

How we can treat non-melanoma skin cancer closer to home.



Objective

Implement a more efficient and cost-effective way of treating non-melanoma skin cancer in primary care whilst maintaining efficacy and reducing pain.

Results



More patients treated each week

Reduction in nurse/clinic time



Saving more than

£200

per PDT treatment¹

POTENTIAL SAVINGS PER CCG

£400K PA¹

THE SITUATION

The average CCG treats over 1,000 Basal Cell Carcinomas each year¹. As that figure increases, so do the challenges of managing the demand for treatment.

Common treatment options include, but are not limited to surgery and PDT². PDT has similar clinical outcomes to surgery but causes less scarring³.

Currently treatment, including Photodynamic Therapy treatment for non-melanoma skin cancer, is often carried out in a secondary care hospital setting. It is time consuming and can sometimes be painful when using a conventional light source. Patients are required to spend four hours in clinic - the majority of which (three hours) is nothing more than the incubation period of a photosensitising drug applied to the skin, with the actual PDT treatment being carried out in a relatively short session after this.

Because PDT is usually limited to one site within a region (often the main hospital) patients are also required to travel, sometimes long distances, to receive treatment.

As a result, traditional PDT can be seen as an inefficient use of nurse time and also quite disrupting for patients. This may be the reason surgery is undertaken more frequently than PDT.

“People want services based around their needs that are closer to where they live, provided these services are also safe and cost effective.”

*Our Health, Our Care, Our Say;
A New Direction for Community Services*

An effective and more convenient alternative to traditional PDT.

SPIRIT'S RESPONSE

Patients with more discrete lesions (less than 2.4cm diameter) could benefit from Spirit's Ambulight Multi PDT - a treatment based around a portable light source that can be delivered in regional clinics by trained nurses.

In one short 20-30 minute appointment a single nurse can prepare the lesions, apply the drug and secure an Ambulight Multi PDT device to treat up to three lesions in one session. The patient is then free to leave the clinic. Three hours later the light source will turn on and treatment will begin.

The light dose emitted is equivalent to traditional PDT but is delivered at a lower irradiance level over a longer period of time.

Ambulight Multi PDT can be delivered as a full service by Spirit Clinical Services (Protocols, nurse and liaison with referring GP), or we can provide the Ambulight devices for existing PDT nurses to deliver the treatment in a community setting.

THE RESULTS

Ambulatory PDT delivered in the community results in savings of £200 per treatment versus hospital PDT and £800 versus PBR tariff rates for delivery¹.

It is also in line with the NHS Closer To Home agenda and supports NICE recommendations².

This could lead to potential savings of up to £400,000 per annum¹ per CCG depending on locally agreed contracts.

Importantly for patients, because the treatment is shorter and can be delivered locally, travel time is greatly reduced and normal daily activities are possible. Ambulight is proven to achieve 84% complete patient clearance - which is comparable to traditional PDT⁴ - however the treatment is less painful, so patient experience is improved.



24/7 NON-AUTOMATED FREE SUPPORT

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References

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