



Northumbria Healthcare
NHS Foundation Trust

THE NORTHUMBRIA WAY

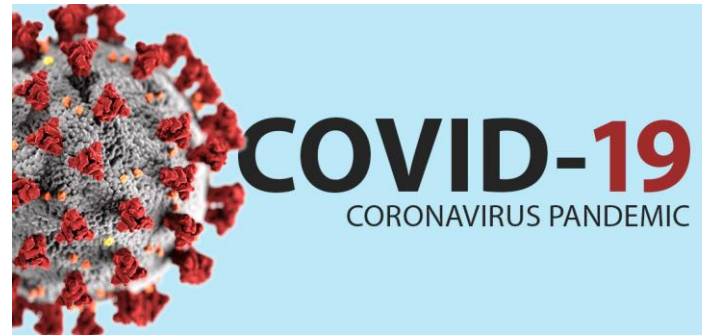
PEOPLE CARING FOR PEOPLE

Developing a Virtual Ward for Lung Oncology patients.

Andrea Worsdale: Lead Lung Cancer Clinical Nurse Specialist and Respiratory Clinical Nurse Manager

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HOSPITAL | COMMUNITY | HOME



OUR HOSPITAL SITES

- 1 **HEXHAM GENERAL HOSPITAL**
Corbidge Road, Hexham, NE46 1QJ
- 2 **NORTH TYNESIDE GENERAL HOSPITAL**
Rake Lane, North Shields, NE29 8NH
- 3 **WANSBECK GENERAL HOSPITAL**
Woodhorn Lane, Ashington, NE63 9JJ
- 4 **THE NORTHUMBRIA HOSPITAL**
Northumbria Way, Cramlington, NE23 6NZ
- 5 **ALNWICK INFIRMARY**
South Road, Alnwick, NE66 2NS
- 6 **BERWICK INFIRMARY**
Infirmary Square, Berwick-upon-Tweed, TD15 1LT
- 7 **BLYTH COMMUNITY HOSPITAL**
Thoroton Street, Blyth, NE24 1DX
- 8 **HALTWHISTLE WAR MEMORIAL HOSPITAL**
Westgate, Haltwhistle, NE49 9AJ
- 9 **MORPETH NHS CENTRE**
The Mount, Morpeth, NE61 1JY
- 10 **ROTHBURY COMMUNITY HOSPITAL**
Whitton Bank Road, Rothbury, NE65 7RW

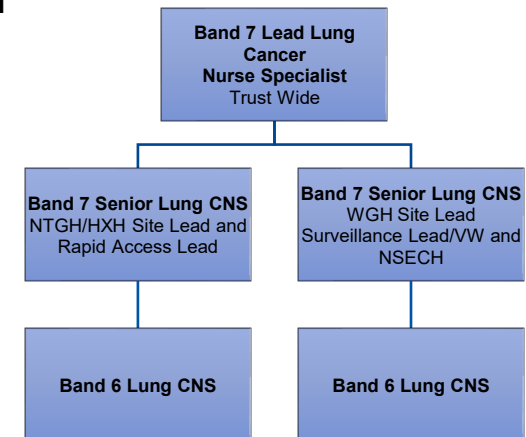
New Lung Cancer Nursing Model

Core Team is successful across the current foundation of a Lung CNS Service, although increasing demand and complexity reinforces needs for investment – resource to be targeted to deliver new workstreams:

- **Virtual Ward – Admission Avoidance / Discharge Support / Community Management**
- **Rapid Triage and Assessment – Daily New Patient Slots which are Senior CNS led**

What is the investment?

- 1.00 WTE Permanent Band 7 Senior CNS role
- 2.00 WTE Permanent Band 6 to 7 Uplift to Senior CNS role
- 1.20 WTE Permanent Band 6 Nurse Specialist (existing posts)



What's was new

Virtual Ward

Senior Lung Cancer Nurse Specialist (with prescribing and clinical assessment capability) would be available daily across Monday to Friday excluding bank holidays to oversee the Lung Cancer Virtual Ward – this model would provide community-based care across the following domains with maximum of 6 patients:

- Pain Management for non-palliative patients pre and post treatment
- Diagnostic test requests in event of additional symptoms or clinical indicators
- Community monitoring for complex patients post day case thoracoscopy
- Liaison with Primary Care to support holistic care planning
- Support lung cancer patients in mental health crisis through appropriate referral and signposting

Rapid Assessment Triage

The Lung Cancer MDT propose to introduce improved access to the front-end of the lung pathway by delivering a Rapid Triage and Assessment model. The above Rapid Triage and Assessment model would deliver 15 protected new outpatient telephone appointments across 52 weeks of the year (3 slots per day Monday to Friday excludes BHs) – can be Face to Face if desired and appropriate. This would be specifically for new lung cancer patient referrals that require diagnostics requesting and history taking to be progressed prior to attendance at a Consultant Respiratory Physician outpatient appointment.

NSECH

Daily presence Monday-Friday to support new diagnosis, support early discharge and hospital avoidance with the referral to Lung oncology VW.
Walk test and CNS review post CT Bx

Virtual Ward

Introduction

The Lung Cancer Virtual Ward provision would be available to patients who are managing a life changing diagnosis whether as a new diagnosis or ongoing who are already under the care of the Lung Cancer Service within the Respiratory Medicine Specialty.

Scope of Service Model

The Lung Cancer Virtual Ward will operate Monday – Friday (excluding bank holidays) with operating hours of 08:30 – 16:30hrs across 52 Week per year – this model seeks to provide community-based care across the following conditions and domains:

- Pain Management for non-palliative patients pre and post treatment;
- Diagnostic test requests in event of additional symptoms or clinical indicators;
- Community monitoring for complex patients post day case thoracoscopy;
- Liaison with Primary Care to support holistic care planning;
- Support lung cancer patients in mental health crisis through appropriate referral and signposting;
- Clinical Assessment and Management plans reviewed, including medications prescribed/de prescribed to optimise patient.

Outside of

Entry Routes

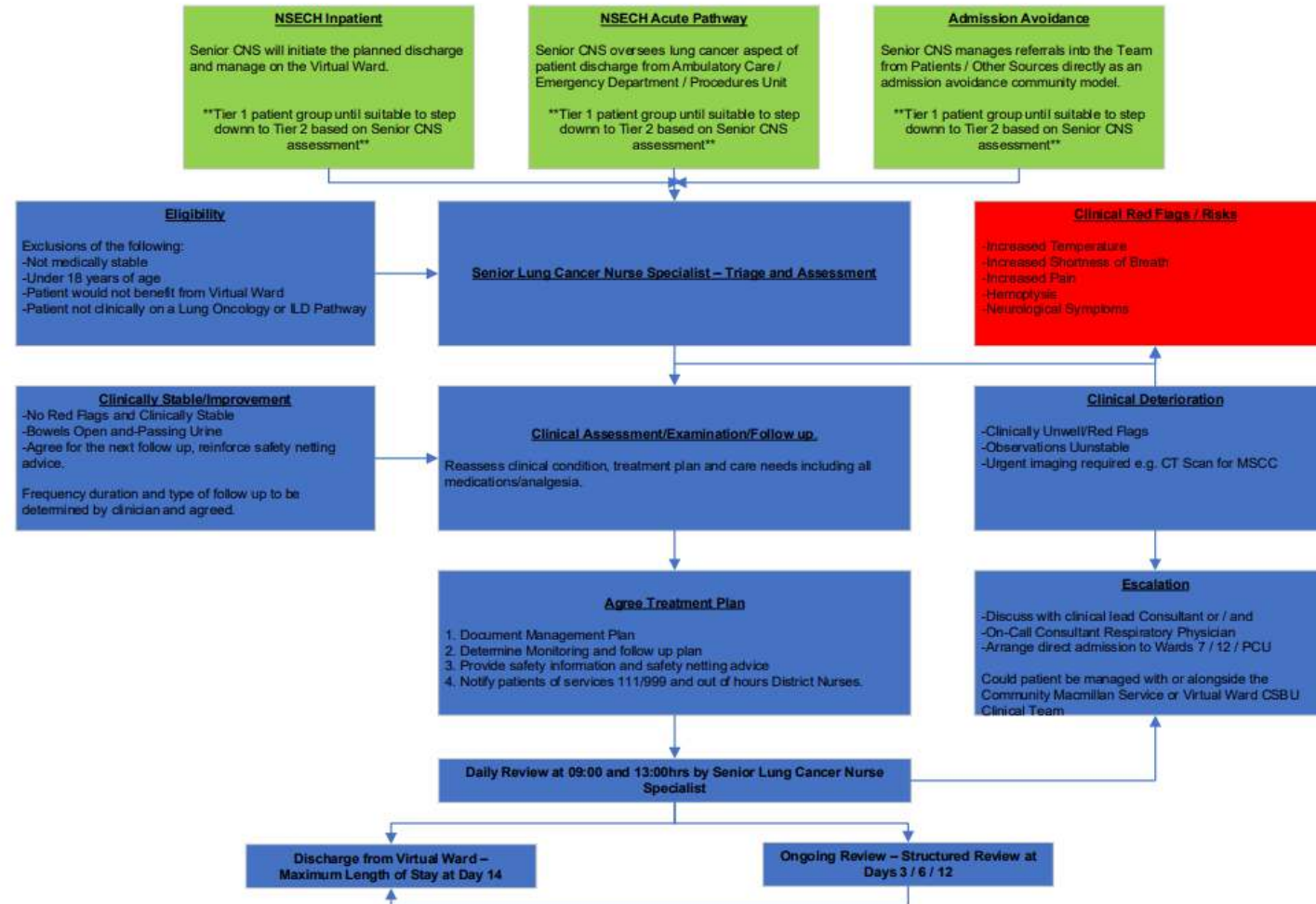
The Lung Cancer Virtual Ward would have patients identified and referred via three entry routes which will form one central pathway:

- Acute Admission to the Virtual Ward from Emergency Department
- Supported Discharge to the Virtual Ward from Inpatient Admission
- Community Step Up to the Virtual Ward for Admission Avoidance

Responsibilities

- **Senior Lung Cancer Nurse Specialist** – clinical oversight on a day-to-day level including triage, assessment, care planning, treatment and escalation (if required) within clinical scope of practice and agreed protocol.
- **Consultant Respiratory Physician** – senior medical oversight of patients who are on the virtual ward alongside medical support, advice and escalation in support of Senior Lung Cancer Nurse Specialists.

Appendix 1 – Lung Oncology Virtual Ward Management Protocol: Day One



Total Number of Patients since start date **785**

Lung Oncology

All

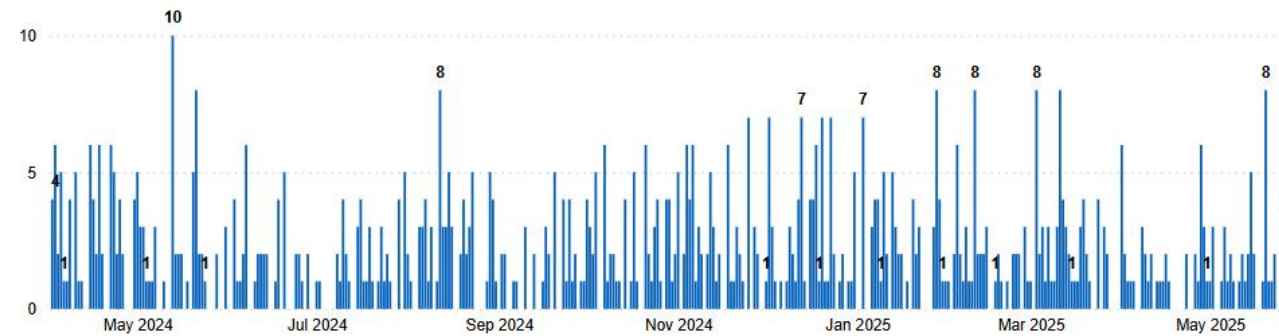
All

All

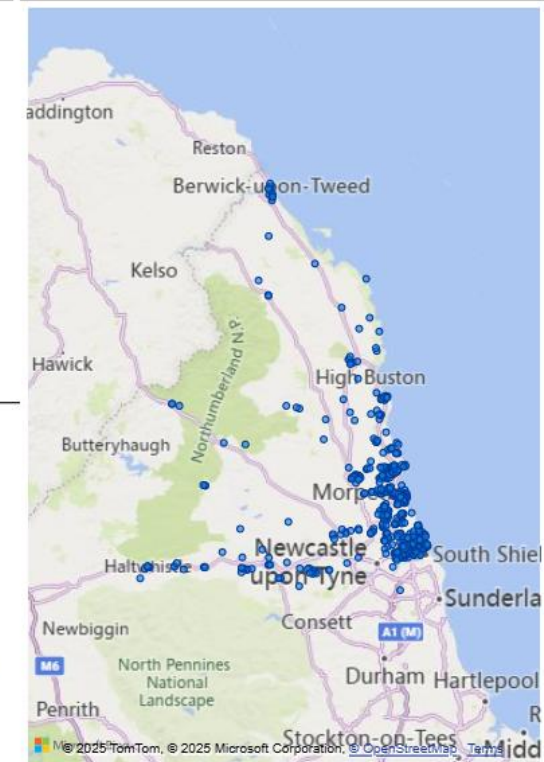
Date Updated
29/05/2025

Clear all

Geographical Overview of Patient Residences

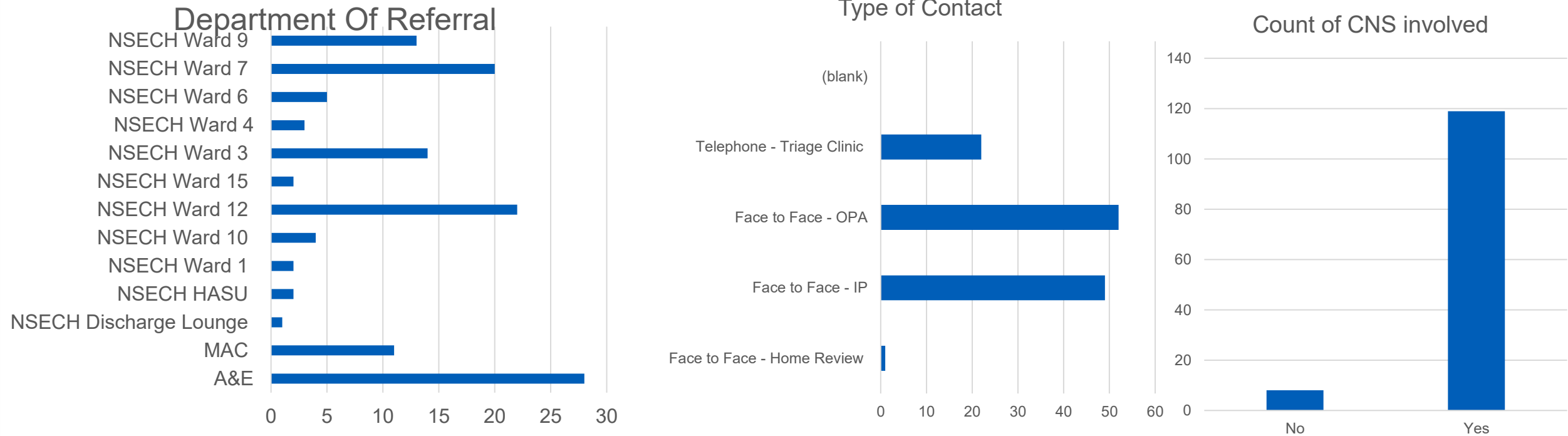


Week	Deaths
1	18
2	12
3	20
4	19
5	16
6	6
7	17
8	18
9	14
10	5
11	9
12	10
13	7
14	2
15	9
16	13
17	8
18	12
19	14
20	23
21	16
22	11
23	6
24	5
25	11
26	12
27	16
28	13
29	11
30	17
31	16
32	24
33	13
34	14
35	12
36	13
37	19
38	23
39	13
40	14
41	19
42	13
43	9
44	18
45	15
46	18
47	5
48	11
49	18
50	22
51	12
52	9
53	11
54	8
55	6
56	4
57	15
58	8
59	13
60	131



