

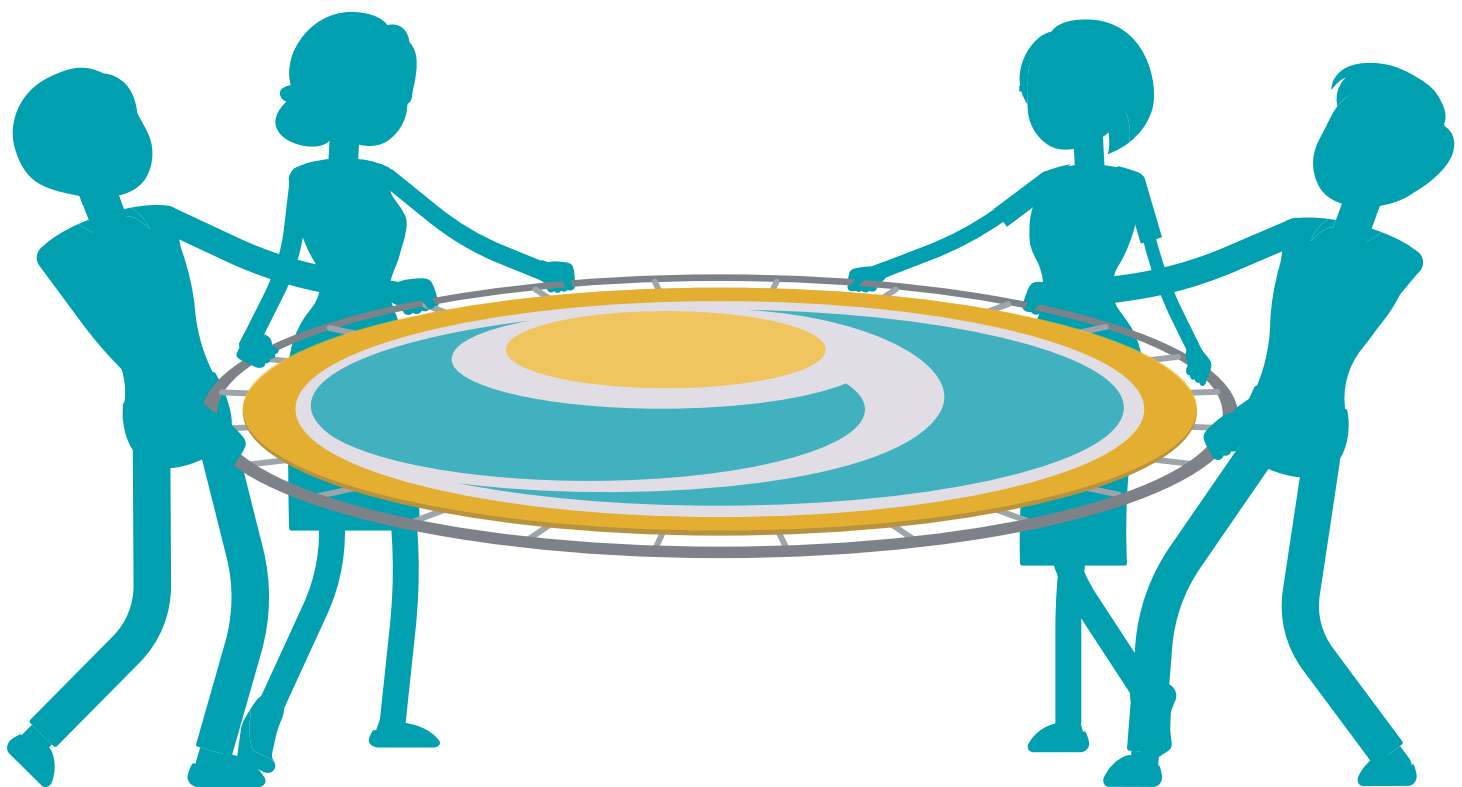
CANCER CARE: STAYING SAFE

UKONS Annual Conference

22–23 November 2019

The International Centre, Telford

CONFERENCE REPORT



DAY 1

Introduction



Helen Roe, UKONS President and Consultant Cancer Nurse, North Cumbria Integrated Care NHS Foundation Trust

The United Kingdom Oncology Nursing Society (UKONS) seeks to promote excellence in the care and management of people affected by cancer. UKONS strives to encourage and facilitate the personal and professional development of nurses who are involved in cancer care throughout the UK by promoting education and research, and advocating improvements to healthcare policies.

More than 350 delegates from the UK and Ireland attended the 2019 UKONS annual conference at the International Centre in Telford, England. This year's conference was titled 'Cancer Care: Staying Safe' and featured a diverse range of presentations, industry satellites, exhibitions, poster discussions and workshops.

Delegates were warmly welcomed to the conference by Helen Roe, UKONS President and Consultant Cancer Nurse, North Cumbria Integrated Care NHS Foundation Trust. Ms Roe noted the challenges associated with the safe delivery of care to people with cancer and recognised the valuable role of cancer nurses with specialised skills in optimising the process.



Unfinished Business Report



Rebecca Fisher, Senior Policy Fellow, The Health Foundation

Dr Fisher began her presentation by reflecting on the story of Mavis Skeet. In early 2000, Ms Skeet was due to undergo surgery to determine whether her oesophageal cancer had metastasised. However, owing to the winter crisis over NHS shortages, Ms Skeet's appointment for surgery was repeatedly cancelled over a five-week period and she subsequently died. The story served to highlight the fatal effects of underfunding in the NHS and the need to continuously improve the cancer pathway.

