Acute Oncology Service - Peer Review Report

Trust Name: Western Health and Social Care Trust	Date of Review: Wednesday 17th October 2018

Structure and Process

Number	Indicator	SD	PR	Comments
AO-18-001	Single Acute Oncology Group (AOG)	N	N	There is no named admin support and no named consultant haematologist.
AO -18-002	There is an acute oncology team	N	N	There no consultant haemato-oncologist on the team. However, the NI commissioned services does not include malignant haematology patients
AO-18-003	There are acute oncology rotas for advice and assessment	N	N	Nursing rota does not cover weekends.
AO-18-004	Information on Acute Oncology for healthcare professionals	Y	Y	The reviewers were satisfied that electronic information is available to HCPs.
AO-18-005	There is a process for immediate essential patient information retrieval	Y	Y	
AO-18-006	There are agreed patients pathways	Y	Y	There are locally developed pathways which include MSCC and MUO
AO -18-007	There are clinical guidelines in place.	Y	Y	NICaNClinical guidelines are in place; these are reviewed and updated centrally.

The Western Health and Social care Trust (WHSCT) was established in April 2007 under the review of Public Administration and is one of five health and social care Trusts across the region. The Trust provides health and social care across the council areas of Derry City and Strabane District Councils, Fermanagh and Omagh District Council and Limavady in the causeway and Glens Borough Council.

The Trust catchment area extends over 4842km and services a population of approximately 300,000 which represents 16% of the overall population of NI. The Trust incorporates three Hospital sites to include Altnagelvin Area Hospital, Omagh Hospital and South West Acute Hospital.

There is currently a senior management restructuring/reorganisation being implemented across the Trust, however there is evidence of good governance/escalation processes with clear supportive managerial and clinical leadership.

The Trust offers local cancer services providing all treatment modalities of care including diagnostics, surgery, medicine, radiotherapy, systemic anti-cancer therapy, specialist palliative care and supportive care via the Macmillan Information and Support Centre.

Cancer Services facilities are now provided in a new purpose built facility within the North West Cancer Centre which opened in 2017. The facilities include inpatient haematology and oncology care, ambulatory care for patients' receiving systemic anti-cancer therapy, radiotherapy and outpatient care. The inpatient haematology/oncology facility benefits from a two bedded triage area which is operational five days a week. There is also well-established haematology and oncology helpline for patients, which is provided 24 hours per day, 7 days per week. The are two assessment beds available from 08.00 until 18.00 managed by 2.0 whole time equivalent (WTE) band 6 and 0.9 WTE band 5 nursing staff. The healthcare professionals are able to access the consultant oncologists providing the on-call cover for advice regarding acute oncology emergencies.

The reviewers were pleased to meet with the lead for the service, the acute oncology nurse, consultant oncologists involved in the Acute Oncology Service (AOS) together with members of the Trust management team. This allowed for an in-depth, honest discussion regarding the service delivered locally.

The AOS was established locally in 2017 along with a dedicated Cancer of Unknown Primary Service. Due to the newly opened North West Cancer, the service has been developed in a bespoke manner to support patient care and local need. The team considered good progress had been made in establishing the AOS/Cancer of Unknown Primary (CUP) service in a relative short period of time although there was a recognition that more still needed to be done.

Information with the team's operational policy confirmed there is an acute oncology group (AOG) with agreed terms of reference (TOR) verifying it has delegated responsibility from the hospital's management to act as the co-ordinating body for matters relating to acute oncology; however these had yet to be formally agreed by the executive management team due to the current restructuring. It was noted that that AOG has not formally met since June 2017, and cannot be deemed to be properly functioning at present. However, there was evidence of good working relationships and ongoing informal discussions to continue to develop the AO service. It is hoped that once the new management structure is in place, the AOG with revised membership will resume formal meetings at least every six months as per the terms of reference. There is currently no one named within the operational policy as providing administrative support for the AOG but reviewers were informed this roll is undertaken on an informal basis by the cancer manager's secretary. There was no named Allied

Health Professional (AHP) as member of the AOG, and the reviewers encourage the Trusts to consider this roll when revising the membership. During the meeting there was a discussion regarding the possibility of including patient representative(s) within the membership of the revised AOG. The reviewers support the team in considering this additional role for the group.