NSECH

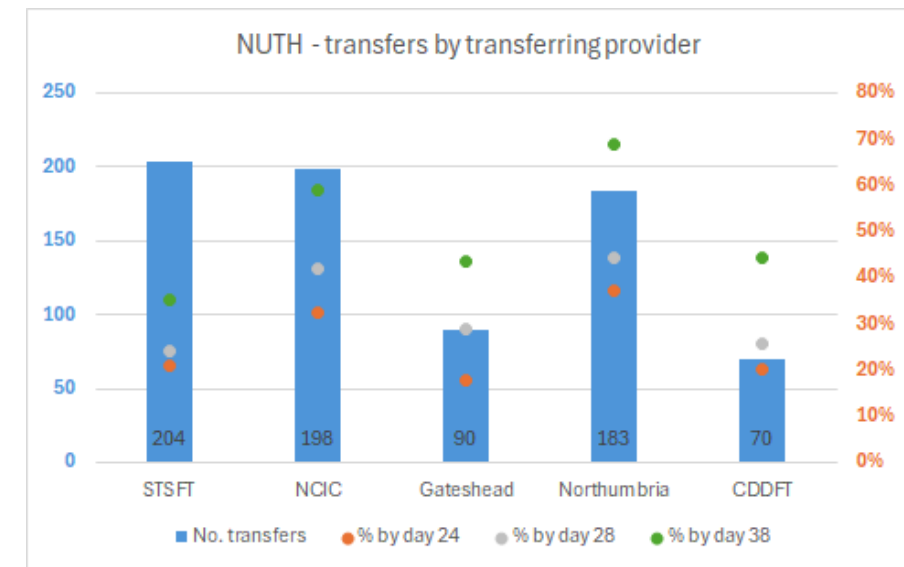
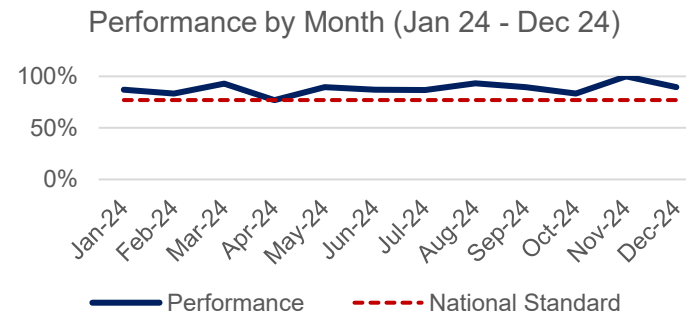
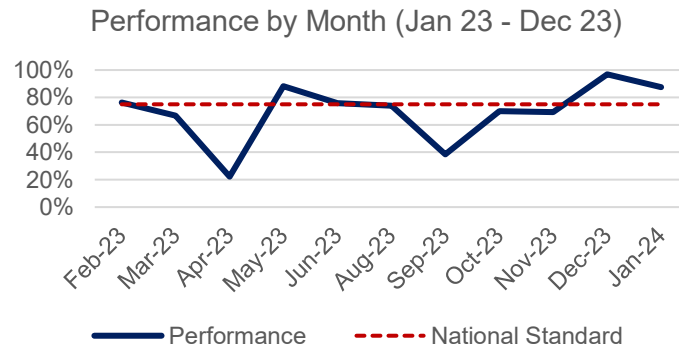
NSECH data collected Jan-24 – Jan 25 **128** patients referred **14** were turned around from A&E straight to Virtual Ward **35** were early discharge onto Virtual Ward



Rapid Triage Assessment

Rapid Triage Assessment Model: Reducing Outpatient Waiting time variation and inequality associated with locality/site: **786** Patients

- Contacted with 24-48 hour of referral
- FDS improved dramatically
- IPT improved



Patient/Carer/User Experience

Consultant Oncologist Feedback:

I just wanted to thank you for all the work you had done prior to the appointment with me

I would do a great ex- but not sure how- so I thought I would email!

I cannot tell you how much difference it made seeing a family who had been fully informed, and had obviously had time to take on board everything that you had explained, and as much as they can, come to terms with his rapid decline.

I think the service you guys provide is amazing- the patients get such excellent support, and that makes such a difference.

I can think of numerous times now that we have spoken to patients, been worried about them, and you guys have visited the next day to sort and support.

I often feel that when we do clinics in the periphery that patients maybe loose out as we cannot just bring them up the next day to review if we are worried, but with the team at NTGH I feel that the patients have great support.

I just wanted to express my thanks and let you know if there is anything I can do to help support the service please let me know.

Thank You

