition of the need to include pathways for patients who require routine support/ services and for those patients who require rapid, same day or emergency support and the interdependencies of the services and workforce required. The NSO programme covers both pathways to ensure that consideration is given to the all the future functions and skills required to support patients.

The purpose of the NSO transformation programme is to:

- Improve clinical safety and reduce clinical risks
- Tackle inequalities to access: not just geographically, but equally to the full range of treatment modalities and access to research and clinical trials
- Address sustainability challenges including workforce sustainability

3. The NSO Outpatient Temporary Model

The focus for JHOSC has been to seek assurance on the temporary arrangements for Outpatients services, and to provide a steer on the process of engagement in determining the future model for NSO services.

These temporary changes have included:

- In November 20212 the establishment of a temporary service model based on three-hubs (Sheffield, Chesterfield and Doncaster) for colorectal patients.
- In January 2022 the breast service became unviable leading to the establishment of a temporary two-hub model (Sheffield-Chesterfield patients attending WPCC and Doncaster-Rotherham-Barnsley patients being seen at the Breathing Space health centre in Rotherham). These changes were on the grounds of patient safety to manage the operational pressures due to the volume of existing and pending Consultant Oncologist vacancies.
- During 2023/4 Barnsley lung patients have been travelling to Weston Park for face-to-face consultations with remote clinic support due to operational pressures and patient safety considerations.

The Joint Committee of Clinical Commissioning Groups were informed of the requirement to establish a temporary service model for non-surgical oncology and the Joint Health Overview & Scrutiny Committee were briefed in November 2021, March 2022 and January, March and October 2023 by STHFT.

3.1 Mitigations

There are several mitigations that have been in place to reduce any negative impact of any temporary service change on patients throughout the entirety of their cancer journey as well as specifically in relation to the NSO outpatients. These include the following:

- Repatriation of chemotherapy treatments locally. This ensures an equitable offer to all patients with regards to the chemotherapy increasing access for patients at their local hospital
- Consultant led, team delivered approach facilitating local delivery of chemotherapy with or without the oncologist presence on site.
- Expansion of the charitable bus service from local hospitals to WPCC and temporary service sites
- Development of a breast supportive care model to ensure continuity of care which enables a more team led approach to the provision of care
- The review of Acute Oncology services to ensure sustainability within a new service model.
- Multidisciplinary team optimisation. Whilst recruitment efforts continue, there has also been a focus on ensuring a multi-disciplinary team approach with everyone working to the top of their licence. This means ensuring that oncologists (or radiographers; pharmacists; advanced nurse practitioners) are only doing the activities that require their specialist expertise. Consultant radiographers, nurses and pharmacists form a crucial part of this extended NSO team, alongside developing roles for Advanced Clinical practitioners.

It should be noted that the repatriation programme to ensure chemotherapy delivery closer to home has led to an increased level of chemotherapy treatment now being delivered locally to offset the requirement for patients to travel to Weston Park Cancer Centre (WPCC)for review.

4. Approach to Change

The overall vision for the NSO service is to support equality of access, provide a more resilient service which can offer more personalised care.

This work is within the context of an overall change process for NSO services. The first phase is to ensure stabilisation of services moving through to transformation over the next 5-10 years.

The approach to change:

It was agreed during 2023 that, for the next phase of programme development to move towards the vision, it was important to **stabilise** the services, to provide workforce resilience, organisational development time for the teams and adjustment of the Service Level Agreements.

This Stabilisation phase with the hub and spoke model was supported at the JHOSC meeting on the 7th December 2023.

This has meant that:

- Patient safety and patient outcomes can be supported by the clinical teams
- WPCC, acting as the hub, has continued to offer services to all cancer groups: specialist and all major tumour groups.
- Spoke sites are supporting the major/ common tumour groups and work in collaboration with the hub.
- The model is supporting improved patient safety, quality and continuity of care for patients and staff which was identified through our engagement process as key requirements.

- Single handed consultant practices are reduced and removed; team working to wrap around tumour specific models of care is facilitated and better training opportunities for the development of the future workforce are enabled.
- Acute Oncology Services and Out Of Hours access are protected.
- Travel times across the SYBND should not be significantly impacted and patients will be offered choice of locations.
- All chemotherapy/Systemic Anti-Cancer Treatments have continued to be delivered locally with increased services at some sites thus reducing patient travel.
- New ways of working, digital solutions, new workforce models and virtual consultations will continue to be supported.
- Greater access to clinical trials can be supported through the development of a unified protocol that offers more patients access clinical trials in a timely way.
- More standardised access to supporting services within the hub and spokes to provide equitable access for patients.
- Service Level Agreements are being reviewed to enable a more unified approach and facilitate equity across the system.