The NHS Cancer Plan is a strategy to invest £570m into cancer care across the UK with the aim of improving the management and care of people affected by cancer. Since its implementation in 2000, the incidence of cancer has risen from around 230,000 cases to 300,000 cases in 2015; however owing to improvements in cancer care, the mortality rate has remained stable at around 70% in males and 60% in females, the 1-year survival rate has increased from around 60% to 73% in 2015 and the 5-year survival rate has increased from around 43% to 53% in 2011. Despite these improvements, 5-year survival rates for patients with many types of cancer such as breast, colon, lung, ovarian, prostate and rectal cancer are still lower than rates in other developed countries such as Australia, Canada, Denmark, Norway and Sweden. Further, owing to the increasing incidence of cancer in the UK, the NHS is not meeting its targets of two weeks from initial visit to referral and 62 days from diagnosis to treatment. Patients with cancer have reported improved patient experience over time; however these improvements vary when stratified by tumour type, age, ethnicity and the presence of a Clinical Nurse Specialist.

The prevention of risk factors for cancer, such as smoking, can have a profound impact on the incidence of cancer. Since a Cancer Research UK part-funded study conducted in 1954 first demonstrated a link between smoking and the development of lung cancer, smoking prevention campaigns have led to a sharp decline in the prevalence of smoking.

However, there is a need to develop prevention campaigns for other cancer risk factors, such as obesity.

Dr Fisher concluded her presentation by highlighting the NHS's plans to improve cancer screening and diagnostics in 2020. In summary, these are:

- Modernisation of bowel cancer screening programme
- Implementation of human papillomavirus (HPV) screening for cervical cancer
- Introduction of new rapid diagnostic services
- Continued investment via the NHS's capital settlement to obtain new equipment, including computed tomography (CT) and magnetic resonance imaging (MRI) scanners

Recognising the value of European cancer nurses



Daniel Kelly, EONS Past President & Chair of Nursing Research, Royal College of Nursing

The Recognition of Cancer Nursing in Europe (RECaN) project comprises three phases:

1. A systematic review of published cancer nursing trials.
2. Data collection from leaders, cancer nurses and managers in four countries (Estonia, Germany, The Netherlands and the UK) regarding their roles, working conditions, education, leadership, communication and safety.
3. Work with European Union and national policymakers to explore and address any cancer nursing issues reported during the RECaN project.

The results of phase 1 of the RECaN project were published in two key review publications (Cambell P et al. *J Adv Nurs* 2017;73(12):3144–53 and Charalambous A et al. *Int J Nurs Stud* 2018;86:36–43) that provide insights into

the heterogeneity of cancer nursing across Europe. Most cancer nursing trials were conducted in the UK (59) and The Netherlands (27), with most studies focusing on teaching, guidance and counselling. From these studies, the current evidence regarding cancer nurse-led interventions is:

- No high-grade evidence of overall benefit
- Moderate-grade evidence of benefit for constipation, nausea, pain and vomiting
- Low-grade evidence of benefit for fatigue, psychological morbidity and quality of life
- No evidence of harm
- When using the EORTC-30 quality of life instrument, there was greater benefit on the role function domain in the treatment phase
- Few trials evaluated cost effectiveness, but those that did supported some benefit

However, Professor Kelly noted some key limitations of compiling the results of these trials, which were:

- Lack of consistent outcome measures between trials
- Usual care is often poorly defined
- Some trials may not have been included
- Some trials compared cancer nursing with the effectiveness of another discipline, rather than usual care
- The identity of the lead researcher as a cancer nurse was not always clear

Data from phase 2 of the RECaN project demonstrate that the UK and The Netherlands have a higher limit of academic cancer education (Master's degree) compared with Estonia and Germany, which do not offer university accredited qualifications for cancer nursing. Furthermore, advanced cancer nursing roles such as Clinical Nurse Specialists and Advanced Nurse Practitioners are frequently involved throughout the cancer pathway in the UK and The Netherlands, but these roles are less common in Estonia and Germany. Prof Kelly also highlighted the disparity between the four countries for the monthly salaries of newly qualified cancer nurses and Advanced Nurse Practitioners, which were higher in the UK and The Netherlands compared with Estonia and Germany.

Professor Kelly concluded his presentation by describing the safety culture in Estonia, Germany, The Netherlands and the UK. In an exploratory cross-sectional hospital survey on patient safety, the UK scored significantly higher compared with Estonia, Germany and The Netherlands ($p < 0.0001$). In all four countries, the highest rated dimension of the survey was 'teamwork within units' whilst 'staffing' was the lowest. Cancer nurses in The Netherlands and the UK scored higher on 'communication openness', 'frequency of events

reported' and 'nonpunitive response to errors' compared with cancer nurses in Estonia or Germany. These results are published in the following article: Sharp L et al. *J Adv Nurs* 2019;75(12):3535–43.

Phase 3 of the RECaN project is ongoing, but Professor Kelly highlighted that cancer nurses have a strong presence in the European Parliament and can facilitate necessary changes to policy to address unmet nursing needs highlighted in the RECaN project.

Preparing for the future of prostate cancer: Initiatives to support sustainable oncology clinics with a focus on patient wellbeing

This sponsored session was funded and organised by Astellas Pharma Ltd.

Chair: Philippa Aslet, Associate Director of Nursing, Basingstoke and North Hampshire



National regimen-specific consent forms for systemic anti-cancer therapy (SACT)

Jacqui Lyttle, Business Training Consultant, JSL Consulting and Associates Ltd.

There are enormous pressures on the NHS to deliver gold standard care to patients with cancer whilst demonstrating value to the taxpayer. Owing to limited resources, not all business cases for improvements to the cancer care pathway can receive investment. A successful business case is essential for driving quality improvement and redesigns of pathways and services across cancer care in the NHS. A good business case should:

- Include a high-quality presentation (content and appearance)
- Include a strategic fit that aligns with relevant clinical

guidelines, quality control processes and policies

- Demonstrate affordability
- Build urgency – make the reviewer of your case think that they need to invest in your proposal
- Build confidence and assurance
- Demonstrate how your business case will add value (e.g. reducing wait times, improving quality standards etc.)



