Acute Oncology
The National Picture

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Acute Oncology

People with cancer often develop new and acute problems which require an urgent response, either as a consequence of their cancer illness or the treatment itself.

Professor Sir Mike Richards (Royal College of Physicians 2012)

National Drivers
NPSA and NCEPOD

Patients suffering from acute oncology emergencies not recognised, or appropriate treatment delayed by;

- Primary care teams
- Ambulance personnel
- Emergency care teams
- Oncology teams
- and Patients themselves

Emergency care

- NCEPOD 49% having room for improvement and 8% receiving less than satisfactory care.
- NCAG- There were 273,000 emergency admissions with a diagnosis of cancer in 2006/7.
- This is roughly equivalent to 750 emergency admissions each day across England.
- A typical Trust may have five emergency admissions with cancer per day
The National Chemotherapy Action Group (NCAG), guided partly by reports from NCEPOD and NPSA and from previous cancer peer review results, recommended that a more systematic approach should be taken to dealing with cancer-related emergencies. These recommendations have been embodied in the concept of the 'Acute Oncology Service'.

### Acute Oncology Services

- Acute oncology services are being implemented at all acute trusts that accept unplanned and emergency cancer admissions.
- They centre on a team consisting of one or more nurse specialists or nurse practitioners with dedicated availability Monday to Friday and from one or more oncologist.
- These professionals interface with acute teams, specialist palliative care and others to improve the coordination of care with earlier access to the relevant specialist advice.
- They also have key roles in education and audit.
- Acute Oncology Nurse –

Who are Acute Oncology Patients?

Two Patient Groups:

1. Patients with potentially acute complications of their cancer treatment.*

2. Patients potentially suffering from certain emergencies caused by the disease process itself whether the primary site is known, unknown or presumed

* non-surgical treatment
Key Features of an Acute Oncology Service:

- Early review by an oncologist or acute oncology nurse specialist (within 24 hours)
- 24/7 access to telephone advice from an oncologist
- Fast track clinic access from A&E or MAU
- Access to information on individual patients across the Trust
- Protocols for the management of oncological emergencies and referral pathways from A&E and acute admissions unit
- Specific pathways for the investigation and treatment of malignant spinal cord compression
- Early management of MUO/CUP patients
Where are we now?

What’s out there to help at the moment?

How can we promote a culture of Acute Oncology and support each other?

How can we influence change?

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UK Picture

Trusts throughout the UK are developing specialist acute oncology advice and assessment services in response to concerns raised in 2008 by the NCEPOD report.

- Scotland……….. a number of acute oncology projects and the development of a national helpline service.
- Northern Ireland….aspects such as the adoption of UKONS triage tool.
- Wales……………Acute oncology projects led by the cancer networks and UKONS triage tool.
- England………..National uptake guided by the Peer Review measures.
Internationally

UK leading the way!

- Hong Kong
- Australia
- Canada
- New Zealand
- Malta
- Ireland
- Saudi Arabia

Is it worth it?

- Admission avoidance
- Decreased Length of stay
- Reduced investigations/intervention

My favourites:

- Improvement in quality and safety
- Increased patient satisfaction
- Increased professional satisfaction
Peer Review

Love it or loathe it

Loathe It?

- Time consuming
- Prescriptive
- Directed at process and not outcomes
Love It?

- Describes the structure/framework of a service - **development**
- A framework for review – **monitoring**
- A benchmarking tool – **comparison**
- Evidence
- Education

How reliable is the process?

- Can we be trusted to self assess?
  - Can we be rely on our trust/network colleagues to assess us?
Immediate Risks And Serious Concerns

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Acute Oncology Immediate Risks

- There are still many non-functioning and totally non-compliant Acute Oncology Services without sufficient planning to address this.
- There is a lack of staffing.
- There are problems across the board regarding the core members of the MDTs.
- Lack of appropriate training.
- Lack of access to an oncologist within 24hrs of presentation.
- Lack of a fully functioning electronic flagging system.
- Lack of administration support.
- 1 hour Antibiotic pathway in A&E not being observed.
Acute oncology immediate risks

- MSCC pathways are not sufficiently robust and in some instances have no formal documented pathway at all, resulting in patients not being discussed by appropriate clinical teams which has high levels of risk for this group of patients.