Discussions regarding digital solutions, team working, and estate are informing the future NSO model. This stabilisation phase is helping us to build the capability in support of the longer-term model.

This phased approach to change means that there will be an assurance of the readiness for change as part of any implementation process.

A risk assessment and Equality Health Impact Assessment were carried out for the Stabilisation Phase.

5. The Stabilisation Phase Progress Update

The Stabilisation Phase was supported at the JHOSC meeting on the 7th December 2023 and by the ICB Board in March 2024.

The progress to date during the Stabilisation phase includes:

5.1 Workforce: Oncologist Recruitment

STHFT has been successful in the recruitment of an additional 4 Breast consultant oncologist posts, 2 substantive and 2 locum which is a significant achievement in the current national market for Oncologists. The consultant staff will enable the service to stand down the external support that has been enabling the service to run and to provide improved continuity for patients and staff.

5.2 Patient Access

There is increasing evidence on the positive impact of greater patient and carer input to inform the care planning process, moving away from the traditional Outpatient visit model. This was a key theme from the patient and public feedback we obtained through discussions on continuity of care and ongoing support and relationships.

We are piloting a virtual model in Barnsley as part of the Stabilisation phase for Urology and Lung patients which offers local access with team support in a more accessible location for patients. As part of this pilot patient and staff feedback is being captured to ensure we learn from the pilot and feed this into the future model work.

There are other NSO clinics that are already using patient-informed planning and support that we are looking to develop further during the Stabilisation phase.

In the proposed future model for NSO we are factoring in more patient informed, remote support alongside face-to-face consultations. This supports a reduction in travel for patients, improves patient access and provides greater opportunities for two -way care planning.

5.3 NSO Fourth Lung Clinic

As part of the Stabilisation phase, it was agreed to look at a fourth site for an NSO lung clinic for the populations of Barnsley and Rotherham, to support **patient and clinical safety, team resilience and patient access.**

This is a temporary solution to support operational pressures and is not the commissioning of a new service. This means that there will be four sites offering face to face consultations supported by three lung oncology teams.

An evaluation process has been carried out with a requirements letter sent out to Place commissioners, evaluation criteria agreed, a travel analysis and Equality Health Impact assessment carried out, informing the process. The feedback from the patient, public and staff engagement informed the evaluation criteria and in particular the travel analysis that was carried out. Appendix D provides the evaluation criteria used for the process.

Clinic activity data has been analysed along with health population data including the incidence of lung cancer across Barnsley and Rotherham (Appendix C)

Three locations were considered including a site mid-way between Rotherham and Barnsley as an option, the Montagu Mexborough site. A multidisciplinary panel of Barnsley and Rotherham representatives including patient representation, was established to carry out the evaluation and to make a recommendation.

This has resulted in Rotherham District General being proposed as the temporary fourth site for Barnsley and Rotherham patients. This recommendation is being taken through the appropriate governance routes for approval supported by a communications plan for staff, patients and their carers to inform them of the temporary change and the clinic options.

Additional mitigations are being put in place:

- Pilot of virtual clinic for lung patients in Barnsley which provides a team model with access to the oncology team on site with remote oncologist input
- Additional volunteer and charitable travel expansion
- Continued repatriation of Systemic Anti-Cancer therapies locally to provide treatment closer to home
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5.4 NSO Longer term Model

Work has continued on the development of the future NSO model with the agreement of a high-level clinical model.

To date the future model has been developed incorporating the feedback from staff, patients and the public, highlighted at the JHOSC meeting on the 7th December (Appendix B) Further engagement work is being planned in line with the phasing of the programme to test and learn from different aspects of the model, to inform the future model.

The workforce plan to support the NSO model is being developed recognising the need for recruitment, retention, training and education for all staff, clinical and non-clinical to sustain a future model.

5.5 Service Level Agreements

Progress has been made on the review and scope of the Service Level Agreements with a proposed financial framework to support the updated SLAs. The next steps are for agreement with Directors of Finance to the proposed approach and to implement the SLAs as the baseline to inform any future developments.

