

Emerging Role of the Oncology CNS

Palliative Oncology Update

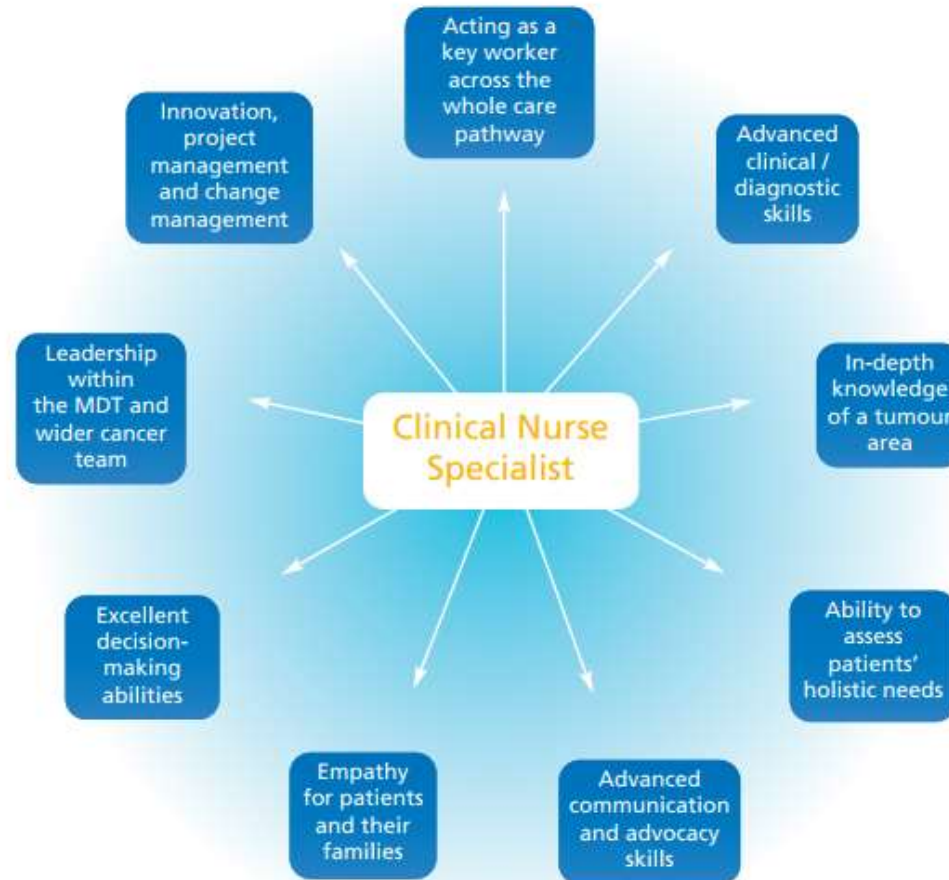
Historic Development of the CNS Role in Poole

- Early 1980's – first CNS role, funded by Macmillan to support Breast Cancer
- Early 1990's – first Community SPC CNS
- Mid 1990's – additional community SPC CNS
- Late 1990's – development of the site specific CNS role
- Today in Poole we have 21 site specific CNS's, one AO CNS, one Chemotherapy ANP, two hospital palliative care CNS's, 7 community SPC CNS's, one EOLC CNS, three CSW's

