COMPLEX CANCER PATHWAY

CANCER CENTRE, NOTTINGHAM UNIVERSITY HOSPITALS NHS FOUNDATION TRUST

Led by Katie Baker, complex cancer pathway clinical nurse specialist (CCP CNS), the service focuses on contacting patients who have breached the 62-day cancer target to identify barriers to engagement and provide the necessary support to facilitate timely cancer diagnostics and treatment. The service also supports people with multiple simultaneous suspected cancer referrals to co-ordinate care between the teams.

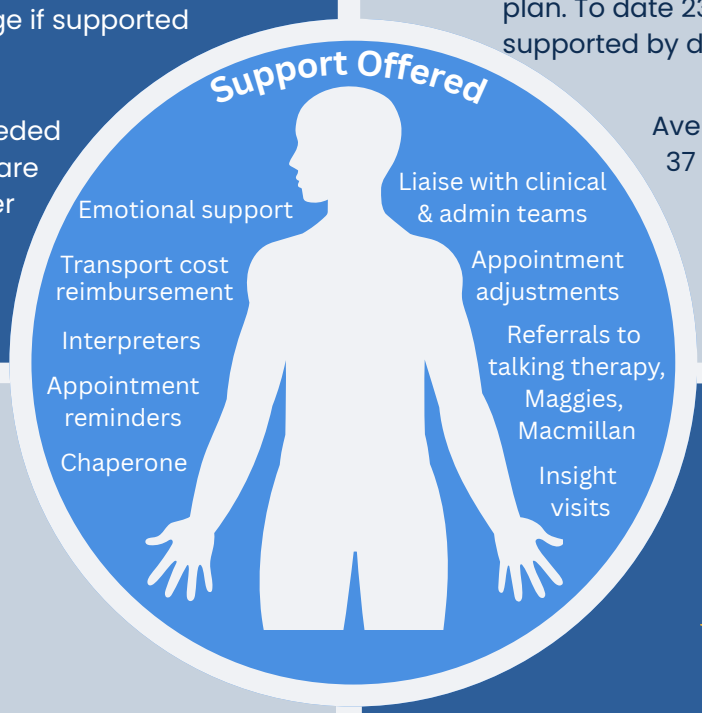
IDENTIFYING THE NEED

Cancer nurse leadership team identified a gap in support provision for patients awaiting cancer diagnostics at regular corporate patient tracking list (PTL) meetings discussing cases breaching the 62 day target

Often, clinical nurse specialist (CNS) support for patients only available once diagnosis confirmed

Felt that many of the patients who breached would benefit from early support and in some cases would only be able to engage if supported

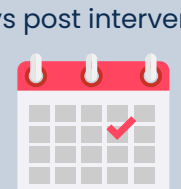
Support also needed to co-ordinate care for patients under multiple hospital teams.



SERVICE DEVELOPMENT

- Funding initially secured for 1 CCP CNS for 1 year. Extended a further 2 years.
- Referrals taken from the corporate PTL meetings, cancer pathway co-ordinators, service managers and consultants.
- CCP CNS acts as escalation point. Initially makes recommendations on how to engage a patient. To date, 450 pathways supported in advisory only capacity.
- If required, CCP CNS contacts patient directly and creates individualised plan. To date 238 pathways supported by direct contact.

Average pathway resolves 37 days post intervention



CASE STUDY

'Kathryn' was on the head and neck cancer referral pathway from her dentist.
3 previous referrals closed due to not attending appointments (DNAs) and had 2 DNAs on current pathway when referred to CCP CNS

Kathryn had no phone or family support. She had learning difficulties and health anxiety after losing her mum. She was unable to arrange transport for herself.

CCP CNS made contact through dentist practice manager next time Kathryn visited them and gained her trust.

CCP CNS arranged new hospital appointment, booked transport and chaperoned. Kathryn had full examination and scan with no cancer found, leaving pathway on day 52.

LEARNING POINTS

People who DNA are not doing so on purpose but usually have genuine support needs

Many patients have multiple inclusion health concerns so placing health responsibility on them without support is not beneficial

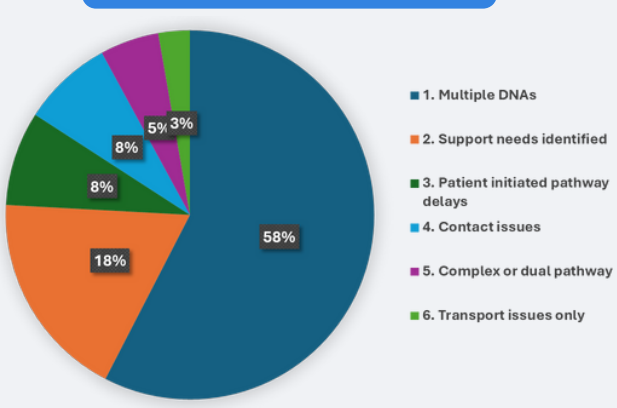
Support should be flexible, individualised and holistic

Healthcare staff need more training in severe multiple disadvantage, empathy and managing patient anxiety

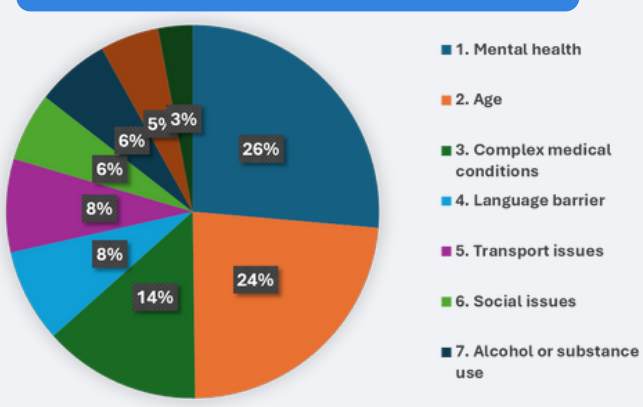
Communication should be inclusive - avoid jargon, using withheld phone numbers, only sending appointment letters

Work in partnership with patients; cancer may not be their first priority or they may not respond to information the way that we do

REASON FOR REFERRAL



HEALTH CONCERNS IDENTIFIED



FUTURE DEVELOPMENTS

- Identifying and supporting barriers to engagement much earlier in the cancer pathway
  - trial focusing on patients who DNA their first appointment on day 0-10 of the pathway.
  - pilots with local GP practices to enable CCP CNS referral at the time of suspected cancer referral
  - aim to use eHealthscope to stratisfy risk of non-engagement
- Inclusion health training for staff working in cancer specialties
- Collaborations with Nottingham Wellbeing Hub and Nottingham Recovery Network