To achieve this, it is essential that the process is appropriately planned and managed. Ms Lyttle provided the following key tips that may be helpful for developing your next business case:

- Follow your organisation's process for developing a business case
- Check timelines for submission of your business case and work backwards to ensure that enough time is available
- Do not work in isolation – share the workload where possible
- Consider who your audience is – engage with the correct stakeholders early in the process
- Remember that you are the expert, but that the development of your business case is different from writing a clinical document
- Work with the finance and performance teams to obtain the correct data – if you cannot measure it, how can you prove it?
- Ensure that your business case is a solution to a problem
- Consider the risks

An overview of an oncology non-medical prescriber clinic in Oxford



Nicola Stoner, Oncology Consultant Pharmacist, Oxford University Hospitals NHS Foundation Trust

Non-medical prescribers provide patients with fast and efficient access to medicines, increase patient choice for accessing medicines and make better use of the clinical skills of healthcare professionals (HCPs). In addition, non-medical prescribing aligns with the NHS's increased focus on flexible team working and reducing doctors' workloads.

Professor Stoner noted that it is becoming increasingly important that non-medical prescribers are present throughout the cancer care pathway. This is owing to the shortage of junior doctors available to provide prescriptions, ageing population, increasing overall survival, increasing number of lines of treatment, increasing chemotherapy workload, patient monitoring requirements of targeted systemic anticancer therapy (SACT) and continuity of care.

Owing to the increasing number of prescriptions for patients with cancer at Oxford University Hospitals NHS Foundation Trust, a business case was developed for non-medical prescribing clinics, which are now available for the following types of cancer: Breast, colorectal, gynaecological (atrial natriuretic peptide [ANP]), lung (ANP), melanoma (ANP), myeloma and urological (prostate and renal cancer). In addition, non-medical prescribing clinics are planned for the following types of cancer: head and neck, lymphoma, myeloid, myeloma expansion, neurological, sarcoma and upper gastrointestinal tract.

Professor Stoner concluded by noting the following key benefits of implementing non-medical prescribing clinics:

- Fully maximised consultant resource
- Improved skill mix
- Improved efficiency and quality of care using HCP skills
- Increased flexibility owing to increased clinic capacity

- Improved recruitment and retention by developing the pharmacy and nursing practices
- Development of advanced roles
- Improved patient satisfaction

An audience member congratulated Ms Barmack on the successful development of the non-medical prescribing clinic at the Beatson West of Scotland Cancer Centre but highlighted that it is important that NHS Trusts work together to raise the standard of services as whole.

The introduction of a pharmacy-led oral clinic in Glasgow



Gillian Barmack, Senior Cancer Care Pharmacist, Beatson West of Scotland Cancer Centre

At the Beatson West of Scotland Cancer Centre, the demand for SACT is increasing each year owing to the increasing incidence of cancer in the UK and the introduction of new, effective treatments. This has placed a considerable burden on consultants who need to provide patients with pre-treatment assessments and prescribe SACT.

To meet the increasing demand for SACT prescriptions, a non-medical prescribing clinic was formed as part of the multidisciplinary uro-oncology team to provide pre-treatment assessments and SACT prescriptions for patients with prostate cancer, without compromising patient safety.

Ms Barmack noted some of the key challenges that arose during the development of the clinic which included organisation of the clinic, staffing and developing audit/evaluation of service processes. However, Ms Barmack highlighted that the clinic has provided many benefits to patients (including patient-centred care, increased access to medicines and increased patient satisfaction), the Beatson West of Scotland Cancer Centre (including efficient utilisation of the workforce, financial savings, efficient delivery of service and elevated profile) and to prescribers (rewarding use of knowledge and expertise, increased confidence and self-esteem and increased motivation).

An audience member congratulated Ms Barmack on the successful development of the non-medical prescribing clinic at the Beatson West of Scotland Cancer Centre but highlighted that it is important that NHS Trusts work together rather than developing new services that raise their individual profiles.

Safe staffing



Anne Marie Rafferty, Professor of Nursing Policy at King's College London & President of the Royal College of Nursing

The RN4CAST consortium have conducted studies in hospitals throughout the UK that demonstrate that poor nurse resourcing has a negative effect on patient outcomes. Compared with 11 other European countries, the UK is consistently ranked in the bottom half on measures such as the number of registered nurses (RNs) with a bachelor's degree, staffing and resource adequacy, nursing skill mix, quality of work environments, RNs experiencing burnout and RNs intent to leave their job.

Owing to the poor outcomes associated with poor RN resourcing, it is important to establish a minimum nurse staffing standard in hospitals across the UK. There are examples of positive outcomes associated with the implementation of minimum standards in the United States of America (USA), which included substantial decreases in mortality, RN burnout and number of failing grades for patient safety. Furthermore, the additional cost associated with introducing minimum standards was largely offset owing to the decreased number of expensive complications.

Laws regarding safe staffing vary between countries within the UK. In Northern Ireland there is currently no law for safe and effective nurse staffing, but the "Delivering Care: Nurse Staffing Levels in Northern Ireland" policy framework that begun development in 2014 aims to support the provision of high-quality care which is safe and effective in clinical settings by determining appropriate staffing in the nursing and midwifery fields. Wales developed the first safe nurse

staffing legislation in the UK (Nurse Staffing Levels [Wales] Act 2016), which implemented a duty for Health Boards to ensure adequate nursing resources in all settings to care for patients sensitively. In Scotland, the Health and Social Care (Staffing) Act was passed in May 2019 which aims to provide a strong professional voice for nurses, enable long term planning to ensure enough nursing resources and provide high quality care for patients. In England, there is currently no law on nurse staffing levels, but the Royal College of Nursing is campaigning for legislature that will ensure safe and effective staffing levels across the country.

Professor Rafferty urged the audience to participate in campaigns to get the required legislature instated in law, as ultimately, what's good for nurses is good for patients, communities and the population.

