

Early identification of patients with additional needs on a cancer pathway

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Background

Patients on a cancer pathway with pre-existing conditions or additional needs such as a learning disability, dementia, or a mental health condition, sometimes require adjustments to prevent unnecessary delay and improve experience. At our cancer tracking meetings, it was recognised that these patients and the adjustments needed were often identified at a late stage of the pre-diagnostic pathway. We believed this was impacting on the length of their cancer pathways, however without a way to identify these patients, we were unable to demonstrate this, and unable to proactively address their needs.

Our aim was to create a system to identify these patients, to assess if they experience a difference in meeting national cancer waiting times, and to be able to offer reasonable adjustments proactively.

Method

- Collaborative working throughout the trust and with two lived experienced partners
- Created a digital flagging system for additional needs on our cancer registry system
- Continually improved our process for flagging patients the earlier the better
- Introduced proactive support for these patients

Results

We now have a digital flagging system that includes flags for 15 additional needs. This has provided quantifiable data that demonstrates an increase in the length of the cancer pathway for patients with additional needs against national cancer waiting times.

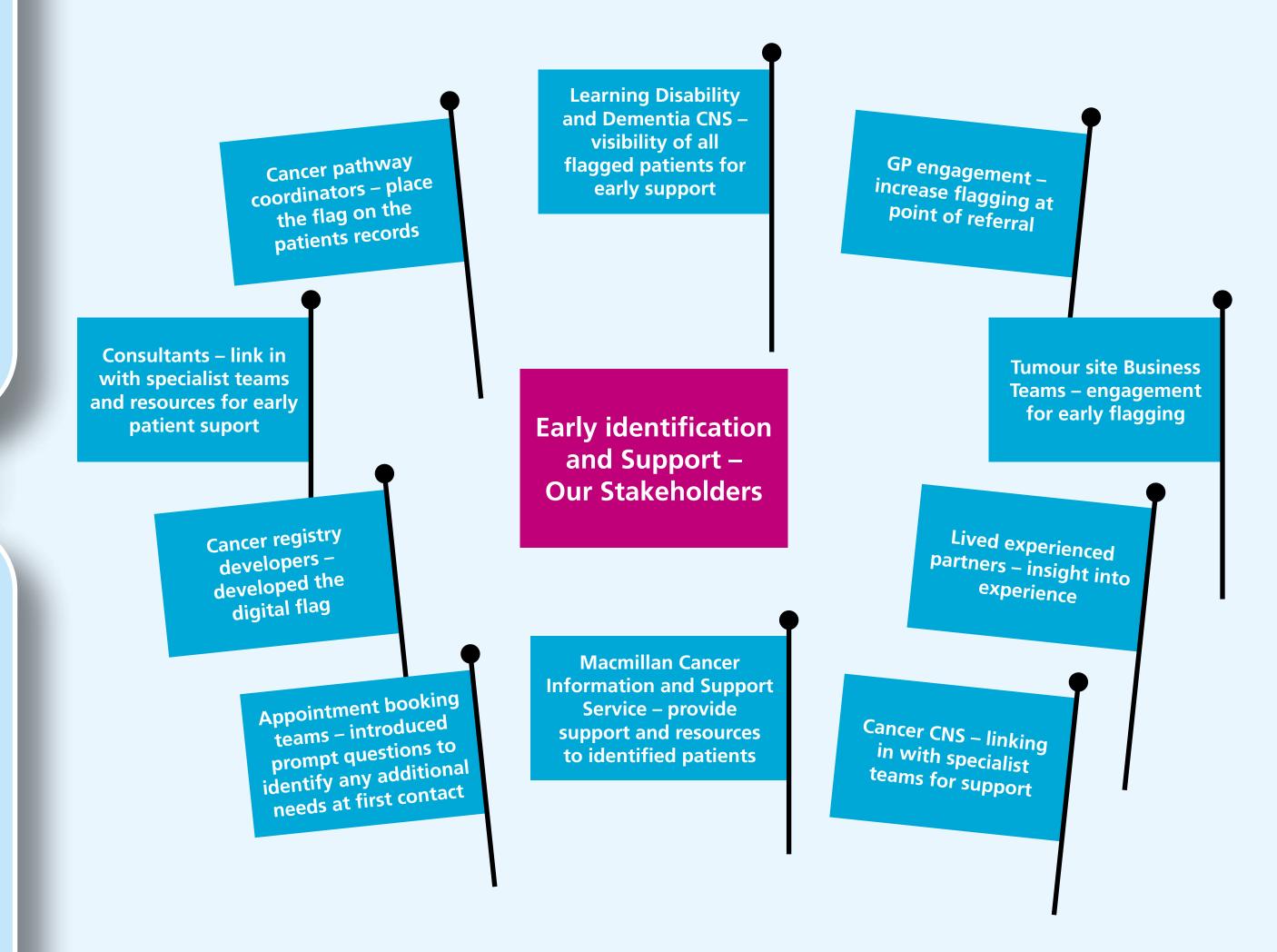
This flagging system has enabled processes to be implemented to improve patient experience:

- All patients with additional needs are now highlighted for weekly discussion at cancer patient tracking meetings
- Early support is now offered from our Learning Disability and Dementia specialist nursing teams
- Consistent reasonable adjustment offers are being developed

Since introducing these processes, a reduction in length of time on the pathway is demonstrated for these patients

Some of our additional needs flags

- Learning disability
- Dementia
- ADHDAnxiety
- Autism
- Lives in a care home
- Mental health conditions
- Patient has a carer
- Patient is a carer
- Requires a best interest meeting



Average number of days from referral to diagnosis or ruling out cancer Day 28 is the national cancer valing out value to see the national cancer valing time target value to see the national cancer value to treatment Average number of days from referral to treatment Day 52 is the national cancer valing time target valing time ta



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I always had to try to ring up to change my appointments to later on if they were early because I have carers in the morning.



Healthier Communities, Outstanding Care

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FOUNDATION TRUST

pathway with preexisting conditions or
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Patients on a cancer

Patients with additional needs and the adjustments required were often being highlighted at a late stage of the pre-diagnostic pathway

Background

Anecdotally, it was felt that these patients often had a prolonged pathway, but we could not quantify this

Once needs were identified, there was a lack of consistency with reasonable adjustments being offered and made

Aim

To create a system to identify patients with additional needs on the pre-diagnostic cancer pathway, to assess if they experience a difference in meeting national cancer waiting times, and to be able to offer reasonable adjustments proactively

Our Team

Cancer Registry System Developers

Breast
Cancer
Clinical
Nurse
Specialist

Cancer Pathway Coordinators



team

manager

Dementia
Specialist
Nurse

Learning Disability Specialist Nurse

experience partnersKathryn and Christine

Macmillan Cancer information and support lead

Kathryn:

"It would have been good if a learning disability nurse was at some of my appointments. I often didn't understand what the Doctors meant. Mum always had to explain things to me"

"I always had to try to ring up to change my appointments to later on if they were early because I have carers in the morning."