6. Recommendations

The JHOSC is asked to:

- **Note** the approach to the NSO transformation programme
- **Note** progress being made as part of the Stabilisation Phase including the temporary development of a fourth lung clinic site for Rotherham and Barnsley patients

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Date 1st October 2024

Appendix A

The clinical models proposed as part of the Stabilisation Phase:

Stabilization Phase	Clinical Model	Rationale	Team Model	Proposed Location
Specialist cancers	Centralised model	Patient outcomes, volume of activity and NICE guidance	Link with regional and supra-regional teams	• Sheffield
Breast	2 site model	• Patient outcomes. • Patient choice and access, provides safety. • Team configuration and resilience	2 teams	• Sheffield • Rotherham
Urology	3 site model	• Patient outcomes. • Patient choice and access, provides safety. • Team configuration and resilience	3 teams	• Sheffield • Doncaster • Chesterfield
Lung	4 site model	• Patient outcomes. • Patient choice and access, provides safety. • Team configuration and resilience	3 teams	• Sheffield • Doncaster • Chesterfield • Barnsley /Rotherham
Colorectal	3 site model	• Patient outcomes. • Patient choice and access, provides safety. • Team configuration and resilience	3 teams	• Sheffield • Doncaster • Chesterfield

Appendix B

Summary of public and patient involvement

An opening equalities health impact assessment (EHIA) undertaken in January 2023 informed our patient and public involvement planning and the development of proposals. As part of the involvement activity, we targeted and secured feedback from a number of communities identified as likely to be affected by the possible changes to non-surgical oncology outpatient appointments. The feedback we received informed the mitigations taken as the NSO outpatient service delivery model is further developed.

Prior to the temporary service model an exercise was undertaken to establish patient insights to inform the development of the model. Key insights included the importance to patients and carers regarding:

- Continuity of care and access to support.
- Location. Services should be easily accessible via public transport.
- Sufficient car parking for those able to travel by car.

Further work was undertaken during the temporary service change to gain further insights into how changes had impacted on patients and what is important to them within their oncology services. This included surveys and semi-structured one to one interview. In addition to the points above the following were categorised as important to patients and carers

- Clear communication between appointments
- Time spent waiting for the appointment on the day. To ensure it is absolutely necessary or could it be provided differently, and the time be utilised more effectively.
- Time spent during the appointment.
- Welcoming environment, comfortable waiting areas and access to support.
- Facilities

An additional exercise was undertaken with regards to patient experience with virtual appointments. The positive elements identified were in relation to convenience, low cost and reduced risk of catching infection. Further improvements could be made in terms of ensuring compliance with scheduled time, broadening the scope and some patients were concerned that the lack of opportunity for a physical examination left them feeling vulnerable.

During March and April 2023 a further involvement exercise was carried out to understand patient and public views of their experience of non-surgical oncology

outpatient appointments, and their views on what would make a good outpatient appointment.

The activity included:

- Patient Advisory Board session presentation 21 February
- Survey - online, door-to-door and by telephone 6 March - 13 April
- Public online discussion events on 20 and 24 March.
- 11 voluntary and community sector focus groups during March and April

954 people provided feedback in the listening exercise. They were from a wide geographical and demographic range. The survey was completed by 331 cancer services patients or carers and 510 local residents with no experience of cancer services or experience more than a year ago. Nine people took part in the public online events. 104 people took part in the VCSO focus groups. The four local Healthwatch organisations also provided a joint written response.

The Cancer Alliance partners promoted activities through social media and patient and voluntary sector networks. A range of promotional and informative materials were produced including website content, a listening document and a podcast discussing the issue with senior clinicians and service leads. Postcards and posters inviting patients and carers to complete the survey were placed in the oncology non-surgical outpatient departments. In addition, paper copies of surveys were made widely available to reach all patient groups.

Following an Equalities Impact Assessment, groups were identified who were likely to be affected by the possible changes to non-surgical oncology outpatient appointments. Voluntary and Community Sector organisations representing these groups were approached to run focus groups and the survey was promoted in areas of health inequality.

Feedback across the responses emphasised the following factors as important for a good non-surgical oncology outpatient appointment:

- Seeing the same person at each appointment
- Short waiting times and updates about how long the waiting times are when at appointments.
- Good communication including communication about what will happen at appointments, any delays, information about support organisations, access to translators / interpreters, clear signposting to and inside the hospital / clinic.
- Privacy when relaying personal information and privacy / dedicated rooms for talking to nurses after consultations.
- In the waiting room, good wheelchair access and availability, refreshments, useful information about support
- Ensuring patients feel listened to, not rushed, and there is a relaxed atmosphere.