Poster discussion sessions presented by UKONS members



Emotional safety

Chaired by:

Verna Lavender, UKONS President Elect and Head of Guy's Cancer Academy Guy's and St Thomas' NHS Foundation Trust

Debbie Wightman, Divisional Nurse for Cancer and Specialist Medicine and Lead Cancer Nurse, Belfast H&SC Trust

Living with and beyond colorectal cancer: the ColoRECTal Well-being (CREW) study, key findings from a five year longitudinal cohort study

Lynn Calman, Senior Research Fellow, Macmillan Survivorship Research Group, University of Southampton

A growing number of people experience cancer as a life-changing and long-term condition; however relatively little is known about patterns of recovery from cancer and there is

limited evidence to support people to self-manage the impact of cancer. Understanding these patterns of cancer is crucial to optimise patient care.

Building off the Macmillan listening study, the colorectal wellbeing (CREW) study aimed to plot the natural history of recovery of health and wellbeing, investigate how health needs change over time and explore what influences recovery of health and wellbeing to identify patients who are at risk of poor recovery. This prospective, longitudinal study was conducted at 29 hospitals in the UK and included 1,000 patients with colorectal cancer. The study demonstrated that people who are at risk of poor health and wellbeing outcomes can be identified pre-treatment and that psychosocial factors are as important as disease stage for personalised care and should inform stratified pathways of care. In addition, holistic needs assessments (HNAs) to assess depression, self-confidence and co-morbidities should be conducted regularly and used to develop care plans. Dr Calman concluded by noting the importance of continually reviewing patient needs after diagnosis and signposting relevant resources to support self-management.

New Diagnosis and Living with and Beyond Cancer Clinic

Louise Trowell, MacMillan Primary Care Nurse, Hallgarth Surgery

Ms Trowell was recently involved in the development of a New Diagnosis and Living with and Beyond Cancer clinic, which provides specialist advice and support for people affected by cancer within their own community and focuses on the whole cancer pathway from diagnosis to living with and beyond cancer. The clinic has been well received by patients, the majority of whom had breast, urological or lower gastrointestinal tract cancer.

Addressing sexual wellbeing in post-cystectomy bladder cancer patients - an unmet need

Fidelma Cahill, Prostate and Bladder Cancer Research Nurse, King's College London

In patients with post-cystectomy bladder cancer there is an unmet need to address the dissatisfaction with their sexual wellbeing and function. A systematic review that included 37 studies provided a consolidated overview of the current literature regarding sexual health in patients with post-cystectomy bladder cancer. The results of the systematic review informed the structure of a focus group that contained four males and eight females with post-cystectomy bladder cancer that concluded that their sexual wellbeing and function can only be improved by developing multidimensional interventions that integrate their needs regarding mental, physical and sexual wellbeing. Ms Cahill noted that the next step was

to develop a feasibility trial that incorporates these needs to support patients with post-cystectomy bladder cancer throughout the treatment pathway.

Professional safety

Chaired by:

Una Cardin, Assistant Director of Nursing, North West Cancer Centre, Altnagelvin Hospital, Northern Ireland

Nellie Kumaralingham, UKONS Treasurer and Advanced Nurse Practitioner, The Royal Marsden NHS Foundation Trust



Confidence to Communicate Well

Lloyd Allen, Lecturer Practitioner, The Royal Marsden School

Lloyd Allen a lecturer practitioner presented work from the Royal Marsden School on the Advanced Communication programme and an evaluation of how this training has impacted upon healthcare professional's confidence with communication.

The two-day communication skills training program is a multi-disciplinary programme and focuses upon assisting healthcare professionals becoming more effective and skilled to hold complex discussions with patients, families and colleagues.

Effective communication is recognised as an essential element of good health care. However, understanding how communication skills training impacts on participant's confidence is less well understood. The aim of the evaluation was to better understand what participants felt more confident about, once they had undertaken a two day communication skills training.

134 students evaluated the two-day communication skills training program with pre and post evaluation questionnaire's, the participants felt more confident at dealing with strong emotions and talking about poor prognosis to patients. The feedback indicated that when

healthcare professionals addressed psychological impact of cancer this increased the quality of their experiences.

The results will be used to support training programs aimed at clinicians having 'advanced care planning' conversations with patients and their families.

Macmillan Primary Care Cancer Framework programme – Increasing the professional skills of primary care nurses across Wales

Sue Llewellyn, Staff Nurse, Macmillan

Wales falls behind the rest of the UK in respect to cancer survival rates, the cancer framework programme increase the professional skills of primary care nurses across Wales which enables the primary care nursing workforce to improve the quality of care they deliver to cancer patients.

The educational tool helps GP practices to improve cancer care processes by:

- New ways of working and learning opportunities for the whole practice team
- 21% of GP practices across Wales registered on the programme
- Supporting practice nurses to carry out high quality cancer care reviews
- The evaluation of the pilot study day demonstrated that 89% of attendees found the programme very relevant to practice
- To date over 60 educational events have been held
- The Framework is now an online resource
- Focus upon social prescribing, non-clinical wellbeing co-ordinators and cancer buddies to support patients

The programme has demonstrated improvements in communication, integration and education which have resulted in keeping patients and staff safe.

Are current cleaning methods effective against Hazardous Drugs (HD) contamination?

Alison Lovett-Turner, Practice Development Nurse Oncology, Gloucestershire Hospitals NHS Foundation Trust

Background

In 2018 a QI project was commenced to look at reducing H & S risks for staff, relatives and patients at Gloucestershire Oncology Centre. Specifically in the Chemotherapy Outpatient Department due to the amount of HD that were administered. As part of the project a literature review was completed which demonstrated common themes relating to;

- PPE and its proper use
- PPE alone verses containment of source (CS) alone

- Educational interventions regarding safe handling verses CS
- Correct waste disposal
- Hardly anything regarding cleaning methods and build up of contamination, but identified as a variable

The literature review identified limitations and that further research is required;

- UKONS Cochrane review concluded insufficient high-quality evidence
- Research needed to focus on reducing variables
- Atmospheric contamination
- Blood vs. Urine testing in HCP
- Cost
- Comparison of CS verses CS
- Short term health effects

The QI project comprised of 2 projects

Project 1

Establishing a Baseline- Via environmental Swabbing to identify if there was contamination at GHNHSFT?

