National Cancer Action Team

Part of the National Cancer Programme

Lung TSSG Chairs' Workshop

11th February 2011

Mrs Jane Whittome

Associate Director

National Overview of Acute Oncology

- Background
- Rationale for Acute Oncology as a model
- Key features of a service

- Progress and emerging models

Reducing IP stay from complications

- Neutropenic sepsis, N & V, oral mucositis, diarrhoea NB NCEPOD
- Benefits of early input from oncologist
- Benefits from early input from oncology nurse specialist
- Also quicker management of IP or potential IP complications of disease
- Recurring Admissions Patients Alerts
- Need for sharing of patient information: CC to CU, availability of advice in CU

An Acute Oncology Service

KEY FEATURES

- AOS brings together skills and expertise of staff
- Acute Oncologists and Nurses provide the cohesion
- A&E – Protocols for oncological emergencies
- Training for all staff
- Access to information on individual cancer patients
- Early review by Oncologist and Oncology Nurse
- 24/7 access to telephone advice from an Oncologist
- Fast track clinic access from A&E

Acute oncology service

- Pathway: urgent assessment and management of complications of chemotherapy
- Pathway: management of known cancer patients admitted with complications of disease
- Pathway: access and referral of patients with clinical diagnosis of unknown primary outside site-specific MDTs
- Overlap and integration with elective oncology
- NB opportunity to reduce inpatient bed use

Progress and Issues (1)

- Most networks have established network wide overview groups
- Most Trusts have their own local group
- Many networks have had stakeholder events
- Some have aligned work with service models
  - E.g. devolving chemotherapy
  - Nurse/pharmacy – led services
- Undertaken baseline audits on A&E admissions

Progress and Issues (2)

- May be ‘easier’ to develop model/processes for patients already known to have cancer
- Differences between ‘centres’ and ‘units’
  - Historical levels of oncology support
- Engagement with all relevant Trust departments
- ‘Ownership’ of Acute Oncology Services
- Electronic access to patient records
- 24 hour telephone advice/help lines
- General versus tumour specific nurses
- Assessment skills of nurses

Progress and Issues (3)

- Alert Systems (RAPA)
- Dedicated individual to drive through change
- Difficult to engage commissioner colleagues
- Range of value of ‘bids’ for additional resources
- What ‘other’ issues (from the NCAG agenda) impact on delivering Acute Oncology?
- How far can we build on existing ways of working?

Existing models

2 well established services

- Clatterbridge – driven from a centre approach where oncologists already support a devolved model and are part of the local service
- Whittington – newer service developed from a cancer unit perspective

Both services have evolved over time and made many changes, but solidly built around an effective communication model and feeling part of the local service.

Emerging

Models

Yorkshire

Mainly developed model for known cancer patients

- Using their resident oncology model in DGHs
- Flagging ‘active’ patients on PAS systems
- Sign posting other clinical teams to refer to resident oncologist
- Training and education of clinicians to recognise/manage Oncological emergencies
- In the centre – “Hot Ward” – 4 bedded acute admissions unit

Dorset

Working on 2 models

Cancer Centre

- 8-8 Oncology assessment unit – senior oncology nurse reviews all patients → SHO → Consultant
- Acute Oncologist of the day
- Wanted to review workload first
- Merged CUP role to ACOOD role

Cancer Unit

- Will use Nurse led service – possibly nurse consultant
- Emergency care pathways under development
- Using nurse as the link with Oncologist

Addenbrookes

- Using their Oncologist of the week process
- 08:00 – 09:00 round with AAU
- 09:00 – 10:00 oncology ward round
- Known patients triaged straight to ward
- Oncology nurses main contact point
- SpR provides support on ward
- M&M review meetings have changed practice

Discussion

- What other issues have you all encountered?
- What are the main barriers to taking this forward?
- Why have some networks made better progress?
- What ‘support’ is most needed?