



King's Macmillan Cancer Support Workers Service

Development of a new service model to improve access to the cancer Clinical Nurse Specialists (CNS), information and support for cancer patients, carers, family members and health care professionals

Kings Cancer Support Workers Project Team

King's





Our Case for Change

- The results of the 2017 NCPES showed 81% of cancer patients found it easy to contact their CNS or a main contact person, against a national average score of 85%.
- Some specialities across King's scored as low as 40% in this metric and in receiving practical advice and support.
- These are high volume services with busy diagnostic and follow up care departments dependent on cancer CNS' communication with patients and coordination of care.



Patient Led Improvement

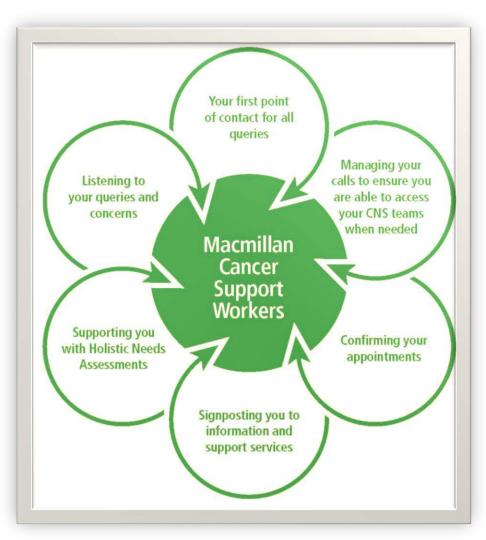
- In August 2021, our Kings Cancer Patient Voices Advisory Group (KCPVAG) devised a survey around this and other areas asking patients their views and suggestions for improvements.
- 49 patients responded to the surveys.

Feedback outlined that what mattered most to our patients was:



Feedback was analysed and discussed with our CNS team leaders in order to better manage expectations between what our patients required and what staff would be able to deliver.

Our Service



We developed a pilot service focused on the provision of:

- Single point of contact and triage of incoming calls
- The management of non-clinical administrative and signposting
- Improved access to personalised care, including Holistic Needs Assessment (HNA)

The service is currently was piloted within the following services:

- March 2022 Breast (both main sites), Haematology (Princess Royal University Hospital), Liver (Denmark Hill site)
- June 2023 Acute Oncology Service (AOS)
- July 2023 Myeloma + Lymphoma (Denmark Hill) and Upper GI (Denmark Hill)

Our Success

Data from the most recent pilot, 12 month period (March 2022 – February 2023) and 5 months from March 2022 – August 2022 (due to the service model change) has shown the cancer support workers providing support for:

Completion of approx. 949 Holistic Needs Assessments (HNAs) which led to overall completion of HNA improving from 32% to 51% in the same period

In the specialties included in the pilot where there were no issues with nursing staff availability, compliance of 80% completion was achieved (against expected 70%).

over the whole organisation.

Between 41% - 61% of calls into the service have been dealt with by support workers without needing CNS input (equivalent to an average of around 665 patient queries a month).

Freeing up CNS time to undertake more direct clinical duties. These 665 queries per month equate to roughly 133 care hours per month (based on the assumption of each call being around 12 minutes), as demonstrated by job plans changes to cover eHNA clinics

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Our Patient Feedback

Surveys completed with 20 service users who accessed the service between April 2023 – June 2023. Broken down as below:

Breast DH: 4 completed – 20%

• Breast PRUH: 5 completed – 25%

• Haematology: 5 completed – 25%

• HCC: 4 completed – 20%

HPB: 1 completed – 5%

NET: 1 completed – 5%

I am very lucky to be in the hands of King's

It is good to know they are there

They listen and you know the message is going to get to the right person to call you back

The introduction to the service it's brilliant. They provide help and it's very useful

Key highlights:

- 16 / 20 patients (80%) felt they got the support they needed with their overall health and well-being and was helpful.
 - 2 / 20 (10%) patients found the information quite unhelpful and 2 patients (10%) neither helpful nor unhelpful, however no further information was given in follow-up
- 15 / 19 patients (79%) were happy with the advice and support they received from the support workers service and didn't need anything other help. 4 / 19 patients (21%) mentioned other help and advice such as "being signposted to a service that could benefit them (i.e. Macmillan Information and Support Service)
- 19 / 20 patients (95%) would recommend the support workers service to other patients



Next Steps

• A rollout plan is in place to ensure all cancer tumor groups at King's are supported by the service by December 2024. The project team have also presented the progress of the project to the trust cancer board, who have agreed the milestone plan.