In relation to transport and access requirements, the following were raised:

- Parking difficulties, particularly at Weston Park, and the need for good parking availability and drop-off areas
- The location being accessible by good low-cost public transport
- Preference for the hospital / clinic to be close to home
- The time it takes to get to the appointment.

The focus groups who represented those identified by the equalities impact assessment mirrored in general the feedback from the survey and public events. Additional points and suggestions they made include:

- The importance of cultural awareness and access to qualified interpreters
- A preference for face-to-face consultations
- Mental wellbeing support following a diagnosis
- More information about shuttle services and patient transport
- A suggestion of financial help with travel costs

Findings from this report were presented to the South Yorkshire and Bassetlaw Cancer Alliance Board on 7 July 2023.

Impact of the Engagement and Feedback

The feedback from the engagement activity was incorporated into the design and development of the criteria, options, and models for the stabilisation phase and is informing the future NSO model. The feedback has informed the evaluation criteria for the fourth lung clinic process.

This feedback is based on people who have experience of using the services, and local residents with no current experience of cancer.

Area of Development	Feedback	Impact
Travel	85% of people using services told us that they travel to appointments by car and 98% of local residents told us that if diagnosed with cancer that	We carried out a travel assessment to understand what the impact of moving clinics would be on travel times. We developed a new criterion to ensure that all options were assessed against a travel time of no longer than 45 minutes. All options

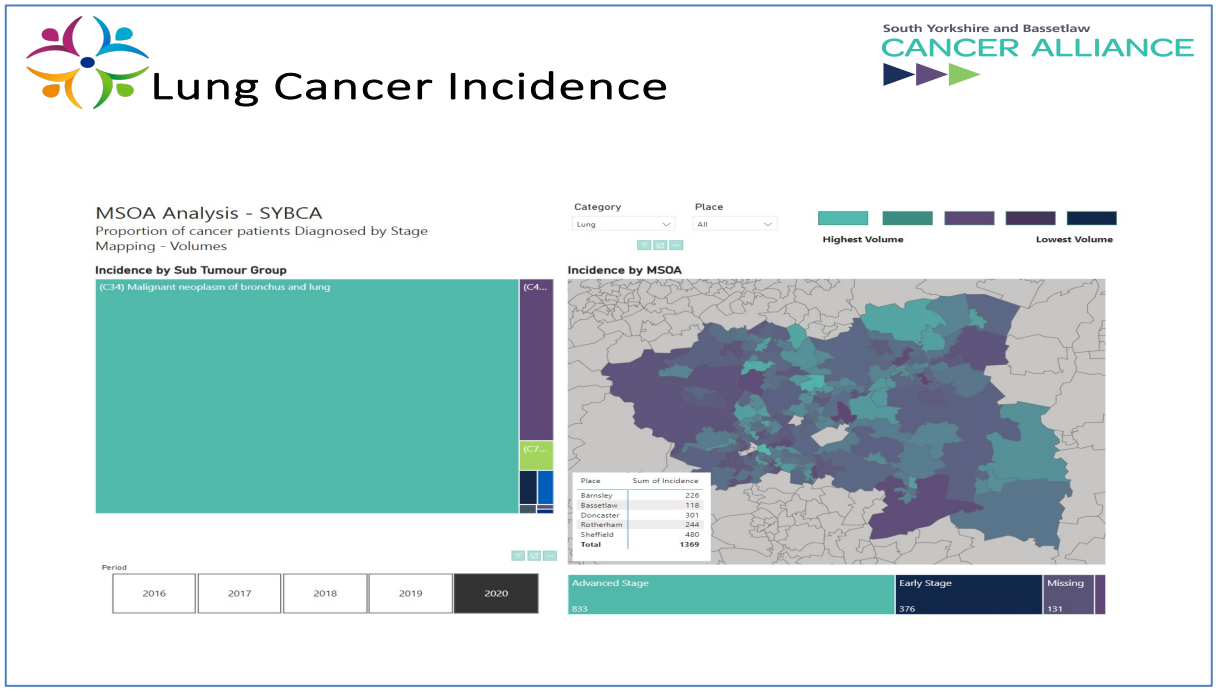
	they would expect to travel by car. 33% of people told us that they were willing to travel up to 45 mins to an outpatient appointment, 18% would travel up to 60 mins	must meet these criteria to be viable. We are continuing to expand the charitable bus service bus at Weston Park and carried out further travel analysis with public transport as part of the stabilisation phase and 4th Lung clinic work. The future NSO model is looking to further reduce travel times/distances with the offer of more remote and hybrid care planning that supports access.
Continuity of Care	55% of people told us that seeing the same clinician at each visit was important.	Continuity of care was incorporated into the assessment criteria we used for the viability of the models. The proposals for the stabilisation phase develop further the team model with clarity on the number of teams, role development and will provide greater continuity of the team for each location
Waiting Times	Around a third (36%) of current cancer patients and carers told us short waiting times were important to them. That rose to half (53%) among local residents with no experience of cancer services in the last 12 months. 41% of current cancer patients told us they would likely choose another hospital if it meant a shorter waiting time.	The proposals for the stabilisation phase clinical models support the offer of choice of location and the enhanced team working across areas supports effective waiting list management. The proposed models provide greater resilience and cross cover to manage the waiting lists. The workforce developments and plan support increased team working, additional training and education for staff to allow more senior decision making and increasing capacity to support reduced waiting times.

