

KCH NHS Foundation Trust

Neuro-oncology MDT

Work Plan

2018

The Workplan has been agreed by:

MDT lead

Date

Trust lead clinician

Date

Contents

1) Update on Agreed Actions from Previous Quality Review Assessments	3
2) Workplan for 2018/9	4
3) Results from 2017 national patient experience survey:	11

1) Update on Agreed Actions from Previous Quality Review Assessments

Category/issue raised	Action	Link to peer review measure	Time scale	Named lead	Completed (Y/N)?	Progress update
Need to reduce OP waiting times and improve patient experience	<p>Increase telephone clinics</p> <p>Increase room availability.</p> <p>Increase number of clinics running</p> <p>Improve information how long patients are waiting for.</p>	N/A	On-going item on work plan	KA/AR/MM	N	<p>Daily telephone clinic now in place and at capacity. They are currently being extended.</p> <p>Refreshments provided for patients.</p> <p>02/18 update: environment remains poor for patients waiting to be seen.</p> <p>In talks with charity regarding help to improve this.</p> <p>Additional clinic in discussion for 5th Monday. Low grade glioma clinic has commenced monthly as of Jan 2018.</p> <p>For 2018/19 to consider further sub-specialisation of clinics / alternative ways to create capacity.</p> <p>Outpatient numbers increasing and clinics are well over capacity.</p> <p>Insufficient room capacity for clinicians availability.</p>

						<p>Follow up telephone clinic now at capacity on a weekly basis.</p> <p>Outpatient clinic staff not providing patients with correct expectation within clinic.</p> <p>Use of volunteers has improved the experience.</p>
Improve long term patient outcomes.	Run Health and Well Being site specific events	N/A	March 2018	KA/VH/C B	completed	We have in conjunction with The Brain Tumour Charity established a site specific Living Well event that runs on a bi-monthly basis. The model has been presented at the AHP conference in November 2018 and we will aim to publish our model and feedback in 2019.

2) Work plan for 2018/9

Key Areas	Aims	Actions	Lead	Target date
Theatre list capacity	Increase the number of available lists for neuro-oncology patients.	Discuss with lead clinician and management team how to have dedicated extra lists opposed to current practice of highlighting available space and booking	KA/JI	May 2019

		neuro-oncology patients in to that. Extended Wednesday list		February 2019
Moving to accountable cancer network	Neuro-oncology is not yet on an established pathway group. This aims to be pan SE London.	Agree content and gain understanding of the SELACN workings.	KA/VH	July 2019
Outpatient clinics	Urgently require additional capacity in terms of rooms in clinic. Consider sub-specialising clinics further. Are there any options for virtual clinics.	Meeting with senior clinicians and management Discuss alternative ways of working / ways to increase capacity.	RD/KA/AR /VH	December 2019
Improve communication surrounding patients recommended for Best supportive care	Palliative care letter to be adapted and agreed upon to be sent to GP's following MDT discussion.	Letter in place on epr. Audit its usage.	VH/AR/KA /DM/ AB	Autumn 2018 Not currently in use. Immediate aim to introduce this in to practice.
Length of stay	To reduce LOS for neuro-oncology patients where	Look at ways to improve length of stay for Neuro-oncology surgical inpatients. Work with GIRFT team	Clinical fellow/CN S team	April 2019 for ICP production Re-audit in August 2019 to see if the intervention has been

	possible. Increase the number of patients admitted on the day.	to scope current LOS and look at re-introducing ICP		successful.
Patient feedback	<p>Improve patient satisfaction and ensure changes to the service are in keeping with a direction they wish their treatment to move in.</p> <p>To try to use a method of obtaining patient feedback that allows patients to offer their thoughts on where changes need to be made or what they would like to see offered.</p>	<p>Discuss with patient representatives best method of obtaining a good response rate from patients. Devise method / questionnaire etc.</p> <p>Liaise with IBV on the Trust survey and look at how we can achieve higher response rates that on NCPES</p>	VH/IBV	Sept 2019
Data Collection	To have a robust data collection tool to ensure our work load and outcomes are accurately captured.	<p>Somerset Database is being introduced to the Trust in Mid 2018</p> <p>Team to receive training on the system.</p>	MR/KA/D M/AB	<p>Oct 2018: Somerset training has been given to selected members of the team and is being piloted in other cancers in the Trust.</p> <p>Neuro-oncology should have it in use by Summer 2019</p>
Administrative support for CNS team	To allow the CNS's to spend their time	To put a bid in for a part-time admin post to the CNS's in neuro-oncology and skull	AR/VH/KA	February 2019 AR has put in a bid and been successful for 0.7 of a Band 3 post. The VAP

