

## 2013

### Where we were

- Inconsistent care for oncology / haematology patients admitted to NBT - different site specific teams function differently
- Varying degrees of communication with colleagues at Bristol Haematology and Oncology Centre (BHOC)
- No formal pathway for Metastatic Spinal Cord Compression patients
- Failing Neutropenic Sepsis Audit
- Not compliant with National Peer Review standards for Acute Oncology and Cancer of Unknown Primary

*North Bristol NHS Trust received funding from Macmillan for 3 years in 2013 to set up the Acute Oncology Service.*

*The Nurses started in July 2013 and went live with the Nurse led Acute Oncology service in September 2013.*

## 2014

### Where we are now

- 2 Fulltime Acute Oncology Nurses (Band 8 and 6)
- 1 part time Consultant Oncologist since February 2014 and 1 part time Consultant Oncologist commencing work in October 2014
- Acute Oncology Service embedded into everyday practice in Acute Assessment Unit (AAU) and Emergency Department (ED)
- Neutropenic Sepsis teaching done in AAU and ED
- Improving Neutropenic Sepsis Audit results
- Established Metastatic Spinal Cord Pathway in collaboration with Neurosurgeons, AAU, Palliative Care, Radiology and Physiotherapy Services
- Established South West Acute Oncology Nurses Forum to share best practice and improve patient care
- Designed and executed Acute Oncology Study Day at UWE June 2014
- Improved Chemotherapy Alert card
- Online referral for Acute Oncology Service
- Established Intranet Website containing Oncology Guidelines

## 2015

### Where we want to be in the future

- Established 2week wait pathway for Cancer of Unknown Primary patients
- Development of a Spinal Metastases MDT and Joint Oncology and Neurosurgical Clinic to allow patients access to joint therapies where appropriate
- Development of Acute Oncology at NBT into a robust and mature service
- Established Acute Oncology and Cancer of Unknown Primary clinic that AAU and ED are able to book patients presenting out of hours into so that they can be discharged home safely with follow up in place
- Acute Oncology Service and Cancer of Unknown Primary compliant with National Peer Review standards
- Rolling established teaching schedule for colleagues in AAU and ED
- Establish Bristol wide Metastatic Spinal Cord Compression Audit
- Development of delivery of systemic therapy to solid tumour patients at NBT

*"Great to have personal attention from the Lead Acute Oncology Nurse"  
Patient Comment*

*"I thought it was brilliant to have a quick and efficient service and a follow up call the day after to check I was ok"  
Patient Comment*

Challenges - Staff	Challenges - Patients	Challenges – Environment/Infrastructure
A willingness to try out changes to the traditional models of working overcoming perceived threats	To manage patient's expectations in terms of speed of follow up following a new diagnosis of cancer on an acute admission	Setting up Acute Oncology Service with no admin support
Making changes and influencing colleagues to change oncology patients pathways for the better	Ensuring that patients are clear that the Acute Oncology Service plays a role when the patient is acutely unwell and then hands over to their site specific team.	IT infrastructure not established enough to provide effective patient alerts when chemotherapy patients are admitted out of hours
Unclear role boundaries between Acute Oncology, Palliative Care and Site Specific Cancer Clinical Nurse Specialists leading to miscommunications		Difficulty in accessing resources to ensure a better pathway for patients e.g. access to radiological imaging/ IT support
Effective communication to colleagues about what the service is and how it can help	Ensuring that patients receive the correct information and know how to access the service in an emergency e.g. Neutropenic Sepsis	Relocation to the New Hospital in May 2014