Due to the commissioning arrangements within the NI network, malignant haematology patients are not formally covered by the AO service. However, the reviewers were assured that due to the locally integrated inpatient unit and ambulatory care/triage service there is good working relationships between the haematology and oncology teams to review patients when required.

The acute oncology assessments service is provided by the bespoke consultant of the day model of care were the oncologist on-call rota is provided by a consultant who is not scheduled to hold any clinics during the day. The consultant team provide a seven day service, with a 09:00-17:00hrs Monday to Friday on site and on-site weekend cover from 09:00-14:00hrs (approx.). Out of hours there is a daily on call service from 17:00-09.00hrs rota. The clinical lead for the service reported that the model of care being delivered locally is still evolving.

Given the recent opening of the radiotherapy service locally, the team has not yet commenced formal data collection regarding this method of definitive treatment for metastatic spinal cord compression (MSCC) although it was recognised the radiotherapy equipment data collection systems would be a good source and easily accessed.

There is a named Palliative Medicine membership within Acute Oncology Team, with evidence of good working relationships with the AO team. A large number of AOS and CUP patients present with advance disease and the MDT felt there was good access to Specialist Palliative Care consultants and Clinical Nurse Specialists (CNSs) with speedy fast track processes for patients with progressive disease and those moving into end of life care phase. There is also access to SPC inpatient beds from the local hospice and delays were in onward referral and admission wasn't an issue.

The one wte CNS also provides support to the CUP service and is not able to cover a seven day service. There is no named cover for the CNS and when she isn't available the helpline nurses triage patients and refer to middle grade doctors and or consultants for onward assessment and treatment.

The CNS workforce has remained unchanged since the establishment of both the AOS and CUP service despite documented evidence of a significantly increasing workload. There is no nursing service over a weekend. It is disappointing there is no AOS CNS capacity due to the lack of funding to support a seven day service. The reviewers were impressed by the skills, knowledge, experience dedication and flexibility demonstrated by the AOS/CUP CNS to offer the best patient service possible over a five day period. However, the reviewers consider the current establishment of one AOS/CUP nurse is not sustainable. The CNS has completed the health needs assessment and non- medical prescribing modules/skills at M level together with the Acute Oncology Module at Liverpool University which was seen as good practice, however she has not yet been formally assessed as competent by the NICaN AOS framework, which is required by the service guidelines. The AOS/CUP CNS attends the newly formed Macmillan Community of Practice forum which allows sharing of best practice and provides emotional/psychological support for all nurse members. The CNS also has links to the site specific CNSs within the Trust. The support available to the CNS/CUP CNS from both groups was considered good practice. Formal clinical supervision is offered to specialist nursing staff twice per year across the Trust.

There is no named administrative support to the AO assessment service; however, the clinical lead's secretary undertakes this roll on an informal basis.
There is a malignant haematology/oncology 27 bedded inpatient unit. For those patients who attend the hospital within hours they will be assessed in the two-bedded triage unit. Any patients who require assessment out of hours will be assessed by the ward nurses using the UK Oncology Nursing Society (UKONS) toxicity screening tool with onward referral to medical staff and or the emergency department.

Evidence was provided for an ongoing education process for a range of Healthcare Professionals within the hospital. There is a twice a year introduction to cancer care course for nurses, the CNS teaches formally and informally to ward nurses and junior doctors as part of their induction. The Medical staff had also offered training to GPs via the Macmillan GP Facilitators. The reviewers were impressed by the efforts made to engage with Primary Care, and expand education efforts to this community of professionals.