CNS Workforce in Poole/Dorset

Site	Band 7 CNS	Band 6 Associate CNS	Band 4 CSW
Breast	Caroline Macpherson Paula Loveland	Nicky Whittle	Nicky Nicholas
Metastatic Breast	Tracy Acock	Lizzie Clarke	
Brain & CNS (Dorset)	Jason Bowie		
Lung	Tracy Gallacher	Alison Brooks	Helen Bradley
Upper GI/CUP	Gemma Bryant		
<u>Gynae</u>	Jackie Fuggle	Mel Foster	
Skin	Juliet Hately Carol Sherman		
Urology	Steph Jones		
<u>Haematology</u>	Sammie Pope	Kate Mutendera Claire Vickrage	
Head and Neck, Thyroid	Karen Roberts Sue Saxby		
Acute Oncology	Abi Davis		
Chemotherapy ANP	Nicky Hagger		
Neuroendocrine (Dorset)	Mark Southern		
Colorectal	Caroline Holling	Georgie Melville	Helen Bradley
Hospital SPC Team	Andi Stone	Emma <u>Gravestock</u>	
Community SPC Team	Merry band of 7!!		
<u>End of Life Care Co-ordinator</u>		Claire <u>McLaclan</u>	

Key Contributions the CNS makes to cancer care



Transforming Cancer Care

Improving quality and experience of care

- Managing complex, individual and changing information and support needs of patients and carers
- Supporting patients in choices around treatment and care
- Enhancing recovery and delivering care flexibly and closer to home
- Facilitating set up of support groups

Reinforcing safety

- Delivering safe, nurse-led services
- Using vigilance of symptoms and drug toxicity to trigger rescue work
- Identifying and taking action to reduce risks
- Facilitating rapid re-entry into acute services, if appropriate

Impact of key CNS-led activities

Increasing productivity and efficiency

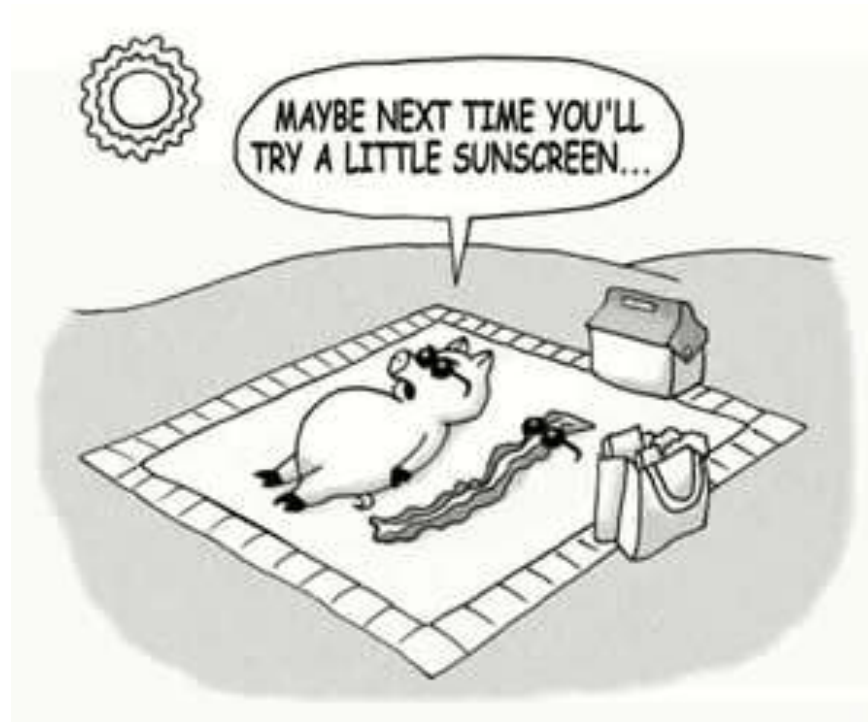
- Intervening to manage treatment side effects and/or symptom control, preventing unplanned admissions
- Providing nurse-led services that free up consultant resource
- Empowering patients to self-manage their condition

Demonstrating leadership

- Educating the wider healthcare team and acting as a mentor
- Identifying and implementing service improvement and efficiencies
- Determining measurable outcomes, auditing practice, and sharing good practice and innovation

Skin CNS Service

- Senior Skin CNS – Juliet Hatley
- Skin CNS – Carol Sherman



Skin CNS – Innovation/Future Developments

- Health Promotion Clinics: pts and carers seen on a 1:1
- All melanoma pts taught how to self-examine skin and lymph nodes, completion of Holistic Needs Assessment, Treatment Summary
- Nurse led follow up clinics for melanoma pts
- Nurse lesion clinic and fast track clinics
- CNS requests radiology to support clinical assessments
- Nurse led rapid access service to Dermatology for pts in follow-up who develop signs/symptoms of metastatic disease or new skin cancer
- Chair of the Specialist MDT
- Developing nurse-led clinics to support Medical Oncologist treating metastatic melanoma patients.