Support Workers Service: 23/24 Plan **Planned** Sep-23 Oct-23 Dec-23 Feb-24 Planned **Priorities / Milestones** Lead Consolidation 10/5 **Start Date** Date Phase 1 Re-start Mar-23 Mar-23 Mar-23 Mar-23 Agree governance processes for phase 1 specialties ahead of rollout Agree levels of support for all specialties SB/IBV Mar-23 Mar-23 Update of SOP SB Mar-23 Mar-23 В Ensure updates of Liverty (codes, welcome message) LG/SB Mar-23 Mar-23 В Undertake feedback from patients after 6-8 weeks of live service Sola / Volunteers Apr-23 Aug-23 Meet with AOS, UGI, DH Haem to agree processes needed for go-live Apr-23 May-23 Preparation and staff training / shadowing All Apr-23 Jun-23 MH/LG/SB Jun-23 Jul-23 Go-Live - PRUH UGI LH/SB/LG Jul-23 Oct-23 Go-Live - AOS SP/LG/SB Jun-23 Jun-23 Go-Live - Haem (Lymphoma) Jul-23 OS/MK/LG/SB Jun-23 Patient and staff surveys Sep-23 Nov-23 SB Phase 3 Go-Live Not Due Gynae (DH) Nov-23 Feb-24 Gynae (PRUH) All Nov-23 Feb-24 Not Due All Not Due Colorectal (DH) Sep-23 Nov-23 All Not Due Colorectal (PRUH) Sep-23 Nov-23 Patient and staff surveys SB Mar-24 Apr-24 Phase 4 - Go-Live Not Due Not Due Urology (DH) All Dec-23 May-24 Urology (PRUH) All Dec-23 May-24 Not Due Not Due Lung (DH) All Jan-24 Jun-24 Lung (PRUH) Not Due All Jan-24 Jun-24 Not Due All Jan-24 Jun-24 All Not Due Thyroid/Endocrine (DH) Jan-24 Jul-24 Patient and staff surveys SB May-24 Aug-24 Not Due Not Due Phase 5 Skin (DH) Not Due All May-24 Oct-24 Skin (PRUH) All May-24 Oct-24 Not Due All Jun-24 Nov-24 Not Due Patient and staff surveys SB Not Due Oct-24 Dec-24 Monitoring and Review

Lessons Learnt

- 1. Our patients really value this service 19 / 20 (95%) would recommend the service to other patients!!!!
- 2. **Between 40% 60%** of incoming calls into the services piloted so far have been actioned by support workers without needing CNS input
- 3. Call Volumes Far exceeding predictions (heavy workload for support workers) demonstrates high demand for our service
 - Use of call record system (Liberty) enabling the collection and analysis of accurate data to share with teams
- 4. Importance of shadowing and training days directly with clinical teams to understand individual team processes
- 5. Importance of clear boundaries between what support workers are expected to respond to
 - Clinical conversations i.e. medication dosages should not be picked up support workers
- 6. CNS supervision monthly to observe support workers in action and get a taste for daily tasks

Lessons Learnt cont.....

- 1. Importance of ensuring executive level sponsorship prior to undertaking any large change project. This has been particularly valuable when tackling the need for changing behaviours and processes
- 2. Importance of engaging patient representatives and clinical staff in co-design to increase the likelihood that any suggested changes are embedded and sustained
- Importance of developing a flexible service model which can pivot to accommodate the changing needs of patients and staff
- 4. Importance of understanding your baseline position and continually reviewing data to understand how the service is actually performing against that which was predicted and investigating any large variation to understand the reasons
- 5. Ensuring clear processes in place for managing all queries across all specialty groups and clear boundaries between clinical and non-clinical roles and all staff are aware of their expectations