The MSCC service was established in March 2018 initially providing a five day service and expanded to cover weekends in September 2018. The lead for the service indicated this was working well with most patients being diagnosed and treated earlier, with very few presenting out of hours as emergencies. Patients were discussed both retrospective and prospectively at the MDT. The AO team considered that following the onward referral for surgical spinal opinion at Belfast, they were not informed in a timely manner of the final decision which resulted in one of the clinical oncologists having to regularly follow up requests for information. The reviewers were concerned that there are delays in assessing and offering appropriate timely surgical treatment to this cohort of patients which may seriously compromise their experience and best clinical outcome. While there are plans to appoint a MSCC coordinator at the cancer centre, there is currently no identified lead to drive forward the NICaN diagnostic pathway locally for those patients with potential MSCC. The reviewers encourage the team to identify a MSCC coordinator locally who can support patients and liaise directly with the spinal team at Belfast: discussion was on going as to whether this should be a nurse or allied health professional.

The AO team has agreed the NICaN guidelines which are available via the Trust`s intranet. These guidelines are reviewed and updated centrally with the cancer manager providing the informal local oversight to ensure the most up to date versions only are available electronically. The NICaN has developed an electronic application which stores all regional guidelines and policies.

The reviewers were impressed by the patient's informatics systems, the Northern Ireland Electronic Care Record and the new electronic Regional Information System for Oncology and Haematology (RISOH), which is available across all Trusts within NI; the IT systems allow teams to access oncology patient records and provide continuity of patient care across different Trusts. The reviewers considered this service may be enhanced further by the development of a "flagging" system which will alert staff within the emergency departments when patients are booking in that they are a known cancer patient. Consideration should also be given as to an electronic alerts system to notify the members of the AO team when patients have been admitted. The NI electronic record system is also available to primary and secondary care. The local AO team make significant efforts to screen the Emergency Department and Medical Assessment Unit for admissions, but this practice does not cover days when the AO CNS is not present. Regional efforts to develop a flagging system should therefore be prioritised and supported.

Information provided to the reviewers showed that of the 10 consultant involved with the delivery of care to acute oncology patients, only four have attended the advanced communications skills workshop. For those six consultants who have not yet attended, a planned date within the next 12 months for participation in the course has been agreed.

Patient Experience

Number	Indicator	SD	PR	Comments
AO-18-201	Patient feedback is obtained and used to evaluate the service	**N**	**N**	

At present there is no programme in place to collect patient experience data. The team had developed a patient questionnaire but concerns have been raised that an accurate review of the input of AO to patient care may not be possible due to difficulty for some patients to differentiate between AO input, and input by other teams. Efforts are being made to collect experience data for MUO/CUP patients, but this will not cover the majority of AO patients. The reviewers feel that it is important that future methods of collecting patient experience of the AO service should be developed. At a minimum, mechanisms for patients to give feedback about the service outside face-to-face interaction should be developed.

The AO team voiced their concerns about requesting feedback from a cohort of patients who are very poorly and may have been referred to the palliative care team to provide end of life care. While the reviewers acknowledge that for many patients, it would be inappropriate to ask them to complete a questionnaire, the team could investigate other methods of obtaining feedback which are less intrusive. An example was given in relation to immediate feedback using electronic means, which could be based on pictorial levels of satisfaction. This would help gain some information about the service which is delivered, perhaps by use of an electronic tablet format. Potentially, this may be a role for the NI Macmillan nursing community of practice to address at a regional level. In the absence of patients' feedback, the team have been proactive in seeking feedback on the AOS service and have undertaken a health care professional's survey across the Trust which was complimentary about the service. One of the actions as a result of the feedback received was to provide assistance with the downloading and accessing the NICaN electronic application. The Trust participates in the NI cancer patient experience survey; however, the results of the 2018 survey have not yet been released. The reviewers would encourage the AOG having a patient/carer representative to help design patient and carer service feedback and redesign.

