

Case study 2: The Christie NHS Foundation Trust

MELANOMA PATHWAY REDESIGN:

LEARNINGS FROM INTRODUCING ADJUVANT THERAPY TO THE MELANOMA TREATMENT PATHWAY

KEYTRUDA (pembrolizumab) as monotherapy is indicated for the adjuvant treatment of adults and adolescents aged 12 years and older with Stage IIB, IIC or III melanoma and who have undergone complete resection

Please refer to the Summary of Product Characteristics and risk minimisation materials before making prescribing decisions

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This case study was developed alongside healthcare professionals involved in melanoma services in the Christie NHS Foundation Trust. It has been organised and funded by MSD. The healthcare professionals involved received honoraria. The contents of the case studies reflect these healthcare professionals' opinion and are not necessarily reflective of those of their NHS Trust.

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By clicking the above link you will be taken to the MHRA website (a third-party website)

Information presented in this document is reflective of the time of interview (May 2023) and may be subject to change.



THE CHRISTIE MELANOMA TREATMENT PATHWAY

The melanoma service has been in place for 5 years



It is set up as a **Hub and spoke model** which includes 3 main hospital sites. Treatment and clinics are run through Macclesfield, Oldham and Salford but have also expanded to local hospitals (i.e., Around Greater Manchester) and other healthcare settings (e.g., hospices)

Reflective of the time of interview and may be subject to change

Number of patients in the service has tripled

Currently service is treating ~22 adjuvant patients per week, previously treating ~7 metastatic patients per week



~6 per week

Patients who have undergone complete resection for melanoma are considered for adjuvant treatment

~4 per week

Of patients eligible for adjuvant treatment, accept it

THE NEED FOR PATHWAY OPTIMISATION

- Prior to the current service model resected stage IIB-C melanoma patients were not receiving adjuvant therapy
- Capacity was the main trigger for service redesign. The clinics were experiencing greater service demand due to more treatments for melanoma but without the opportunity for additional staffing
- Patients would receive treatment every 3 to 4 weeks rather than every 6 weeks*

/// Capacity was the main trigger for change as the service was seeing more and more patients ///

Nurse Clinician, The Christie NHS Foundation Trust

*The recommended dose of KEYTRUDA in adults is either 200 mg every 3 weeks or 400 mg every 6 weeks administered as an intravenous infusion over 30 minutes

WHO IS INVOLVED IN DELIVERING THE MELANOMA TREATMENT PATHWAY?

The multi-disciplinary team (MDT) for melanoma at The Christie



Reflective of the time of interview and may be subject to change

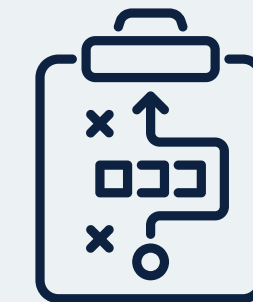
- Consultant plastic surgeon (x 3)
- Consultant oncologists (x 4)
- Nurse clinician (x 1)
- Melanoma nurse specialist (x 4)
- Research nurses (x 3)
- Radiologist (x 1)
- Pathologist (x 1)

The implementation of the redesigned pathway **did not change the role of the MDT** in the melanoma treatment pathway

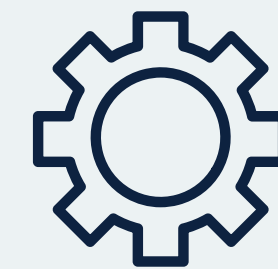
KEY CONSIDERATIONS BEFORE THE MELANOMA PATHWAY REDESIGN



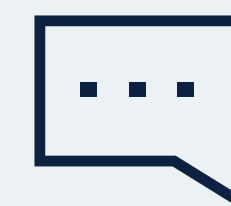
- Although there were six chemotherapy nurse teams in total working at The Christie at the time, only one team were trained to conduct the Protocol clinics initially



- At the time of the service redesign immunotherapy was not routinely used and the teams were used to giving chemotherapy for melanoma



- Establishing immunotherapy as a treatment option for melanoma was a big learning curve, and it was important that the staff understood the differences between immunotherapy and chemotherapy



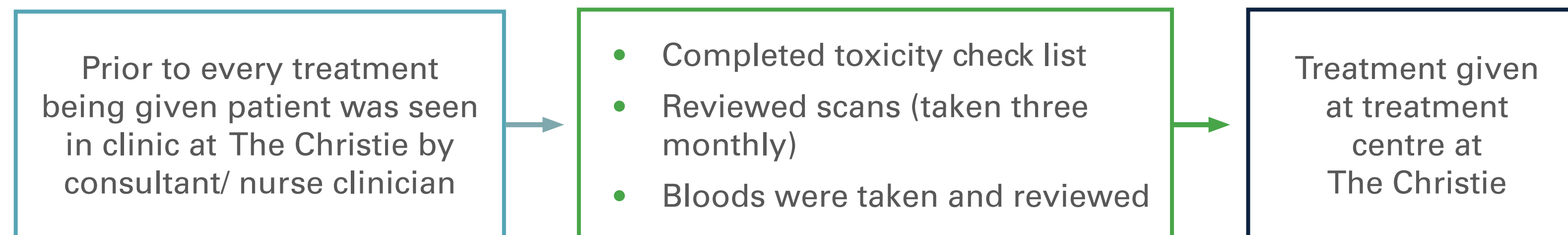
- Communication to the schedulers was important so they understood there was a change in the pathway and that patients would need to attend the Protocol clinics

HOW WAS THE MELANOMA TREATMENT PATHWAY DESIGNED?