Location	Two thirds (66%) of current cancer patients shared that the hospital or clinic where the appointment is held is important. One third (32%) of people who don't have experience of using cancer services in the last 12 months chose this as an important factor.	We have taken this into account in developing the proposals for the stabilisation phase and looked where we can offer safe and resilient service with the workforce available. We are extending the trial of virtual clinics during the stabilisation phase to further support access to services. The longer term model supports greater patient-informed care planning that can be offered remotely at home or locations closer to where people live.

Appendix C

Lung Cancer Incidence across South Yorkshire and Bassetlaw

Based on the most recent data from 2020:



- The incidence for Rotherham is 244
- The incidence for Barnsley is 226

The areas of highest lung cancer incidence were considered for both Rotherham and Barnsley

Rotherham

Indicator	Period	England	Rotherham	Anston & Woodsetts	Aston & Todwick	Aughton & Swallownest	Boston Castle	Bramley & Ravenfield	Brinsworth	Dalton & Thrybergh	Dinnington	Greasbrough	Hellaby & Maltby West	Hoober	Keppel	Kilnhurst & Swinton East	Maltby East	Rawmarsh East	Rawmarsh West	Rother Vale	Rotherham East	Rotherham West	Sitwell	Swinton Rockingham	Thurcroft & Wickersley South	Wales	Wath	Wickersley North
Cancer Incidences																												
Incidence of all cancers, standardised incidence ratio	2015 - 19	100.0	106.0	102.5	100.4	104.7	103.6	100.9	108.3	118.4	99.8	114.0	105.2	100.2	108.3	103.0	109.0	101.5	115.2	115.2	109.7	103.9	107.6	108.2	103.6	116.8	97.9	103.4
Incidence of breast cancer, standardised incidence ratio	2015 - 19	100.0	101.9	133.8	109.1	118.8	103.2	80.9	99.3	107.1	89.7	90.7	76.7	126.8	87.3	112.2	119.1	68.0	129.2	103.3	100.5	82.9	92.8	115.6	100.5	119.3	100.1	89.7
Incidence of colorectal cancer, standardised incidence ratio	2015 - 19	100.0	101.7	103.5	95.0	87.2	106.2	123.1	85.4	111.7	89.5	96.2	119.8	83.2	122.4	111.0	78.7	78.3	113.0	142.6	108.1	107.0	99.2	95.3	93.4	126.7	110.2	79.9
Incidence of lung cancer, standardised incidence ratio	2015 - 19	100.0	127.9	82.4	83.7	134.1	111.1	86.6	137.5	209.8	130.4	167.8	150.1	115.6	152.5	117.1	168.7	134.7	150.7	172.9	181.4	135.3	93.7	102.3	100.6	104.6	130.6	135.7
Incidence of prostate cancer, standardised incidence ratio	2015 - 19	100.0	97.8	99.3	135.3	91.1	104.3	111.8	80.8	87.4	111.9	101.4	102.1	75.5	89.2	87.4	86.8	105.9	94.7	82.7	52.8	78.8	123.6	118.5	120.0	127.8	65.7	88.8