- Neutropenic sepsis pathways not being reviewed or audited and so remain unclear as to whether safe and effective care is being provided for these patients.

- Lack of engagement with A&E departments.

- Lack of engagement from Oncologists regarding the setup of the Acute oncology service.

- No CUP (Cancer of Unknown Primary) service.

- Mismanagement and patient safety issues regarding there being two sets of notes (Main medical and Oncology) for patients receiving treatment which may not be available to A&E department.

Acute Oncology Good Practice

- Co-ordination and leadership role of the AOS nurse.
- Trust-wide engagement from clinicians and nurses.
- Raising the profile of the acute oncology service within trusts and externally.
- The use of patient group directives for nurses and placing of sepsis trolleys in appropriate areas to improve time to first dose of antibiotics.
- Innovative and comprehensive training methods with the development of e-learning packages.
- Web based systems for well-developed policies and protocols with a variety of promotional screensavers.
Peer Review Is Here To Stay

New Measures this year reinforced the role of the network groups in the development and review of acute oncology services.

Outcomes

Lives of people affected by cancer will be improved through using the AOS Service by:

• Reduction in length of stay
• Reduction in emergency admissions
• Timely and appropriate management of patients with potential neutropenic sepsis
• Timely review and assessment by members of the Acute Oncology service
• Reduction in unnecessary clinical investigations
• Reduction in waiting times
• Increase in patient satisfaction
• Reduction in complaints
• Reduction in avoidable deaths within 30 days of systemic anti-cancer therapy (NCEPOD 2009)
Forward

- Do you have defined outcome measures for your service?
- Would it be better to have nationally agreed outcome measures?
- Could you improve your Peer review?

National Group

Evidence

- Annual Peer Review against the measures for Acute Oncology
- Patient satisfaction Survey results
- Use of the Acute Oncology Services monitoring and outcome measures for Acute Oncology
- This data and information will be presented regularly in an agreed format at an agreed governance group meeting and any concerns regarding existing quality or concerns about maintaining quality will be escalated appropriately.
- The Acute Oncology Team will produce an annual report utilising the information listed above to evaluate the efficiency and quality of the service.
Data collection

Why do we want/need to collect data

- Demonstrate outcomes and effectiveness
- Demonstrate financial aspects of service
- Demonstrate need for service expansion or improvement
- Demonstrate service demands
- Highlight common problems
- Evidence of practice - good and bad
Data collection

- National outcome measures enabling us to compare and not
- Local value – how are we doing?
- National value – how are we all doing?
- Do we have a problem or do we all have a problem -------
  - How can we fix it?

Data is crucial & powerful?

What's out there to help

- A number a basic access data bases developed locally and available for sharing
- Assessment tools and log sheets for data collection
- Somerset Data Base –working on an Acute Oncology Module to cover Acute Oncology, MSCC and MUO/CUP.
The future

• Many of us are looking to build upon existing developments and utilise existing good practice.

• There is also recognition that the standardisation of training and patient management in the acute setting is a sensible strategy to support safe, high quality care.

• And it also saves valuable time and energy!

Acute Oncology Forums

• To offer a group voice and collective opinion on matters relating to Acute Oncology Nursing.
• To provide support and guidance by connecting acute oncology nurses across the UK.
• To promote and facilitate the sharing of good practice.
• To work together as a forum to develop guidelines, practical tools and pathways to aid in the implementation of first class acute oncology services.
• To provide a resource for the health community by gathering a pool of expertise all can access.
• To support education and showcase excellent practice through workshops, study days etc.
• To support multi agency project working with professional organisations such as the Macmillan Cancer Support and the Royal Colleges.
Existing forums

- There are a number of regional forum in existence
- UKONS launched a national group in November 2013 - Now has 600+ on the distribution list
- National Multi Disciplinary directory – currently being collected to support the work of the National Group.

Developments to date.
Progress

- A tool that will determine “the patient’s level of risk” and prioritise the level of urgency indicated by the presenting symptoms and will aid in identifying potential emergency situations

- Uptake continues at a pace in both the NHS and Private sector in the UK and internationally 160 trusts known (please look at the map).

- The Pilot of the Paediatric version developed in partnership with the RCN is almost complete, evaluation is underway.

Primary Care Triage Services

- Shropshire care coordination and GP out of hours service. Macmillan funded pilot.

- DH funded pilot in Scotland with NHS24.