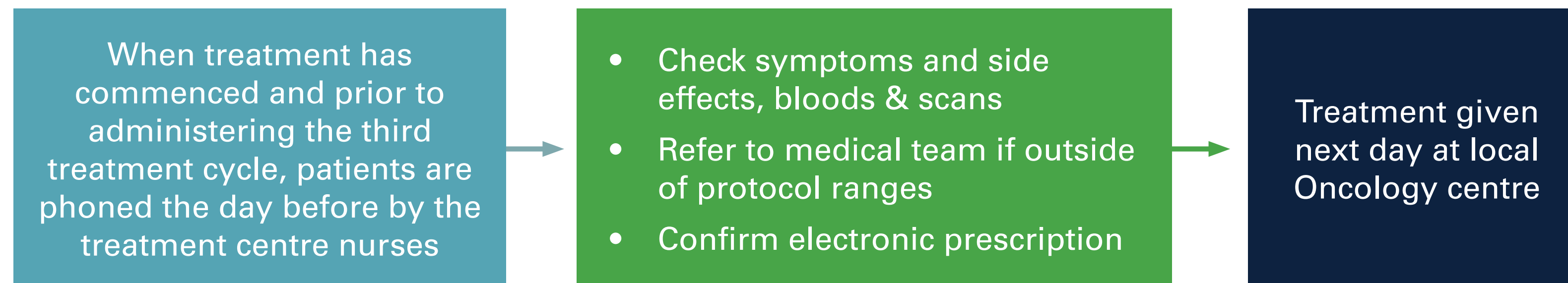
- An initial approach was made to the staff at the treatment centre by the team leaders and to the manager of the treatment centre to discuss the redesigned protocol and what it would look like
- All the consultants reviewed the protocol and gave their approval
- The nurse clinician took the lead in developing the protocol
- A nurse whose specific role was to set up services in the treatment centre ensured the logistics were in place
- Pharmacy was involved in developing the protocol which includes allowing the nurses to electronically approve treatment, thus notifying the pharmacy efficiently with the aim of reducing potential drug waste

THE CHRISTIE MELANOMA TREATMENT PATHWAY

Original Pathway



Redesigned Pathway



WHAT HAS CHANGED?

- The redesigned melanoma treatment pathway eliminates the need for the patient to attend clinic the day before their treatment as blood tests are carried out in the community
- Oncology nurses from the treatment centre review the patients before they come into clinic
- Patients can contact three clinical nurse specialists directly if they have any problems/ concerns

WHAT EDUCATION AND TRAINING WERE IMPLEMENTED TO FACILITATE THE REDESIGNED PATHWAY?

- Education and training were particularly difficult early in the redesigned service owing to high turnover; a lot of sessions were required to keep all the staff up to date
- The training covers immunotherapy treatment as well as understanding the Protocol
- On going training with medical team to remind trainee doctors to follow the redesigned pathway i.e., ensure that patients proceed through the protocol clinic
- Now the training has permeated it has become part of the nurses ongoing training

HOW IS THE PERFORMANCE OF THE PATHWAY MONITORED?



- Auditing of pathway is included in wider treatment centres audit programme
- Anecdotal patient feedback has been very positive, particularly with regards to the fact that they are being treated by the same nurses from Christie whether at the clinic or in the community. Patients value this continuity of care
- Feedback from nurses is that they feel more involved in the patient's care

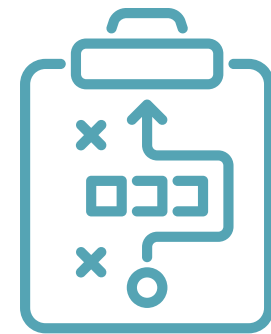
WHAT CHANGES TO THE SERVICE ARE NEEDED OR EXPECTED IN THE FUTURE?



The current service is not saturated so there is room for **more patient capacity**. The fact that the service operates across 10-15 centres across the Northwest dilutes any increase in patient numbers.

The protocol is reviewed **every two years**, by the oncology pharmacist.

WHAT WOULD YOU RECOMMEND TO ANOTHER CENTRE ESTABLISHING A NEW MELANOMA TREATMENT PATHWAY?



Planning

- Engage with as many stakeholders as you can and focus on the positives to get the buy in
- Ensure there is awareness across the MDT
- Ensure a nurse is accountable for implementing the logistical changes in the pathway
- Pharmacy may be able to support with potential numbers of patients treated for planning purposes



Staffing

- Implementing the pathway change with one team initially to trial and identify any issues
- Ensuring ongoing training to ensure you capture all new starters



Service

- Embed the protocol into your IT infrastructure
- Plan review dates to refine the Protocol

/// The protocol clinic could work in any centre and it's a fairly simple process to set up. It just involves training and engagement really ///

Nurse Clinician, The Christie NHS Foundation Trust



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