Our Lived Experience Partners



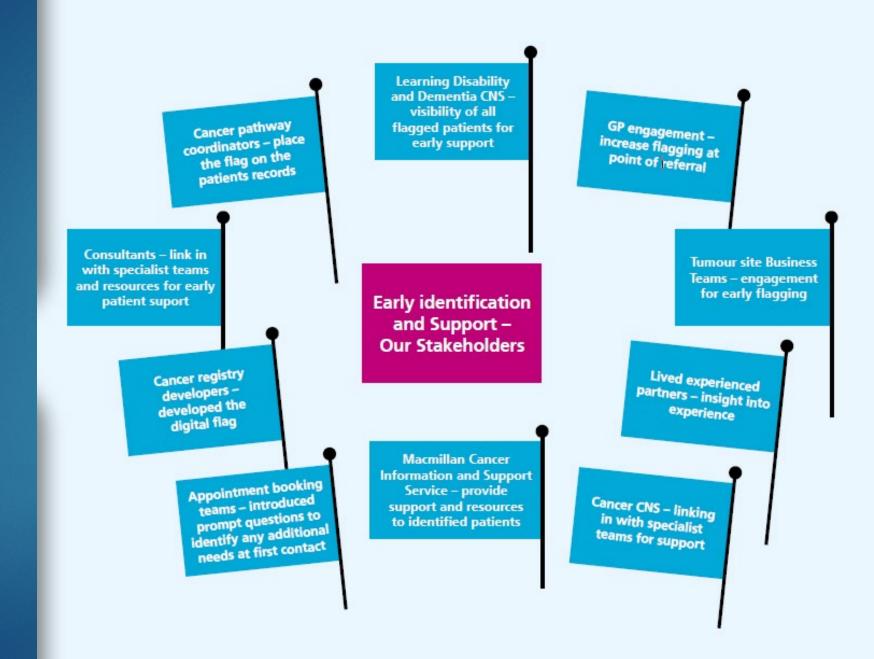
Christine (Kathryn's mum):

"You could tell that when we went to appointments people didn't usually know that Kathryn had a learning disability, and they explained things to her in a way that she didn't understand."

What We Did

- Created a digital flagging system for additional needs on our cancer registry system
- Process mapped from referral to first appointment to continually improve how we can flag patients at the earliest stage
- Developed the flagging system to introduce new flags when different needs were highlighted
- Highlighted all patients with additional needs for weekly discussion at our cancer patient tracking meetings
- Introduce proactive support for these patients, such as early support from learning disability and dementia specialist nurses

Our Stakeholders and how we have worked together



Results

- We now have a digital flagging system that includes flags for 15 additional needs
- Some of our additional needs flags:

Learning disability Lives in a care home

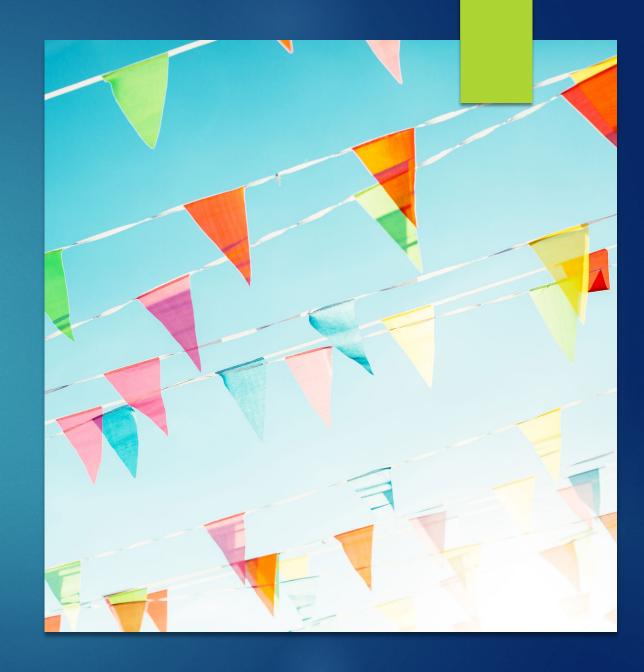
Dementia Mental Health Conditions

Autism Patient has a carer

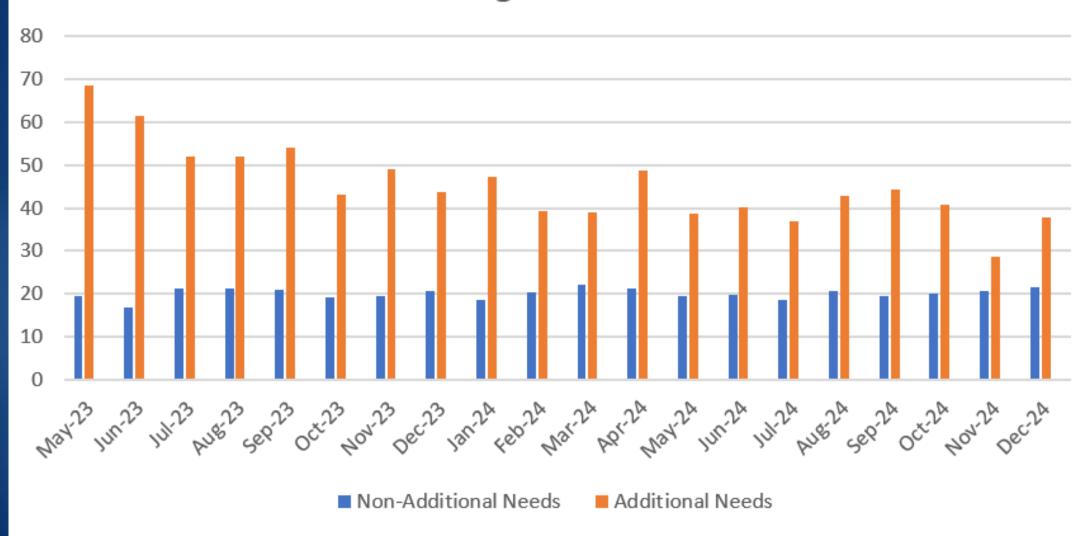
ADHD Patient is a carer

Anxiety Requires a best interest meeting

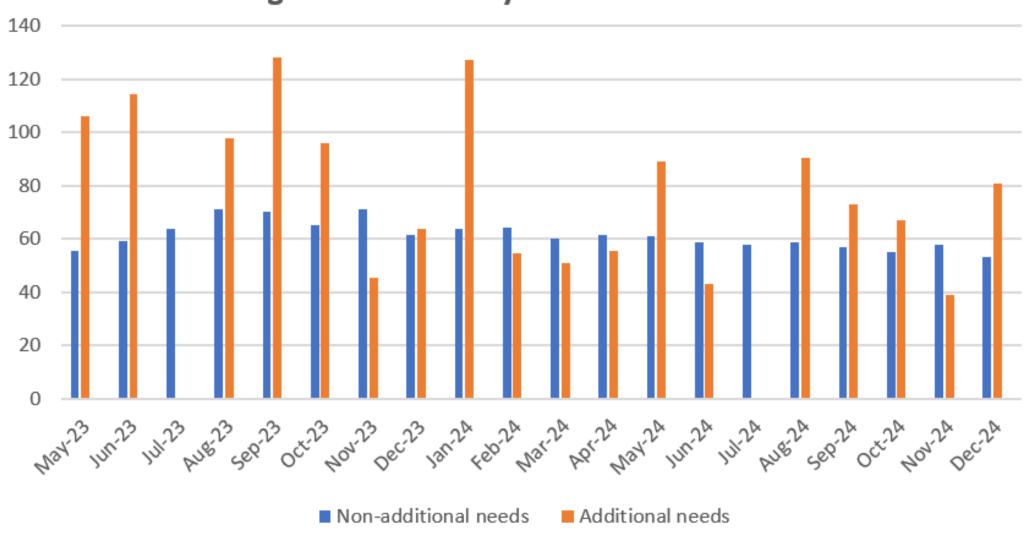
We now have quantifiable data to compare cancer pathway lengths for patients with and without additional needs



Average number of days from referral to diagnosis or ruling out cancer



Average number of days from referral to treatment



What Next?

Now involving more specialist teams for early support such as Mental Health Nurse Specialist Liaising with GPs to change referral forms to standardise additional needs section

Developing and establishing consistent reasonable adjustment offers

Routine phone call at beginning of pathway to explore any needs and support required Resource packs being created for tumour sites to provide support to different groups of patients

Thank you for listening!



Any questions?

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