The project delivered a 4 week Safe Handling Educational programme to staff before the interventional stage

- Intervention
- Swabbing
- 4-week trial of BD Closed Systems
- Swabbing

The results were analysed which identified contamination on armrests, on the floor under the drip stand and in the clinical room work surface. Based on these findings and before the start of project 2 which focused on the effectiveness of current cleaning methods, a literature review was completed which found that;

- A limited UK research and guidelines available
- All UK cleaning products reviewed, even those used in Aseptic Pharmacy, focused on reducing pathogens to maintain sterility - not HD contamination.

Following the second project of education, intervention and swabbing the results were analysed which identified contamination on the floor in front of the bins by chair 10. During all stages of the trial the standard cleaning agents were used, however in project 2 all chairs and drip stands were thoroughly cleaned and removed from the areas to aid cleaner's access to whole floor. They were then cleaned with 2 agents used for the deep clean. The project author asked UKONS member about nationally used products and cleaning methods they reported using similar products, but

teams were asking for advice following the project which demonstrates and desire for consistency of approach.

Recommendations from the QI project

- Legislation is needed in the UK
- We should all be trying to get the most effective products
- Individual HCP and centres shouldn't have to create business cases and investigate independently
- H and S of HCP should come first and reducing risks

Advanced Therapy Investigational Medicinal Products (ATIMPs) within Oncology and the effectiveness of new research team inc. role clarifications

Laura McNab, Clinical Practice Facilitator, The Christie NHS Foundation Trust

ATIMPs are pioneering treatments now available in Oncology such as:

Gene therapy medicinal products: Contain genes that lead to a therapeutic, prophylactic or diagnostic effect. Chimeric Antigen Receptor T cells (CAR-T), T Cell Receptors (TCRs)

Somatic cell therapy medicinal products: Substantially manipulated cells or tissues used to treat, prevent or diagnose disease. Tumour Infiltrating Lymphocytes (TILs)

Tissue engineered products: Cells or tissues that have been modified to repair regenerate or replace human tissue.

The Roles of the AICT Team

Trial Team Activity:

- Set-Up
- Recruitment
- Treatment Delivery

Quality Management, Education and Training are significantly important as part of the overall quality assurance for the AICT Team. This demonstrates best practice relating to:

- Improved patient outcomes
- Establishes a quality service
- Validating Compliance
- Quality Management System
- Governance Structure

Education for ATIMPs ensures safe and quality care for ATMP patients enhances the learning environment and provides support, education and development. JACIE accreditation for the Clinical Research Facility: Nursing Standards B3.7: "The Clinical Program shall have nurses

Formally trained and experienced in the management of patients receiving cellular therapy"

This is overseen by the Christie ATMP Education Committee.

Conclusion

ATMPS are new and exciting a high level of knowledge is required for personal, professional and legal accountability. Safety is paramount, practice must be evidence based with education and communication vital.

Patient and carer safety

Chaired by:

Kay Bell, Head of Chemotherapy Services, Mount Vernon Cancer Centre, Part of East and North Herts NHS Trust

Mark Foulkes, Macmillan Lead Cancer Nurse/Nurse Consultant, Royal Berkshire NHS Foundation Trust



Barts Health NHS Trust Chemotherapy Hotline Service: An assessment of advice and patient outcomes

Shanthini Cruz, Consultant Medical Oncologist, Barts Health NHS Trust

The team at St Bartholomew's Hospital (SBH) reviewed the use of the "chemotherapy hotline" which is a twenty-four hour service available for patients receiving chemotherapy. There is no emergency department within the hospital and this service is provided by Nurse Practitioners. If patients require admission due to being acutely unwell, they are supported by the teams in at Newham University, Whipps Cross and The Royal London. A review of the need for the twenty-four hour service was considered to assess effectiveness and understand patient outcomes.

Calls received in April and September 2018 (two months data) were all assessed by reviewing the electronic records retrospectively. Results in the two months were consistent. It

was important to understand what the need for the service was and to demonstrate the benefit to patients.

The results showed:

- 84% of calls were symptom related and treatment complications
- 33% of calls were received from patients with breast cancer
- 52% of calls were from patients receiving palliative treatment
- Only 31% met the UKONS criteria for escalation but 46% were advised to escalate
- The most common documented reason for review was for infective symptoms (42%)
- 35-47% of patients being seen by the Barts team were admitted for less than 24 hours
- All patients admitted for more than 24 hours were seen by the AOS team Monday to Friday

The review was considered useful and informed service development. An education programme was proposed to improve knowledge and application of UKONS triage tool to reduce the number of patients being escalated and therefore to reduce bed days being occupied unnecessarily and increase bed capacity for both hospitals.

Preliminary Outcome of Applying the 24 hours Triage Assessment Tool by Oncology Case Managers in Taiwan

Yan-Ting Liou, Nurse, National Taiwan University

Yan –Ting Lou provided an interesting overview of how the tool has been implemented in Taiwan. The UKONS Triage tool had been translated into Chinese as there was no tool available for use on the telephone.

The aim of the project was to report patient outcomes from using the Chinese version by the twenty-two oncology case managers. Data from 174 patients who called between June to October 2019

was reviewed. At the time of the conference, data collection was ongoing with the plan of collecting 373 in total.

- Most of the patients who called had a GI cancer or lung cancer
- Average age was 62.7 years
- Majority of calls triggered amber

- 82.2% of patients who called had received chemotherapy within the previous 14 days
- Of those who triggered red 77.8% who were asked to attend hospital were admitted
- No reporting of adverse events

It was concluded that using the UKONS Triage tool is highly beneficial to patient care and in ensuring patient safety. Having the red trigger was found to be particularly valuable and overall the implementation of the tool was viewed as very positive by the case managers.

