### Inputs

**Investment**
- Funding within NHS resource

#### SET UP
- **Breast OAFU clinic £6043**
  - Direct: OAFU working group, CNS
  - Indirect: telephony, patient information, premises, IT support, secretarial support
- **Uro-Oncology Clinic £1106**
  - Direct: CNSs, MDT
  - Indirect: telephony, patient information, premises, IT support, secretarial support

#### RUNNING
- **Breast OAFU clinic £572 (cf £891)**
  - Direct: CNSs, MDT co-ordinator, Patient pathway co-ordinator, Breast Medical Oncologist
  - Indirect: telephony, patient information, premises, IT support, database
- **Uro-Oncology Clinic £138 (cf £891)**
  - Direct: CNS
  - Indirect: telephony, patient information, premises, IT support, secretarial support

### The Service

#### Journey through Service
- **Advice and information**
  - Expert clinical assessment
  - End of Treatment Summary
  - Medication management
  - Patient/ carer/ professional education
- **e.g. Practical support**
  - Holistic Needs Assessment
  - Rapid response contact
  - Care planning
  - Symptom control
  - Multi-disciplinary liaison and team approach to care delivery
- **Referral routes**
  - From Uro-Oncology & Breast MDT & Consultants

#### Weekly Activity
- **Uro-Oncology** 5 patients weekly each patient releasing 2 consultant OPAs
- **Breast** 5 patients weekly each patient releasing 8 Consultant OPAs

### Summary of Benefits

#### For service users
- Holistic, comprehensive needs assessed, shared decision making, enhanced experience, empowered to self-manage and live well, fewer hospital appointments, open access when required
- Increased efficiency with timely appointments for new and more complex patients, reduction in time to treat, timely and tailored follow up care

#### For healthcare system
- Release of consultant time (x2 OPA/per patient in Urology & 8 OPA/per patient in Breast) for new patients/more complex need patients, income generated
- Increased efficiency in Breast & Prostate cancer pathways (eg: 14 days saved in prostate pathway)
- GPs have clear summary of treatment and when to refer back to the Breast service

#### Opportunities for service development
- Trust to recognise value of nurse-led clinics when additional clinics required; resource an additional OAFU clinic to meet patient demand
- Incorporate HCA support into CNS-led clinics to increase efficiency and release CNS capacity for clinical activity
- Repeat economic assessment across all oncology CNS clinics to inform service development
- Sustain CCG