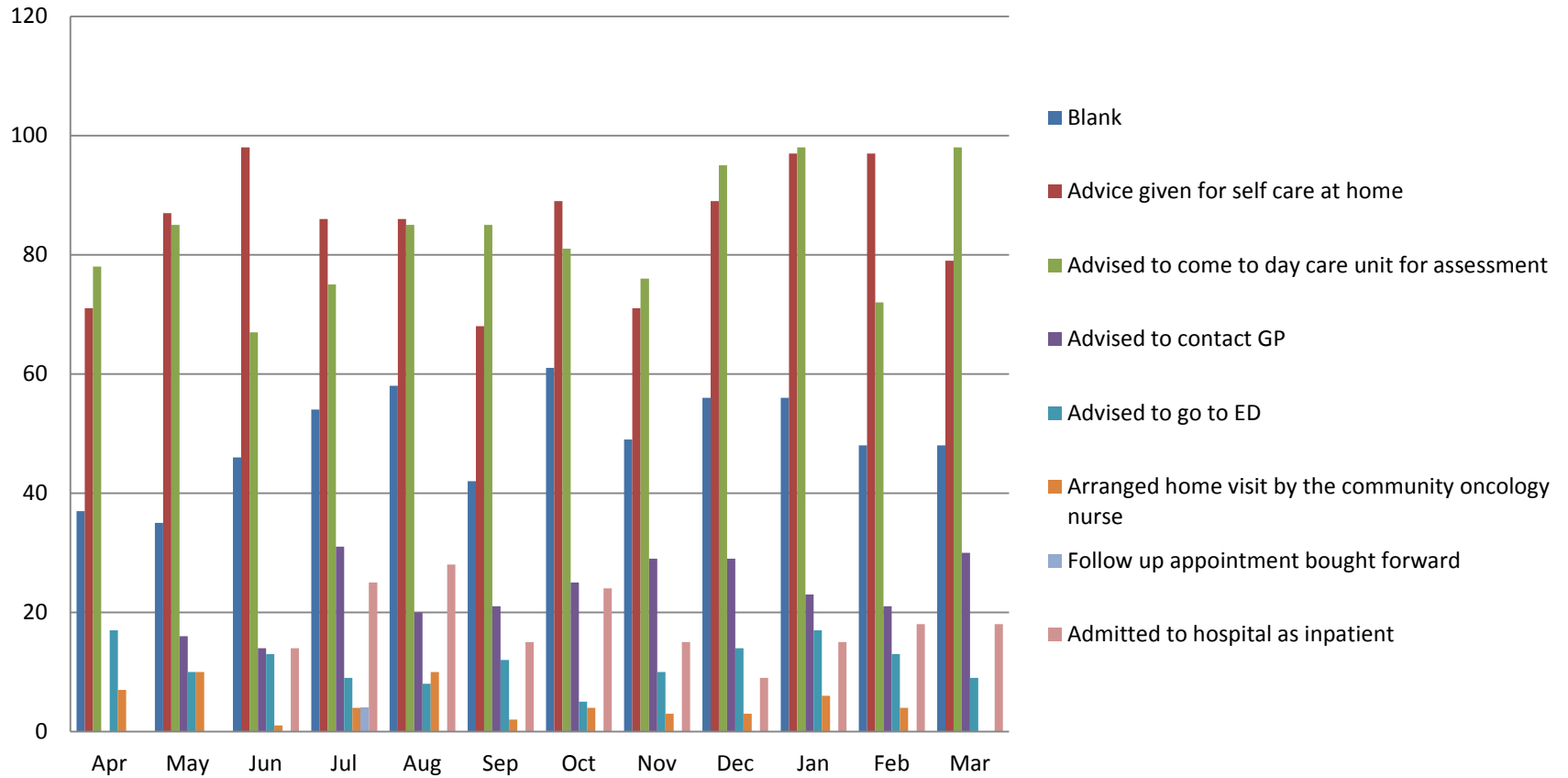
Acute Oncology CNS

- Acute Oncology Service at Poole
 - Management of patients who develop severe complications following anti cancer treatment or as a consequence of their cancer (MSCC)
 - Management of patients who present as emergencies with previously undiagnosed cancer/cancer of unknown primary
 - Reduce unplanned/emergency admissions
 - Improve Clinical Outcome

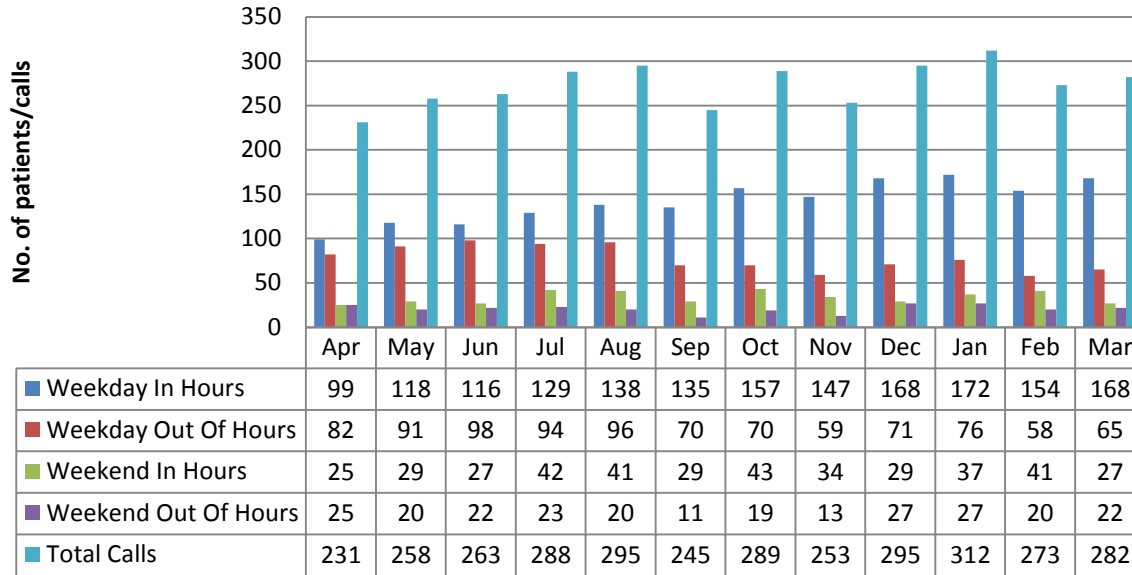
Open Access Unit

- Nurse Led Acute Oncology Assessment Unit (7 day service)
- Supported by 1 x junior doctor, specialist Registrar and Consultant on call
- Acute triage, treatment, discharge – continuing treatment within the community or as a day case
- Only admit complex or high acuity

Advice given to Telephone Contact (PHFT patients)

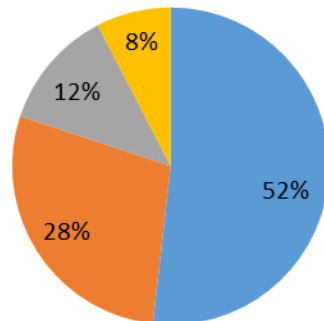


Time of Telephone Contact (PHFT patients only)