  Very positive results to date.

A Primary Care version

A Primary Care version has been developed in collaboration with Macmillan GP's and Nursing forum.

  It is now available as a PDF or hard copy.

  Really well received by the Primary Care Teams.
Patient versions

- North of England Cancer Network – Patient held Chemotherapy record (Lilly diary)

- Cancer Emergency Response Tool, an app for patients

Dr. Richard Osborne, Dorset Cancer Centre

UKONS Primary Care Guidelines
generic guidelines supported by Macmillan. Will be available as a pocket tool for order on the Macmillan website with the facility to add trust contact details.

Developed by UKONS and the Macmillan GP Team
Approved by: Greater Midlands Cancer Network, Midlands Acute Oncology Nurses Forum.
Electronic version and App in development.

Patient versions

- North of England Cancer Network – Patient held Chemotherapy record (Lilly diary)

- Cancer Emergency Response Tool, an app for patients

Dr. Richard Osborne, Dorset Cancer Centre
CERT APP is now live in iTunes, you can download it below.

Initial assessment and management.
Initial Management Guidelines

- UKONS- generic initial management guidelines.
- RAG rated assessment and guide for early management.
- Available for local adaptation.
- Meets peer review requirements

(As well as not instead of trust toxicity prevention and management policies)

UNPLANNED ADMISSION LOG SHEET

- Standardised Assessment Process
- Evidence Based Assessment Tool
- Check List/aid memo
- Audit Tool
- Record Keeping
- Evidence of practice
- Training and education
- Communication tool

Midlands Acute Oncology Nurses Forum
Macmillan are kindly supporting a Special Interest Group for the Midlands Acute Oncology Nurses Forum on Learn Zone.

This provides a forum discussion facility and a document library allowing us to share good practice and seek opinion and/or advice. This is not restricted to nurses working within the Midlands you are all welcome to join and make use of this facility.

Accessing the Acute Oncology Special Interest Group on Learn Zone - Go to: http://learnzone.org.uk/

- In the green bar click on ‘special interest groups’
- It will ask you to enrol-click ‘continue’
- You will need to either log in or create an account.
- It will then list the special interest groups, select:
  Midlands Acute Oncology Nurses Forum

For first time access the password is ---MidA0N (the 0 is a zero)
A web based Generic Acute Oncology Induction Training Programme. Developed by Acute Oncology Nurses and Macmillan using the East Midlands Cancer Network template. Due to be launched end of 2013.
In the pipeline

• MSCC patient information

• MSCC Care and management plan

The message is getting through!

Acute care toolkit 7: Acute oncology on the acute medical unit October 2013

Setting higher standards
National Developments

National working party linked to Chemotherapy Reference Group (CRG):

- England - National Acute Oncology Service Specification
- National Outcome Measures
- Review of current service provision - what's out there? is it working?
- Are the PEER review measures appropriate?
- How do we take the service forward

The message

- Avoid repetition.
- Don’t work in isolation.
- Don’t keep good things to yourself
- Lets work together, join forces.
- Standardise and share
- Support each other

Nationally – contribute and collaborate.
Remember

- AOS brings together expertise from oncology disciplines, emergency medicine, palliative care, general medicine, general surgery and the community

Why do we need to succeed?
• Patient contacted chemotherapy helpline – symptoms described in line with spinal cord compression. Advised to ring 999 for assessment in ED. Patient contacted help line again 3 days later – condition worse – had attended ED as directed previously but was discharged after a 5 hour wait. Patient now immobile. Patient was later admitted to ward and treated for MSCC.

• Patient receiving chemotherapy with a history of neutropaenic sepsis following each previous cycle of treatment. Telephoned A&E for advice as she had a raised temperature. She was advised to take regular paracetamol and to report if temperature of 38.0°C whilst on paracetamol. Patient presented at chemotherapy clinic, unwell, pyrexia 38.0°C and neutrophils 0.1x10⁹/L. Immediate admission for treatment of neutropaenic sepsis.
The patient was discharged post chemotherapy with recovering blood counts.

The Clinical Nurse Specialist contacted the patient and gave them aftercare advice and the emergency contact number. When the patient became pyrexial 38°C he followed CNS advice and contacted the Helpline number/Ward. The person who took the call told him to take some paracetamol.

Any questions?

Thank you
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