Evaluation of Colorectal Remote Follow- Up Service as Part of the Living With and Beyond Cancer Programme

Elaine Deeming, Lead Cancer Nurse, Southport & Ormskirk NHS Hospital

Co-author Cassandra Garner

A risk stratified remote model of follow up care commenced at Southport in 2016. The purpose of the surveillance programme was to detect recurrence in a timely manner and to identify and manage any ongoing symptoms.

Eligible patients were referred to a support worker who promotes wellbeing, recovery and empowerment. The patient is supported remotely which reduces the need for patients to attend clinics and aids self-management as the system is electronic and an online portal can be accessed by both patients and professionals. Patients can review their own results and email for support with any problems or issues, which facilitates early access back into the system to see the most appropriate team to exclude or diagnose recurrence.

Patients who had been enrolled in the service were asked to complete a survey regarding their experience and to assess the benefit of the service.

- 79 patients were contacted
- 67% response rate (53)
- Overall a very positive experience was described by the patients

This new model of follow –up is showing a culture shift and that patients, staff and organisations can benefit from embracing new ways of working that support self-management in this growing group of patients.

XGEVA® (denosumab) in the community – Cancer Vanguard recommended models for appropriate denosumab administration

This sponsored session was supported by Amgen

Chair: Michael Varey, Senior Clinical Project Manager, The Clatterbridge Centre NHS Foundation Trust



Bringing care back to the community

Emma Groves, Systemic Anti-cancer Therapy Lead Nurse, Betsi Cadwaladr university Health Board

Owing to a wide geographical catchment area and a significant rural population, patients often need to travel significant distances to visit the North Wales Cancer Treatment Centre. To improve convenience for patients and reduce the impact of the increasing number of patients attending the North Wales Cancer Treatment Centre, some therapies such as denosumab are now provided through community hospitals that are closer to the patients' home. Prior to being provided through community hospitals for the treatment of skeletal-related events in patients with cancer, denosumab was being provided through community hospitals for a non-cancer indication (osteoporosis in postmenopausal women and in men at increased risk of fractures), which meant that HCPs at the community hospitals were already familiar with administering denosumab and had established standard operating procedures that could be adapted for treating skeletal-related events in patients with cancer.

Ms Groves noted that the community hospitals currently provide approximately 100 injections of denosumab per month and encouraged other cancer centres across the UK to provide appropriate therapies through community hospitals to benefit from increased patient satisfaction and reduced burden on key cancer centres.

Redesigning treatment access

Natalie Bingham, Lead Oncology Nurse, LloydsPharmacy Clinical Homecare Ltd.

Following a Care Quality Commission inspection in September 2018, Northern Lincolnshire and Goole NHS Foundation Trust (NLAG) was placed into special measures, with failure to meet referral-to-treatment time targets and a higher 'did not attend appointment' rating than the national average being the main issues identified.

To facilitate improvement, NLAG formed a partnership with LloydsPharmacy and LloydsPharmacy Clinical Homecare to implement the LloydsPharmacy Healthcare Centre (LPHC), which aimed to transfer 1,533 infusion and subcutaneous injection appointments per year from the NLAG outpatient department into a community setting. Ms Bingham noted that the provision of cancer care in the community setting has many benefits for patients (decreased travel time/costs) and the Trust (reduced number of patients leading to decreased demand for limited resources).

Importantly, patient satisfaction results were exceptional; 100% of patients were seen by a HCP within 10 minutes (compared with 63% at the NLAG prior to the development of the LPHC), 100% of patients reported that they did not have to pay for car parking (compared with £3.80–£4.80 per visit at the NLAG), 100% of patients would recommend the service to family and friends (compared with 89% at the NLAG). In addition, the LPHC has achieved a 0% 'did not attend appointment' rate to date.



UKONS 2019 debate: What improves safe practice most? Education, research, policy or local leadership?

Chaired by:

Mark Foulkes, UKONS Board Member and Macmillan Lead Cancer Nurse/Nurse Consultant, Royal Berkshire NHS Foundation Trust



Debated by:

Catherine Wilson, Former Head, The Royal Marsden School and Independent Educational Consultant

Emma Ream, Professor of Supportive Cancer Care and Director of Research, University of Surrey

Ali Hodge, Acute Oncology Advanced Nurse Practitioner, The Royal Marsden NHS Foundation Trust

Dany Bell, Specialist Advisor Treatment and Recovery, Macmillan Cancer Support

Question 1: What is the biggest threat to patient safety in the UK and what can we do to mitigate the risks?

Education (Catherine Wilson): Dr Wilson highlighted that the biggest threat to patient safety in the UK is nursing shortages. It is crucial that the NHS sufficiently recruits and retains student nurses and ensures their continuous professional development, which can only be achieved through stimulating educational material.

Research (Emma Ream): Professor Ream noted that the biggest threat to patient safety in the UK is the use of non-evidence-based care. Looking back through history, many bizarre, non-evidence-based remedies such as the use of cobwebs to control blood flow in the 1300s have been used as treatments for various ailments. It is important that we learn from these mistakes and focus on using scientific evidence to provide optimal care for patients with cancer.

Local leadership (Ali Hodge): Ms Hodge responded that the biggest threat to patient safety in the UK is nursing shortages, as the UK is currently 40,000 nurses short. Significant barriers to the recruitment and retention of nurses include the absence of protected meal times and time for education.

Policy (Dany Bell): Ms Bell highlighted the need for a robust workforce plan to provide optimal care for patients with cancer. To achieve this, many changes will need to be made to policies, which will require campaigning from nurses at a national level.

Audience voting results: Policy (Dany Bell) was eliminated from the debate first!

Question 2: If you had to invent a new tool, process etc. for patient safety, what would it be and how would you implement it?

Education (Catherine Wilson): Dr Wilson noted that investigations of safety should include a peer review process and should be continuously improved. Once the results of these investigations, everybody should benefit from the key learnings.

Research (Emma Ream): Professor Ream underlined the fast pace at which technology in healthcare is improving and provided an example of how it is being used to benefit patients with dementia, where real-time sensors detect changes in wellbeing and alert their respective HCP. Professor Ream was excited by the possible future applications of new technologies to improve the lives of patients with cancer.