	<p>clinically focused rather than on administrative tasks that can be done by a lower band non-clinical member of staff.</p> <p>To allow nurse-led services to develop and expand.</p>	base.		and WAP numbers are confirmed and it is to go to add Feb 2019.
<p>Increase focus on living well.</p> <p>Recovery Package</p>	<p>Establish a programme to help patients with anxiety and depression to understand the impact these have on their ability to 'live well' with their tumour and put practical steps in place.</p> <p>To implement all aspects of the recovery package in to each patients pathway at the designated points</p>	<p>To design and get approval from ethics to run a programme between 9-12 weeks for patients on a 1:2:1 basis and gather data to show if this impacted on their QoL and outcome.</p> <p>VH has undergone basic CBT training along with neuropsychological rehabilitation training. Currently scoping need for intervention.</p> <p>To introduce the eHNA at Guys for new diagnosis, EOT and recurrent disease.</p> <p>To consider a letter template adding the code to complete the assessment on prior to eHNA virtual clinic.</p> <p>To request BL to set up</p>	<p>VH</p> <p>VH/CNS team</p>	<p>Planned for 2019/20</p> <p>February 2019 initial introduction at guys.</p>

		<p>a clinic for it on pims to carry out the my care plan part.</p> <p>EOT summaries to be done on correct proforma.</p> <p>To work with the Macmillan programme team to introduce all aspects over the coming year</p>		<p>In place July 2018</p> <p>February 2019 - ongoing</p>
Research and Trials	<p>Continue to strive for high uptake in to clinical trials.</p> <p>Express interest in relevant clinical trials to ensure that our patients have access to the latest treatments.</p> <p>To continue to secure funding for clinical nurse specialists to participate in research.</p> <p>For the research team to continue to have an active presence in the MDT and clinics to encourage uptake.</p> <p>For research to remain a</p>	<p>To hold a bi-monthly evening research meeting to encourage all MDT members to participate.</p> <p>To have dedicated research teams available for neuro-oncology on both sites GSTT and KCH.</p> <p>Maintain good contacts with the trial community and express interest for being involved with new trials.</p> <p>Look for opportunities to be involved with internationally.</p> <p>To continue to refer patients to other centres such as RMH Phase I unit if there are more suitable opportunities.</p>	JPL/KA/LB	In place from Sept 2018

	<p>permanent agenda item at all Service Improvement Meetings.</p> <p>To ensure our services can meet the demands of participation in clinical trials from pathology, radiology, surgical capacity and oncology management perspectives.</p> <p>To keep the research profiles of Kings college Hospital high both Nationally and Internationally. With the new post of the Clinical Research fellow in Neuro-oncology there are a number of exciting proposals to be explored.</p>			
<p>Training and Development</p>	<p>To ensure all clinicians involved in delivering significant news are trained in advanced communication skills.</p>	<p>To enrol all new staff on advanced communication skills training.</p> <p>To aim to get all CNS's adopted by Macmillan or other charity if appropriate to funding to secure education grant access and</p>	<p>VH/MM/IV B</p>	<p>Ongoing</p> <p>Completed</p>

	<p>To ensure the CNS team are developing appropriately from an educational point of view to allow them to deliver advanced practice.</p> <p>Maidstone are currently putting in a bid for a band six development post to support Elaine. This will increase access to CNS for Kent patients and improve patient satisfaction</p>	<p>access to macmillan courses.</p> <p>To apply in the educational commissioning call for courses including ANP, Advanced assessment modules where not done and short courses incl CBT.</p> <p>Bid submitted. Once appointed CNS to spend time with KCH surgical team to learn the complete pathway and integrate the services.</p>		<p>April 2019</p> <p>April 2019</p>
<p>Access to the patient records and PACS from Maidstone to join up the services.</p>	<p>To allow clinicians at Maidstone to access patients documents particularly histology reports and imaging.</p> <p>To prevent delays in treatment plans and appointments due to missing information.</p>	<p>To discuss between Maidstone and KCH cancer management / IT depts. To establish where the problem lies, if in funding to look at avenues to obtain this.</p>	<p>JG/KA/MR /JI</p>	<p>July 2019</p>

3) Results from 2017 national patient experience survey:

