With you in mind, teamwork and collaboration

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Lead Cancer Nurse
Aim:
To examine the impact of timely intervention through early health and wellbeing education, information sharing and signposting to appropriate services

Intention:
To facilitate a reduction of financial concerns by the end of the patient treatment pathway.
Co-production

- Collaborative working with FORCE
- LWBC steering group
- Patient focus groups
- Cancer CNS working group
- CPES data analysis
Collaborative working with FORCE

*Development of the Holistic Needs Assessment Tool.*

- Initially we offered and recorded eHNA soon after diagnosis.
- Second point eHNA introduced and recorded after treatment completed.
- Funded by FORCE, internal IT services developed the reporting capabilities of the eHNA tool enabling individual team to have immediate access to the information.

*To better understand the patient perception*

- CPES outcomes were presented at the monthly Clinical Nurse Specialist (CNS) meeting, lower than expected national average
- To better understand the usefulness and clarity of current HWBC financial information.
- Patient focus groups were set up
Implementation

Upgrade to HWBIS

Travel Insurance

- Talk to your usual travel company
- Try insuring one holiday at a time
- A certificate from your Doctor saying you are fit to travel is sometimes required – ask your GP about costs for this service
- A list of insurance companies can be provided by FORCE or from the Cancer Research UK website

Prescription Poster OPD

You are entitled to free prescriptions if you have a cancer diagnosis.

Please ask your GP receptionist to obtain the exemption form.
Impact and Results

**eHNA data**
Analysis from the eHNA tool demonstrated a reduction in people selecting financial concerns at completion of their treatment following early attendance of a HWBC

<table>
<thead>
<tr>
<th>Pathway Point</th>
<th>Assessments</th>
<th>Insurance/Finance selected</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Soon after diagnosis</td>
<td>1806</td>
<td>128</td>
<td>7.1</td>
</tr>
<tr>
<td>Completion of treatment</td>
<td>1078</td>
<td>30</td>
<td>2.8</td>
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</tbody>
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**2018 CPES results**
Indicated improvements in the following area

<table>
<thead>
<tr>
<th>Question</th>
<th>2017</th>
<th>2018</th>
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<tbody>
<tr>
<td>‘hospital staff gave information on getting financial support’</td>
<td>68%</td>
<td>73%</td>
</tr>
<tr>
<td>‘hospital staff told patient they could get free prescription’</td>
<td>83%</td>
<td>87%</td>
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</table>
Soon after diagnosis

End of treatment
Patient footprint accessing financial services at FORCE
Increase in people accessing face – to – face financial support

<table>
<thead>
<tr>
<th>Year</th>
<th>Appointment type</th>
<th>Patient numbers</th>
</tr>
</thead>
<tbody>
<tr>
<td>2017</td>
<td>Face-to-Face</td>
<td>458</td>
</tr>
<tr>
<td>2018</td>
<td>Face-to-Face</td>
<td>508</td>
</tr>
</tbody>
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Patient Survey
We surveyed 200 attendees asking ‘Do you feel you have received information to manage the financial impact of cancer’. 200 questionnaires were sent out. The return response rate was 78%. 59% strongly agreed/agreed with the statement. 37% felt neither/nor with the information and 2% said they didn’t require this information.
Key learning points

- CPES data is useful as a benchmark for service development.
- Patient focus groups/surveys supports service development.
- Early HWBI reduces concerns later in the pathway.
- Signposting to FORCE improves patient outcomes.
- Shared learning and co-production ensures sustainability of new services.
What makes us stand out?

- Patient experience can be prioritised within a clinical pathway and used to benchmark improvements in health care systems alongside a clinical pathway.

- We have listened and involved patients in our service re-design, alongside data analysis.

- Providing equity of high quality information at an identified point on the pathway improves the patient experience as demonstrated in the CPES data.

- Collaborative working with FORCE supports innovation and enables information analysis to better understand local issues.

- Right care at the right time.

- Patients inspired towards supported self-management by enabling choice and control in an area of their life.

- Model easily transferable to all long term conditions in acute and primary care settings.
• Focus groups
• Map against CPES data to enable continuous development and maintain relevance
• Collaboration with FORCE for quick feedback on foot fall and service use
• Align to the Ten Year plan to support implementation of Personalised care and support.