Local leadership (Ali Hodge): Ms Hodge hoped that currently available virtual assistants would one day be able to complete the bureaucracy associated with nursing (keeping documentation organised, audits etc.), so that nurses can focus their time on what they do best; caring for their patients.

Audience voting results: Education (Catherine Wilson) was the second panel member to be eliminated from the debate!

Question 3: How do we know our practice is as safe as it can be? What can we collect and observe to ensure this?

Research (Emma Ream): Professor Ream highlighted that the most effective way to ensure the safety of nursing practice is to use data collected from audits and benchmark analyses to identify areas of improvement, and then work together to implement plans to address these areas. In addition, the NHS should seek to empower their stakeholders to speak up about where they think the nursing practice could be improved.

Local leadership (Ali Hodge): Ms Hodge provided an emotional answer that hinged upon the happiness of nurses. Happy nurses who are well supported in their roles will be more motivated to excel, which should improve the safety of the nursing practice. Unfortunately, owing to the current nursing shortage, nurses are overworked, which may have an impact on the safety of the nursing practice.

Audience voting results: Local Leadership (Ali Hodge) won the debate!

DAY 2

The changing face of sepsis



Ron Daniels, Chief Executive, UK Sepsis Trust

Sepsis is a life-threatening condition that arises when the body's response to an infection injures its own tissues and organs. In the NHS hospital episodes statistics (HES) database, sepsis is recorded under six different codes depending on the type of sepsis, which demonstrates that there are approximately 200,000 cases per year in the UK. However, there is also a range of codes for other diagnoses that may also have been sepsis (e.g. J18.0 [bronchopneumonia, unspecified organism], J18.9 [pneumonia, unspecified organism], N39.0 [urinary tract infection] etc.), which cumulatively mean there could be up to 2,000,000 cases of sepsis per year in the UK. Globally, sepsis kills 8,000,000 people per year, more than ischaemic heart disease (7,200,000 people per year) and marginally less than cancer (8,200,000 people per year).

Dr Daniels underlined the benefit of using 'red flag sepsis', which is a set of criteria that can be used by HCPs at the bedside to determine whether a patient is at a high risk of sepsis. The criteria are:

- Objective evidence of new altered mental state
- Systolic blood pressure of ≤ 90 (or drop of >40 from normal)

- Heart rate of ≥ 130 beats per minute
- Respiratory rate ≥ 25 per minute
- Needs oxygen to keep $\text{SpO}_2 \geq 92\%$
- Non-blanching rash/mottled/ashen/cyanotic
- Lactate of ≥ 2 mmol/l
- Recent chemotherapy
- Not passed urine in 18 hours ($<0.5\text{ml/kg/hour}$ if catheterised)

For patients with sepsis, Dr Daniels outlined the 'sepsis six', which is an intervention comprised of the following six steps:

- Give oxygen to keep oxygen saturation $>94\%$
- Take blood cultures
- Give intravenous antibiotics
- Give a fluid challenge
- Measure lactate
- Measure urine output

Dr Daniels summarised the complex political and cultural beliefs surrounding sepsis in the UK and noted that the awareness of sepsis by the public and politicians needs to increase for improvements to diagnosis and management to be made. The UK Sepsis Trust has been involved in raising awareness of sepsis by carefully selecting cost-effective advertising campaigns that focus on their slogan "Just ask. Could it be sepsis?" Dr Daniels concluded by noting that 14,000 people died of sepsis in 2018 and that many more lives can be saved in 2020 if we continue to raise awareness of sepsis.

What, why, how, who and when: Navigating the endocrinopathy puzzle in patients receiving immunotherapy

This sponsored session was supported by Bristol-Myers Squibb

Sherwin Criseno, Advanced Nurse Practitioner/Lead Nurse – Endocrinology, University Hospitals Birmingham

Ricky Frazer, Consultant Oncologist, Velindre University NHS Trust

Immunotherapy can induce many endocrinopathies, including hypophysitis, thyroiditis, insulinitis, adrenalitis and hypogonadism. Therefore, it is important to listen to your patients' complaints to identify whether they are experiencing an immunotherapy-induced endocrinopathy.

Mr Criseno and Dr Frazer provided an interactive session that used case dilemmas to underline appropriate and practical management of immunotherapy-induced



endocrinopathies in the clinic. In addition, the session increased awareness around the types of endocrinopathies along with their diagnosis and management, and helped attendees understand who to liaise with from the multidisciplinary team to optimise patient care.

Interactive sessions

Maintaining emotional safety

Chaired by:

Verna Lavender, UKONS President Elect and Head of Guy's Cancer Academy Guy's and St Thomas' NHS Foundation Trust

Kay Bell, Head of Chemotherapy Services, Mount Vernon Cancer Centre, Part of East and North Herts NHS Trust



Presenters:

Lesley Howells, Lead Psychologist and Consultant Clinical Psychologist, Maggie's

Dr Howells session focused on the emotional safety of patients with cancer and the nurses that care for them daily. For patients with cancer, often the emotional impact is often

as debilitating as the physical impact, so it is crucial that nurses have the appropriate skillset to identify the emotional needs of their patients. Furthermore, it is vital that nurses build up their own emotional resilience, so that their role does not impact them personally.

Dr Howells provided some techniques for pausing and thinking, such as rectangular breathing and 4-7-8 breathing and emphasised the importance of 'BOLD':

- Breathe deeply
- Observe your inner 'weather' rather than be swept away
- Listen to your values
- Decide on actions and follow through on them

Participants work through case-studies to identify emotional safety risks related to uncertainty

Improvements in patient safety

Chaired by:

Mary Tanay, Senior Teaching Fellow, Florence Nightingale Faculty of Nursing, Midwifery and Palliative Care, King's College London

Lisa Barrott, Chemotherapy Nurse Consultant, The Royal Marsden NHS Foundation Trust



Presenters:

Catherine Oakley, Chemotherapy Consultant Nurse, Guys and St Thomas' NHS Foundation Trust

Philippa Jones, Macmillan Associate Acute Oncology Nurse Advisor, NIHR Clinical Research Network: West Midlands

This well attended and engaging interactive session started with an overview by Philippa Jones of the importance of taking a multi-professional approach to patient review. She highlighted how clinical tools and guidelines are vital to the provision of adequate patient assessment and safe care, by facilitating a problem-solving approach.