Quality surveillance Requirements	National Patient Survey Questions	2016 % returns	2017 % returns	2018 Action plan
	Overall	15 respondents a number clearly with metastatic tumours but unable to identify primary site and one skull base patients	12 patients. Within the comments received there were 10 (62.5%) positive comments and 6 (37.5%) negative ones. Some patients had both positive and negative aspects to their care.	Poor response rates for Neuro-oncology are expected in the current format. The Trust is developing a Trust wide cancer survey which neuro-oncology will use and also continue to obtain detailed feedback in the Living well events and Support group as well as the Low Grade glioma clinic. There is a plan to pilot an inhouse developed neuro-oncology PROM.
	Outpatients:	Long waiting times in clinic. Not enough space to wait in, inadequate chairs to sit on. Poor environment. " I understand the wait because my oncologist gave me all the time I required"	Long waiting times, overcrowding, communication.	Outpatients: Two stream meeting planned to try to look at improving the current situation by moving back the clinic start time to 2:45 so that it allows for the pre-clinic MDT to finish at 2:30, aiming to allow the clinic to start on time. Re-draft the clinic letter to explain the likely delays in appointments and set expectation. Secondly to look at the re-planning of outpatients. Aiming to use all of suite 5 for neuro-oncology to have enough clinic rooms for clinicians to see patients. This would enable patients to all have a seat in clinic and help the clinic to keep to time and cope with the current capacity issues.
	Communication	Lack of admin support, correct letters not being sent out for appts. Patients unaware of cancellations. Admin assistant now in post but due	Poor communication from referrers and following their care at Kings	To offer 'road shows' with the up to date operational policy to referrers in Kent and GP's. This would ensure a smoother process for patients as the referrer would know what to expect. We have had two recent incidents of patients coming to clinic expecting a brain biopsy to be performed in the clinic. This is a direct result from miscommunication with the

		to increased demand they're unable to call patients for clinic who haven't yet had scans so this issue is ongoing.		referrer and was not on their MDT discussion. Communication following onward referral from Kings was felt to be poor. It isn't clear from the survey how this needs to be improved from the Kings side of care. We will therefore conduct a scoping exercise from patients with metastases following their return to their local team. This is felt to be the most likely cohort of patients affected by onward referral as it is outside the direct team. We will then use this information to look at ways to improve their pathway when leaving Kings.
	Post-treatment isolation	Lack of holistic support	A comment stating the patient felt isolated once treatment was completed and scared of what was going on that they couldn't see. It is not clear if this was a Neuro patient however we know our patients can feel this way on completion of their initial treatment.	We have already got a monthly support group in place with a quarterly newly diagnosed support group est in 2018. We have created a site specific Living well programme that runs every two months and focuses on the key areas identified in a wide scale patient experience exercise carried out by the Brain Tumour Charity. We are applying for funding to release some capacity of the Lead CNS to offer 1:2:1 sessions with patients post-diagnosis and treatment offering psychological support with neurocognitive rehabilitation exercises.
	Access to CNS	Positive feedback: staff were reported as excellent, helpful, great.	Not identified by any respondents but by the national response.	Ensure all answer phones and email accounts have accurate out of office / response time information to give accurate expectations. CNS's to be clearly visible in clinic. Names on the clinic board.
	Psychological support services	Not identified as a concern	Delays in appointment times.	New posts in place for 2019 to try to meet the increasing demand for psychological support services.

				<p>Better identification of alternative sources of psychological support through liaising with the CSI and referring to community.</p> <p>Continue to utilise community PC teams for adjustment to diagnosis difficulties and other psychological needs identified.</p>
	My Care plans	Not identified as a concern	Patients reported not having care plans as a Trust wide response.	<p>Following HNA completion a care plan is formulated, this is translated in to the clinic letter. This may not be clear to the patient, therefore improved sign posting is required.</p> <p>Care plans following End of Treatment are more clearly defined, these are copied to patients and GP's following the HNA discussion.</p> <p>Label care plans as their own entity and ensure they are discussed with the patient.</p> <p>The HNA care plan will be available on epr so automatically uploaded increasing the uptake of this tool as it will be time saving.</p> <p>Following successful recruitment of admin support to neuro-oncology cns team the number of patients completing the HNA will increase and consequently the My Care plan figures will improve in keeping with our work plan.</p> <p>Skull base and pituitary services will be using the HNA for patients with severe consequences of treatment.</p>