Clinical Outcomes

Number	Indicator	SD	PR	Comments
AO -18-101	The service is collecting and reviewing the acute oncology minimum dataset	Y	Y	
AO -18-102	The service is collecting and reviewing the MSCC minimum dataset (Applicable only to hospitals agreed by the network as definitively treating cases of MSCC with surgery and/or radiotherapy.)	N/A	N	The Trust has recently commenced definitive treatment for MSCC but has yet to start data collection

The Trust is in the process of rolling out Patient Group Directions (PGD) within the Oncology / Haematology inpatient unit and emergency department to administer medicines to patients. This should help to significantly reduce the amount of time and resource in prescribing antibiotics.

The Trust is submitting information to the NICaN in line with the regionally agreed data set; this allows valuable cross-site comparison. An audit has been undertaken in 2016 with regards to door-to-needle times for neutropenic sepsis; the team considered the results were poor due to inaccurate data. No further audit has been performed since, but the AO team were confident that following the roll out of education regarding the AO service to staff within the emergency departments that there should be an improvement in the door-to-needle times. Plans are in place to establish a further Patient Group Direction for prescribing Tazocin antibiotics, and once in place, the door to needle outcomes will be re-audited

Full radiotherapy services have only started recently, and the reviewers were satisfied that plans are in place for prospective data collection regarding MSCC.

Good Practice

Strong clinical leadership and a committed team who are delivering a commissioned AO service.

The Healthcare Professionals Feedback Survey and Report.

Recently opened new Cancer Faculty/build housing the multi-modality treatment North West Cancer Centre.

Macmillan Cancer Information Centre and pod on site.

Comprehensive education programme for medical and nursing staff plus allied health professionals including an Introduction to Cancer Care Course.
CNS peer support both within the Trust from the site specific teams and across NI from the other AO nursing teams via Macmillan Community of Practice
Programme of development.

Good collaboration between the AOS, palliative care, emergency department and senior management within the Trust.

AOS/CUP nurse having completed health assessment and non-medical prescribing courses plus the Acute Oncology Module at Liverpool University.

Specialist Palliative Care Input and ability to fast track end of life care patients.

NI Cancer Network App which provides access to clinical guidelines and pathways.

Infrastructure which provides access to electronic patient records across NI

Immediate Risks
Refer to the guidance on identifying concerns. Any immediate risks or serious concerns must be brought directly to the attention of the zonal team.
An "Immediate Risk" is an issue that is likely to result in harm to patients or staff or have a direct impact on clinical outcomes and therefore requires immediate action.

None identified

Serious Concerns
A "Serious Concern" is an issue that, whilst not presenting an immediate risk to patient or staff safety, could seriously compromise the quality or clinical outcomes of patient care, and therefore requires urgent action to resolve.

1. There is a single handed Acute Oncology (AO) specialist nurse who is also taking on the nursing support role for the recently introduced Cancer of Unknown Primary (CUP) service. (The reviewers were impressed by the expanded skills, dedication and flexibility demonstrated by the AO nurse to offer the best patient service possible during week days. However, the reviewers were concerned that the both the AO and CUP service are not sustainable over the longer term with only 1.0 WTE nurse; this may compromise patient experience and their care).

2. While there are plans to appoint a MSCC coordinator at the cancer centre, the reviewers were concerned that there is no identified lead to drive forward the NICaN diagnostic pathway locally for those patients with potential MSCC who are being treated at Belfast Health and Social Care Trust. The AO team reported that there are currently delays in assessing and offering appropriate timely surgical treatment to this cohort of patients which may seriously compromise their experience and best clinical outcome.

Areas for Improvement

Terms of reference for the Acute Oncology Group to be reviewed to reflect frequency of meetings and attendance required for meetings to be quorate.

Increase the methodologies for feedback for cohort of patients surveyed for feedback on the AO service.

AOS/CUP undertakes NICaN AOS competencies framework to ensure compliance.

Consider Allied Health Professional input into the AOS/MSCC group to develop rehabilitation pathways.

Consider having a user representative on the AOG to support the design of service evaluation and redesign.