Barnsley

Indicator	Period	England	Barnsley	Central	Cudworth	Darfield	Darton East	Darton West	Dearne North	Dearne South	Dodworth	Hoyland Milton	Kingstone	Monk Bretton	North East	Old Town	Penistone East	Penistone West	Rockingham	Royston	St Helens	Stairfoot	Wombwell	Worsbrough
Cancer Incidences																								
Incidence of all cancers, standardised incidence ratio	2015 - 19	100.0	99.5	92.9	103.8	115.5	96.0	95.2	98.5	101.1	88.9	103.5	97.3	95.8	112.1	92.9	91.4	98.3	98.0	104.3	97.4	99.0	103.3	107.2
Incidence of breast cancer, standardised incidence ratio	2015 - 19	100.0	97.4	75.0	98.6	98.1	123.7	115.1	71.5	138.6	90.2	86.9	97.5	104.0	102.5	65.6	97.2	87.7	103.2	108.4	92.1	88.9	88.0	106.0
Incidence of colorectal cancer, standardised incidence ratio	2015 - 19	100.0	99.0	103.0	101.7	146.8	111.0	86.7	101.6	80.4	95.9	110.2	91.7	82.8	104.1	100.3	94.7	118.5	79.0	102.3	85.2	90.8	95.5	95.6
Incidence of lung cancer, standardised incidence ratio	2015 - 19	100.0	128.1	137.5	194.0	120.8	102.7	127.7	128.4	117.4	101.5	126.3	141.2	133.4	153.3	118.5	79.1	65.2	109.2	126.4	203.0	168.0	142.9	148.6
Incidence of prostate cancer, standardised incidence ratio	2015 - 19	100.0	76.4	48.9	78.0	85.4	82.8	83.0	73.5	79.6	81.7	65.6	56.0	68.6	85.4	87.5	82.7	103.8	64.3	76.1	64.3	72.7	69.9	78.5

Ref: DHSC Fingertips Cancer Services

12 months data of lung clinic activity from April 23- March 24

Number of Attendances		HospitalCode		
Years (Appointment Date)	Months (Appointment Date)	BH	RTH	Grand Total
2023	Apr	107	85	192
	May	135	92	227
	Jun	109	112	221
	Jul	106	70	176
	Aug	118	99	217
	Sep	52	86	138
	Oct	112	83	195
	Nov	97	108	205
	Dec	35	72	107
2024	Jan	56	74	130
	Feb	24	100	124
	Mar	13	72	85
Grand Total		**964**	**1053**	**2017**

Ref: STH Weston Park CC lung clinic data

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Appendix D
The Lung Clinic Evaluation Criteria

Evaluation Criteria	Description	Notes			
Quality and Safety	Does the option meet all the specified requirements?	Set out in the Requirements letter dated 15th February 2024	All of the requirements	Most of the requirements	Few of the requirements
	What is the likely effect of this solution on patient safety risks ?	For example, safe staffing, implement standardisation, direct admission if the patient is unwell	Minimal	Moderate	Significant
Access, Patient Experience and Choice	What is the likely effect of this solution on the travel implications for patients ?	Improves/worsening access, increased/less travel times For example, car parking on site , easy access to the clinic on site, travel to the clinic by car within 45 minutes or public transport within 60 mins	Improvement	Some improvement	No improvement
	What is the likely effect of the solution on continuity of care for patients ?	Access to supporting services on site, access to the clinical team support	Improvement	Minimal change	Significant change (negative)
Workforce	What is the likely effect on the workforce required for the solution ?	Any workforce gaps been identified	No change	Minimal change	Significant change
	What is the likely effect on travel for staff members?	How many staff will need to travel, staff car parking	No impact	Minimal impact	Significant impact
Value for Money	What are the cost/resource implications of this option?	Any costs specified for costs above existing arrangements	No additional costs	Moderate costs	Significant costs
Co-dependencies	What is the likelihood of this solution having access to the required technology/systems to be successful implemented?	Link to existing clinical and supporting systems at STH i.e. Chemocare	High Likelihood	Moderately likelihood	Low likelihood
	What is the likelihood of this solution being delivered in the timescales ?	Operational within 3 months from decision	High likelihood	Moderate likelihood	Low likelihood
Care Environment	What is the likely effect of this solution on the quality of the care environment for patients/carers?	Is the site an improvement / worsening of the care environment	Improvement	No change	Worsening environment
Scoring			**3**	**2**	**1**

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