Dr Catherine Oakley used case studies to explore the importance of patient support and education prior to commencing treatment with Systemic Anti-cancer Therapies. These studies sparked lively debate among the delegates about the challenges faced and how these may be met by professionals. Dr Oakley went on to give an overview of the new Cancer Research UK Patient Held Record and how this can be utilised to support patients and their families navigate treatment pathways and be fully involved in their care. She then demonstrated how it can be used to assess symptoms via a patient scenario.

Philippa Jones concluded the session by directing delegates to various useful online tools, including the most recent version of the Acute Oncology Guidelines (which is currently being developed in an App format by UK ONS), the Primary Care Guidelines and the Acute Oncology Knowledge and Skills Guidance. She also discussed the development of a new national alert card for Neutropenic Sepsis being funded by Macmillan.

Enhanced supportive care (ESC)

Chaired by:

Sandra Campbell, Nurse Consultant for Cancer and Palliative Care, Falkirk Community Hospital

Una Cardin, Assistant Director of Nursing, North West Cancer Centre, Altnagelvin Hospital, Northern Ireland



Presenter:

Richard Berman, Supportive Care Team, The Christie NHS Foundation Trust

ESC is a new initiative aimed at addressing the holistic needs of patients on active anti-cancer treatment. The Christie NHS Foundation Trust was the pilot site for ESC. Supportive care in cancer is the prevention and

management of the adverse effects of cancer and its treatment. This includes the physical and psychological symptoms and side effects from diagnosis, treatment and post-treatment. It has been demonstrated to enhance rehabilitation, secondary cancer prevention, survivorship and end of life care. Palliative Care is the approach that improves the quality of life of patients and their families facing the problems associated with life-threatening illness focusing on the physical, psychosocial and spiritual needs of patients.

Enhanced supportive care has developed through recognition of what specialist palliative care can offer, but also from recognition of the barriers to achieving earlier involvement of palliative care expertise within the cancer treatment continuum. These barriers may be largely due to the perception of palliative care by the public, patients and many health professionals - in particular the association with care at the end of life. There is benefit of extending the support to patients much earlier on in the pathway. With advances in cancer treatment, there are now an increasing number of patients, at different stages of their illness, who are living with and Beyond Cancer. Many patients with advanced progressing cancer will require the help of healthcare professionals who have expertise in managing a range of problems, whether these are associated with the cancer itself, or as a consequence of cancer treatment. The evidence suggests that good supportive care provided early can improve quality of life in these patients, possibly lengthening their survival and reducing the need for aggressive treatments near the end of their lives. The idea is to introduce ESC in a phased way, starting with those patients who are diagnosed with incurable cancer. Subsequently, ESC should be made available to those patients 'living with' curable cancer, or living with cancer as a chronic illness, as well as cancer survivors.

ESC has 6 Principles:

1. Earlier involvement of supportive care services
2. Supportive care teams that work together
3. A more positive approach to supportive care
4. Cutting edge and evidence-based practice in supportive and palliative care
5. Technology to improve communication
6. Best practice in chemotherapy care

The workshop provided the opportunity for participants to discuss their experience of implementing and using the ESC and also allowed others to consider that benefit to implement within their service.

UKONS awards



Chaired by:

Chaired and presented by: Verna Lavender, UKONS President Elect and Head of Guy's Cancer Academy, Guy's and St Thomas' NHS Foundation Trust

Owing to the volume and quality of the posters submitted to, and presented at, UKONS this year, selecting the three best posters presented a strong challenge. The following posters received awards:

- First place: Mary Woods. Poster title: A service development evaluation of retrospective data exploring prophylactic risk reducing advice for patients with gynaecological cancers
- Second place: Gwawr Hughes. Poster title: Staff training during the implementation of a new Ambulatory Care service
- Third place: Susan Llewelyn. Poster title: Increasing the professional skills of primary care nurses across Wales with the Macmillan Primary Care Cancer Framework programme

President's awards



Helen Roe, UKONS President and Consultant Cancer Nurse, North Cumbria University Hospitals NHS Trust

The President's awards are reserved for outstanding nurses who have contributed and led multiple innovative initiatives that have driven the nursing practice forwards and have translated into tangible improvements to the care of patients with cancer. This year, UKONS awarded this prize to two nurses:

- Catherine Oakley, Chemotherapy Consultant Nurse, Guys and St Thomas' NHS Foundation Trust
- Philippa Jones, Macmillan Associate Acute Oncology Nurse Advisor, NIHR Clinical Research Network: West Midlands



Conference close

Helen Roe, UKONS President and Consultant Cancer Nurse, North Cumbria Integrated Care NHS Foundation Trust

The 2019 UKONS annual conference focussed on 'Cancer Care: Staying Safe', and to this end attendees benefitted greatly from enlightening presentations, interactive workshops, varied exhibitions and lively poster discussions.

Handed over Presidency to Dr Verna Lavender

Verna Lavender, UKONS President Elect and Head of Guy's Cancer Academy, Guy's and St Thomas' NHS Foundation Trust

Presidency acceptance speech and acknowledgements.

The 2020 UKONS annual conference will be held at the International Convention Centre in Belfast, Northern Ireland on 20–21 November 2020. Details of the event will be posted on the UKONS website when available.

Acknowledgement

The UKONS Board members would like to thank Open Health Medical Communications (UKONS Secretariat) for their preparation of this conference report. The UKONS Board members retained editorial control of the content.



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UKONS ANNUAL CONFERENCE 2020

**NURSING AT THE CORE
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