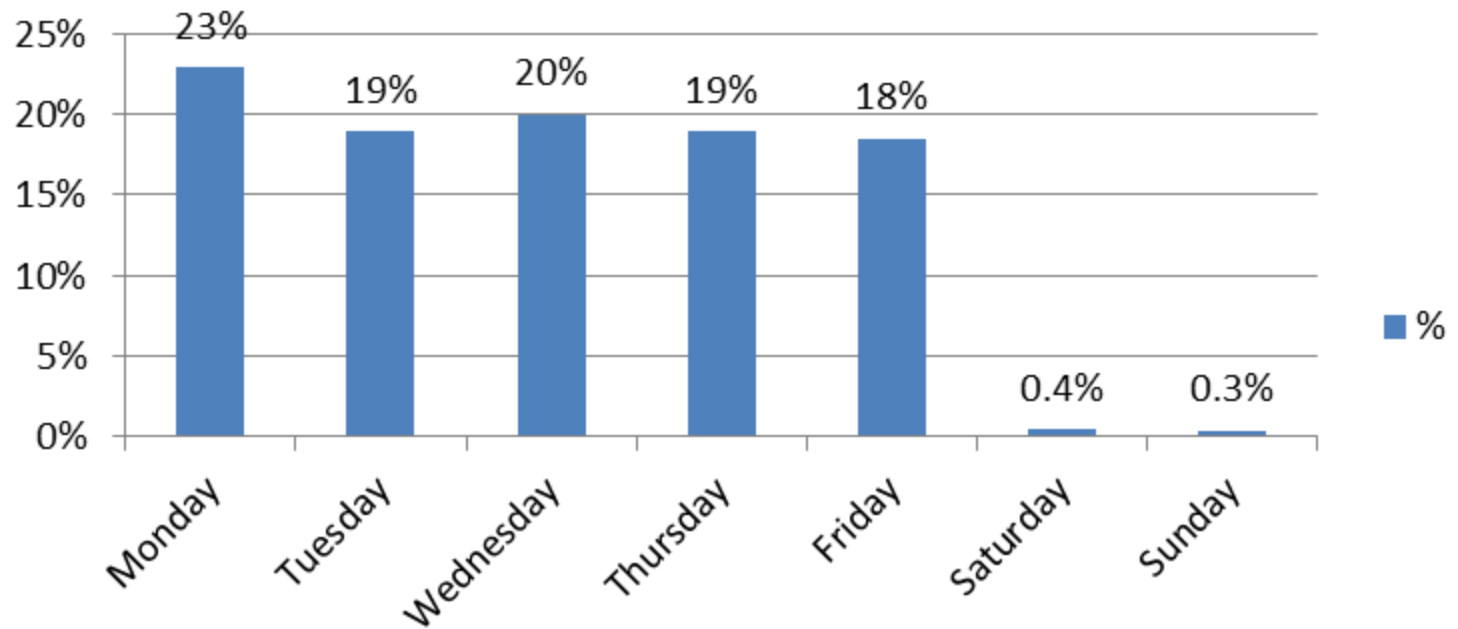


Percentage of PHFT patient contacts

■ Weekday In Hours
 ■ Weekday Out Of Hours
 ■ Weekend In Hours
 ■ Weekend Out Of Hours



Percentage of admissions by day of week - 2017 to date



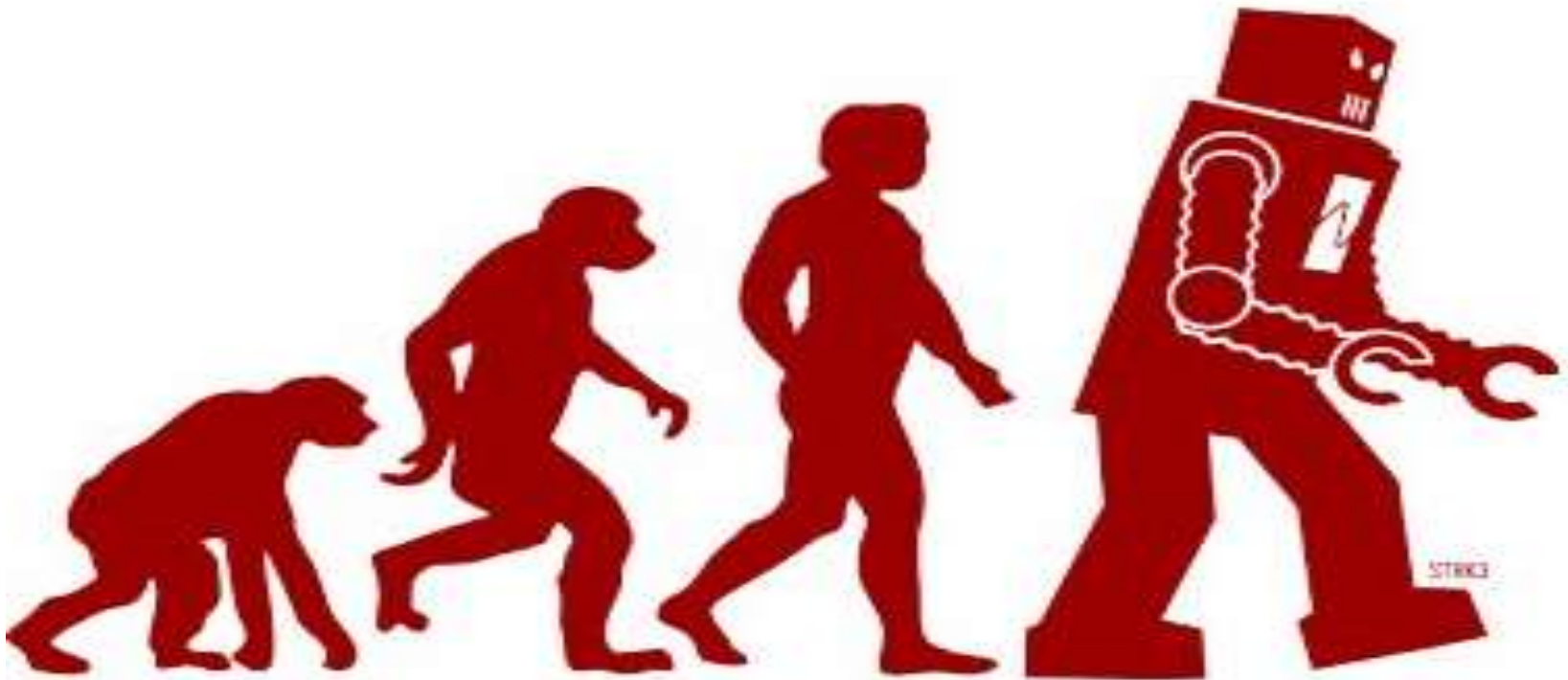
Impact of the AO CNS

- Close links with ED
- Electronic flagging – alert the AOS to pt admissions as soon as they are registered as an unplanned admission
- Electronic referral system
- Ensuring compliance with Peer Review Measures
- AO Education programme
- Development of the 24 hr telephone advice line
- Significant improvement in compliance and audit of neutropenic sepsis
- Advanced practitioner with NMP skills – enables the assessment of patients, prescribing of medications and investigations as appropriate and required.

CNS role going forward

- Supporting middle grade and consultant clinics (adjuvant and palliative treatments, targeted and monoclonal therapies)
- Oncology ANP role on the wards, and further leading the Acute Oncology Service and ward rounds
- Supporting remote monitoring and PTFU
- Increase in delivering treatments closer to home
- Nurse led clinics within community hubs
- Increased involvement in Health Education, lifestyle changes and motivational coaching

Staying true to what works.....



Some of the team....

